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## **Factors Impacting Counselor Competency When Counseling Sexual Minority Intimate Partner Violence Victims**

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**FACTORS IMPACTING COUNSELOR COMPETENCY WHEN COUNSELING SEXUAL  
MINORITY INTIMATE PARTNER VIOLENCE VICTIMS**

by

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## **ABSTRACT**

### **FACTORS IMPACTING COUNSELOR COMPETENCY WHEN COUNSELING SEXUAL MINORITY INTIMATE PARTNER VIOLENCE VICTIMS**

**Ryan Hancock  
Old Dominion University, 2012  
Director: Dr. Garrett McAuliffe**

A queer theory perspective and grounded theory techniques were used to examine perceptions of counselor competency with sexual minority intimate partner violence victims. Ten counselors participated in two rounds of individual interviews. Results indicate that beneficial aspects of competency development occurred prior to, during, and after their graduate counseling program. Training deficits and personal impediments were also identified. Implications for professional associations, supervisors, and counselor educators are discussed.

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## CHAPTER ONE

### Introduction

The counseling profession continues to produce significant advances in counseling competencies with ethnic minorities, however counselor competency with sexual minorities remains underdeveloped (Hellmuth, Follansbee, Moore, & Stuart, 2008; Murray & Mobley, 2007; Speziale and Ring, 2007). Specifically, research regarding competency in counseling intimate partner violence victims is prolific; however a lack of inquiry exists for sexual minority intimate partner victims. This population is at a heightened risk because they are both oppressed and victims of abuse. Further research into establishing competencies for counselor competency with sexual minority intimate partner victims is important in order to provide the best practices for this sensitive population. Best practices can help to ensure that only the most effective treatments are provided and will discourage the use of non-empirically based treatments.

### The Problem

Research concerning competency in counseling sexual minority intimate partner violence victims is essential to improve patient outcomes. Research conducted thus far is primarily focused on heterosexual female victims (Balsam & Szymanski, 2005; Follansbee, Moore, & Stuart, 2008). The literature that does exist on competency in counseling sexual minority intimate partner violence victims is almost entirely quantitative in nature. This can be a problem, as quantitative research designs focus on statistical significance and numerical data, and are not directly aimed at empowering the research participants to share their life experiences. One example is that while numerical data can show the number of times a certain counseling technique was utilized; it cannot communicate the impact certain counseling technique had on helping participants improve their quality of life. A qualitative design from a queer theory



perspective utilizing ground theory methods was used for this study for its capacity to provide in-depth, descriptive information on factors that promote counselor competency with the chosen population.

### **Brief Summary of Relevant Literature**

In this section, the prevalent literature on the history of sexual minority research; intimate partner violence; sexual minorities and intimate partner violence; and counselor competency in working with this population will be summarized.

**Intimate Partner Violence.** Intimate partner violence is prevalent in the United States and affects men and women of any sexual orientation (Balsam & Szymanski, 2005; Hellmuth et al., 2008). Intimate partner violence has significant negative impacts on the abused individual, particularly loss of control over family relationships, social support, occupation, and finances. Those individuals experiencing intimate partner violence often live in a situation where their abusive partner has the ability to control multiple aspects of their lives, which causes many victims to find difficulty in asserting their needs and wants (Heintz & Melendez, 2006; Murray & Mobley, 2007).

**Sexual Minorities and Intimate Partner Violence.** Intimate partner violence (IPV) within sexual minority couples is a long-ignored but important topic. The major topics that are discussed include unique sexual minority issues, research bias, perceived impermanence of sexual minority relationships, discrimination and bias, and factors promoting IPV.

**Unique Issues.** While both heterosexual and sexual minority individuals share many similarities in their personal and relationship qualities, sexual minority individuals have been found to have a high prevalence with certain issues, including addiction, forced sex, contextual differences, HIV/AIDS, and societal influences. In the first case, addictive behaviors such as

substance use, eating disorders, and sexual compulsivity are common in sexual minority IPV perpetrators (Farley, 1992). With substance abuse already a high-risk problem in the gay and lesbian community, it is important that counselors understand the role all addictive behaviors play in same-sex battering (Farley, 1992).

Forced, coerced, and unwanted sex is another prevalent factor to examine. There are four general patterns of forced, unwanted sex that are identified as significant, including rape, drugging, coercion, and perceived obligation (Braun, Schmidt, Gavey & Fenaughty, 2008). Men who self-identified as having been raped discussed having been physically forced into sex, or into specific sexual activities to which they did not consent. Other men who self-identified as having been drugged described experiences in which another man had deliberately drugged, intoxicated, or had taken advantage of the fact that they were already intoxicated, and forced sex on them. Coercion was found often to be more subtle and was described as being manipulated or pressured into having sex that the individual did not want by an older and more sexually experienced individual.

Infection with HIV/AIDS impacts sexual minority intimate partner violence victims. It is important to understand that HIV positive LGBT individuals tend to experience intimate partner violence within a context of homophobia, transphobia, and other biases, which can further complicate the effect of abuse in safer sex negotiation (Heintz & Melendez, 2006).

The final issue that many sexual minorities face is the impact of government, law enforcement, and society on their lives. Factors such as a bias towards sexual minorities and society's aversion to discussing intimate partner violence are often theorized to be causes for avoidance of the topic. As a result of this bias and aversion, gay men and lesbians are less likely to report abuse and more likely to stay with their partners because of homophobia, heterosexism,

and ignorance in the community at large regarding domestic violence than are heterosexual partners (Peterman & Dixon, 2003).

**Research Bias.** The research bias towards heterosexual couples affects the understanding of sexual minorities and intimate partner violence. The majority of intimate partner violence studies focus on male violence against women in heterosexual relationships (Balsam and Szymanski, 2005; Murray and Mobley, 2007), and little research is conducted on the prevalence, dynamics, and consequences of same-sex intimate partner violence. This is significant because if there is not significant research on a population, then there are no empirically-based practices to help them.

**Perceived Impermanence of Sexual Minority Relationships.** Research demonstrates that much of the general public views homosexual relationships as being less permanent or valid. The lack of perceived validity allows increased tolerance of abuse among gay couples than allowed among heterosexual couples (Seelau, Seekau, and Poorman, 2003). Research shows that a more permanent legal status for homosexuals will assist in establishing a better definition of a couple in a long-term relationship (Greenwood et. al., 2002). Therefore, if a permanent legal status for homosexuals was established, then tolerance of sexual minority intimate partner abuse would be decreased.

**Discrimination and Bias.** Another important factor in sexual minority IPV is discrimination and bias. Research shows that homosexuals are targets of discrimination in many areas of life, including their treatment by the legal system in domestic violence situations. Specifically, homophobic attitudes prevent the legal system from treating same-sex partnerships as marriage or even marriage-like. While there is some progress with domestic partnership laws

in some local and state governments, those partnerships are very few and often fiercely contested (Ronner, 2005; Cruz & Firestone, 1998).

***Factors Promoting IPV in Sexual Minorities.*** Relating to discrimination and bias, another major theme in the literature on sexual minority IPV lies in the factors promoting same-sex intimate partner violence, including family of origin, stress, and the dynamics of the sexual minority relationship. In the first case, research shows that there is an intergenerational transmission of violence. It is theorized that individuals who witness or experience abuse as children grow up to become either a perpetrator or a victim of violence (Balsam & Szymanski, 2005). Regarding stress, women and men differ in their triggers for IPV. In particular, occupational and interpersonal stresses predict women's use of violence in relationships, whereas only occupational stressors predict men's use of violence (Cano & Vivian, 2003). In the area of power dynamics, the assumed gender roles are strongly associated with intimate partner violence in both homosexual and heterosexual relationships.

### **Counselor Competency**

Counselor competency can affect responses to sexual minority IPV. Although no literature was found regarding counselor competency and sexual minority IPV, factors potentially could impact counselor competency with sexual minorities are professional organizations, counselor attitudes and behaviors, academic training, and multicultural counseling model influences. These factors were found through a review of the literature on counselor competency with sexual minorities in general.

***Professional Organizations.*** Professional organizations often play a significant role in the development of counselors' counseling competencies. Even though these organizations

promote the importance of working with diverse clients, negative biases towards sexual minority clients continue (Grove, 2009). Therefore, professional organizations now have the opportunity to promote significant advances in this field of treatment through advocacy and establishment of professional standards.

***Counselor Attitudes and Behaviors.*** Counselor competency with sexual minorities is affected by counselor attitudes and behaviors. Beneficial and helpful attitudes and behaviors include a counselor's view on the importance of education on sexual minority issues, his or her demonstrating non-pathologizing attitudes toward sexual minority individuals, and the counselor being proactive in addressing issues relating to sexual orientation (Matthews, Selvidge, & Fisher, 2005).

***Academic Training.*** The next factor that impacts counseling competency with sexual minority individuals is the academic training that counseling students receive. According to Alderson (2004), currently the sexual minority training provided to graduate students is minimal and inadequate. Also, graduates are found to feel unprepared to work competently with sexual-minority individuals. This feeling of being unprepared can lead counseling professionals to feel anxious when dealing with sexual minority clients. It is suggested that programs adopt a flexible curriculum that includes the currently accepted theories of multicultural competency along with effective lesbian-, gay-, and bisexual-affirmative counseling practices.

***Multicultural Counseling Model Influences.*** The current multicultural counseling modes also provided significant insight into best practices and cultural competencies with the sexual minority IPV population. While the current models of multicultural counselor competency address knowledge, attitudes, and skills that are commonly accepted to influence effective work with diverse populations, there are a number of studies that identified the content

of knowledge that counselors should possess to work effectively with sexual minority clients. Some content that may be important to both sexual minority clients and other non-dominant groups includes having knowledge of sociopolitical history, bias in assessment instruments, bias in the delivery of mental health services, understanding that there is diversity within identified groups, and having knowledge of identity development. Other unique areas for sexual minority clients include having knowledge of parenting and family structures, the “coming out” process, and family of origin concerns (Israel & Selvidge, 2003).

### **Summary of the Problem.**

In summary, as shown above there is a significant lack of research on competency in counseling sexual minority intimate partner violence victims. Further research on this topic will greatly benefit the counseling community and expand the knowledge base with this population.

### **Purpose**

The purpose of this study was to examine differential counselor competency in counseling both sexual minority and majority intimate partner violence victims. The study used a qualitative design from a queer theory perspective utilizing ground theory methods. The qualitative information collected in this study will increase understanding of counselors’ experiences with sexual minority intimate partner violence victims, and in turn, will raise the awareness of counselors who work with all underrepresented minorities. In particular, the results will benefit the education of counselors and other social service professionals, causing them to be more mindful of their sexual minority clients’ specific needs.

### **Queer Theory**

The queer theory perspective utilizing grounded theory methods is a relatively new concept as a research design. Queer theory is a theoretical approach to examining culture that

embraces an expanded understanding of gender and sexuality (Merriam-Webster, 2011). Simply stated, queer theory rejects what most people believe it means to be male, female, gay, or straight. Queer theory starts from the assumption that any given sexuality is natural and therefore not needing correction. This is a concept that is largely ignored by other qualitative research (Arnold, 2004). “Queer” itself is defined as differing in some way from what is normal (Merriam-Webster, 2011). It has been adopted by both gay people and academics to represent the homosexual population (Merriam-Webster, 2011). Queer, as used in this theory, connotes the acceptability of non-normative sexuality.

The queer theory paradigm grew out of feminist theory. It is largely based on Judith Butler’s (1990) work in her book *Gender Trouble* (Warner 2004). Feminist theory conceptualizes gender as a social construction that is related to, but different from a person’s sex (Warner 2004). Queer theory expands on the feminist focus on the social construction of gender to include sexuality (Hammers & Brown, 2004). One of Butler’s key concepts is that the notions as boy, girl, gay, and straight are not givens, but rather are social constructions that individuals perform in their interactions with others (Warner 2004). Queer theory focuses on both the historical and contextual understandings of sexuality. This is done in order to explore the social order that all members of society are responsible for perpetuating.

Queer theory asks individuals to continuously reflect on their understanding of the world. This is done for the purpose of individuals being able to separate themselves from the hetero-normative nature of society. This separation of the individual from the normative discourse is a major objective of queer theory (Hammers & Brown, 2004). The hetero-normative nature of society is understood to mean the emphasis mainstream culture puts on the positive attributes of the heterosexual lifestyle.

Queer theory has its origins in Michel Foucault's postmodern thinking (Hammers & Brown, 2004). Foucault proposed that identity categories, such as gay, straight, male, and female, are socially designed to regulate and control social interactions, even when used for socially positive purposes. Identity formation is understood to be the development of one's individual personality traits and their influence on the way that individuals perceive the world around them. What is called traditional identity formation is identified with the predominant cultural understanding of what it means to be male and female (Hammers & Brown, 2004).

**Queer Research Methodology.** Consistent with the queer theory tradition, a qualitative research design is well suited to study the impact of sexuality on a person's life experiences. Qualitative methodology has been chosen because it is able to evoke the stories of the counselors of IPV sexual minority victims themselves. In particular, queer research methodology is the approach of choice for studying the impact of sexuality on a chosen phenomenon (Warner, 2004).

### **Rationale for the Study**

Using the aforementioned queer theory perspective and ground theory methods, the primary focus of this study was to identify the impact counseling sexual minority and sexual majority intimate partner violence victims has on developing counselor competency.

This study uses the reinforcement perspective to explain its importance. It is posited that this population's perceptions of counseling stem directly from the positive or negative experiences that they have had in counseling. The experiences individuals have had with the mental health system will shape their perceptions of counseling

### **Questions**



Given queer theory's emphasis on the impact of the queer experience on clients, the research questions are designed to examine the study participants' experiences rather than describe the experiences of the population at large. The research questions are designed to gain a better understanding of the unique experiences of the study participants' experiences with counseling sexual minority intimate partner violence victims.

There are two primary research questions for this study. The first question is "How does working with sexual minority domestic violence victims differ from heterosexual victims?" The second research question is "How can counselors become more competent with counseling sexual minority domestic violence victims?"

### **Definitions**

There are two major variables used in this study. The first term is "sexual minority." This term is used as an overarching descriptor of any individual who self-identifies as being gay, lesbian, transgendered, questioning, bisexual, or otherwise possessing a gender identity or sexual desire that is deviant from the Western culture's mainstream, heterosexual normative standards. The term "domestic violence victim" is used as descriptor of any individual who has suffered emotional, physical, sexual, mental, or any other types of abuse by a loved one. The abusing loved one in this study is not restricted to only paramours or spouses; the abusing individual can also be family members of the victim.

### **Overview of Methodology**

The plan for research was to conduct a qualitative study from a queer theory perspective utilizing ground theory methods in order to gain a better understanding of the unique experiences of the study participants' experiences with counseling sexual minority intimate partner violence

victims. First, participants were recruited via convenience and snowball sampling techniques. The study consisted of 10 qualitative interviews with counselors who work with intimate partner violence. I conducted the initial interviews, followed by coding by the research team. After initial coding, the research participants were given a chance to review the code book and respond to the themes determined. Those responses were coded for major themes by the research team. Responses in both the primary and secondary interviews provided data for identifying common factors of counselor competency with the sexual minority IPV population.

### **Summary**

In review, the counseling profession continues to produce significant advances in counseling competencies with ethnic minorities, however counselor competency with sexual minorities remains underdeveloped (Hellmuth, Follansbee, Moore, & Stuart, 2008; Murray & Mobley, 2007; Speziale and Ring, 2007). This population is at a heightened risk because they are both oppressed and victims of abuse.

The purpose of the research was to conduct a qualitative study from a queer theory perspective utilizing ground theory methods in order to gain a better understanding of the unique experiences of the study participants' experiences with counseling sexual minority intimate partner violence victims. The research plan consisted of recruiting 10 counselors who work with intimate partner violence via convenience and snowball sampling techniques. I conducted the initial interviews, followed by coding by the research team. After initial coding, the research participants were given a chance to review the code book and respond to the themes determined. Those responses were also coded for major themes by the research team.

## **CHAPTER TWO**

### **Introduction**

In this chapter, I will explore the prevalent literature on the history of LGBT research, intimate partner violence, sexual minorities and intimate partner violence, and counselor competency. Before beginning an exploration of the prevalent literature, it is first important to understand a brief history of sexual minority research.

### **Brief History of LGBT Research**

The history of sexual minority research shaped current understanding sexual minority intimate partner violence. It is commonly believed that empirical gay, lesbian, bisexual, and transgender research passed through three temporal stages (Maher et. al, 2009). The first period was from the late 1800s to 1972, when research focused on categorizing homosexuality as a disease and on finding curative treatments. Only a small subset of literature refuted the disease model. The second period ran from 1972 to approximately 1990, when researchers began to apply the disease model not to GLBT persons, but rather to those having negative attitudes toward homosexuality. During this time period, researchers began to look at what it was like to be a GLBT person from GLBT persons' perspectives. The third period began in the early 1990s and continues today. Researchers are focused on social institutions and specific actions aimed at changing these institutions (Maher et. al, 2009).

### **Intimate Partner Violence**

Intimate partner violence (IPV) plays a significant role in the sexual minority population. Understanding the history of this topic allows researchers to improve counselor competency and victim care. Past research in intimate partner violence is focused on themes including definition, significance, victim impact, similarity to heterosexual IPV, and power and control.

## **Definition**

Intimate partner violence is an ever-increasing problem in the United States. Before further discussion can begin, it is important to define what “intimate partner violence” is.

Intimate partner violence (IPV) is a pattern of controlling, abusive behavior (including physical, emotional, verbal, psychological and sexual) in an intimate relationship (Renzetti & Miley, 1996; Heintz & Melendez, 2006; Dworkin & Guitterez, 1992; Murray & Mobley, 2007; National Institute for Justice, 2007; National Institute for Justice, 2006)

## **Significance**

The first topic to examine following an understanding of what intimate partner violence means is the significance of the problem. Domestic violence is recognized as a significant, preventable public health problem in contemporary U.S. society that affects millions of men and women of any sexual orientation (Balsam & Szymanski, 2005; Hellmuth, Follansbee, Moore, and Stuart, 2008; National Institute for Justice, 2007). In fact, one study declared it to be the third largest health issue facing gay men, following sexually transmitted diseases and substance abuse (Cruz and Firestone, 1998). It is important to note that intimate partner violence does not require sexual intimacy and can occur with a couple at any stage of their relationship. Physical intimate partner violence (IPV) can also vary in frequency and severity and occurs on a continuum, ranging from one hit that may or may not seriously impact the victim to chronic, severe battering (National Institute for Justice, 2007). Emotional, verbal, psychological and sexual intimate partner violence have not been researched sufficiently enough to be plotted on a similar continuum. The prevalence of IPV in minority groups delineates a significant need for research into how to best and appropriately treat/counsel victims

## **Victim Impact**

It is also important to gain a better understanding of the impact that intimate partner violence has on the abused individual. Individuals experiencing intimate partner violence can be living in a situation where their abusive partner has the ability to control multiple aspects of their lives. In fact, intimate partner violence can affect the involved individuals' immediate and long-term physical health, mental health, family relationships, social support, occupational difficulties, and financial well-being (Heintz and Melendez, 2006; Murray & Mobley, 2007; National Institute of Justice, 2007)

With this significant impact on so many aspects of victims' lives, many domestic violence victims find it difficult to assert their needs and wants. Often intimate partner violence victims suffer from low self-esteem and have a difficult time with trust in relationships because of the abuse they have suffered. The anger and stress that some victims feel can lead to eating disorders and depression. Some victims also have increased suicidal ideation, while others commit suicide (National Institute of Justice, 2006). In fact, one study indicated many homosexual individuals who had been victimized did not report their victimization to the police out of fear of retaliation, fear of loss of emotional support, a desire to avoid embarrassment or shame, fear of being 'outed," a distrust of law enforcement and a lack of confidence in the courts (Burke et. al., 2001). It is important to note that understanding intimate partner violence requires reaching a clear understanding factors that impact victims.

## **Comparison to Heterosexual IPV**

As with many minorities, sexual minorities often face unique challenges, including intimate partner violence, that are often overlooked by the cultural majority. However, some of

the ways in which the sexual majority and minority are similar. It is important to note the similarities because gaining a better understanding of heterosexual IPV and can be translated to homosexuals to help understand the problem and lead to improved competency. Intimate partner violence in gay male couples share much in common with intimate partner violence in heterosexual couples, including comparable prevalence rates, promoters such as financial issues, decisions about parenting and child rearing, and career success, reasons to remain in the unhealthy relationship, and family of origin issues (Balsam & Szymanski, 2005; Cruz, 2003; Cruz & Peralta, 2001; Stall, et.al., 2003). In addition, issues of alcohol and drug abuse, intergenerational transmission of violence, learned helplessness, and problems leaving abusive relationships are common in both homosexual and heterosexual relationships where domestic violence occurs. It is also important to note that sexual minority men who have been victims of partner violence are more likely to have lower incomes, be unemployed, experience depression, and to abuse substances. These findings parallel the aforementioned findings for women. (Cruz & Firestone, 1998).

### **Power and Control**

Another factor of examination of intimate partner violence is the role of power and control in sexual minority intimate partner violence. In both homosexual and heterosexual relationships, violence is usually a means by which the abuser maintains power and control over the victim and often occurs in a cycle of three phases (Cruz & Firestone, 1998). In the first phase, there is a buildup of tension. This build up culminates in a violent act upon the victim (phase 2). This is followed by the third phase, also known as the “honeymoon phase,” where the abuser is remorseful and tries to make amends with affection and gifts. The cycle repeats until an

intervention is introduced. An understanding of the cycle of violence is essential for competency in IPV. (Cruz & Firestone, 1998).

### **Sexual Minorities and Intimate Partner Violence**

The second major subject to explore is that of sexual minorities and intimate partner violence. In order to gain a better understanding of how to formulate future research, we must first better understand this topic. The major topics that will be discussed will include the history of research on same-sex intimate partner violence, unique sexual minority issues, research bias, perceived impermanence of sexual minority relationships, discrimination and bias, and factors promoting IPV.

#### **Unique Issues**

While both heterosexual and sexual minority individuals share many similarities in their personal and relationship qualities, sexual minority individuals also have some unique issues. Some of these unique issues include addiction, forced sex, HIV/AIDS, and societal influences.

#### **Addiction.**

The first issue to examine is the relationship between addiction and intimate partner violence. With substance abuse already a high-risk problem in the gay and lesbian community, it is critical to look at the role all addictive behaviors play in same-sex battering. Dworkin & Gutterez (1992) determined that addictive behaviors such as substance use, eating disorders, and sexual compulsivity are common in sexual minority IPV perpetrators.

#### **Forced Sex.**

The second sexual minority IPV issue to explore is forced, coerced, and unwanted sex. Introducing the topic of unwanted sex, there are four identified general patterns of forced, unwanted sex. Those patterns are rape, drugging, coercion, and perceived obligation (Braun,

Schmidt, Gavey & Fenaughty, 2008). The first pattern coincides with the most common general understandings of rape or sexual assault. Some of the men discussed were physically forced into specific sexual activities to which they did not consent. The second pattern describes experiences in which a man deliberately drugs, intoxicates, or takes advantage of existing intoxication to force sex on another man. The third pattern identified shows forms of coercion that are often more subtle. Many of the men described are manipulated or pressured into having sex that they did not want by an older and more sexually experienced man. The fourth and final pattern identifies unwanted sex occurring as a result of perceived obligation. In these circumstances, the men did not see any other viable choice (Braun, Schmidt, Gavey & Fenaughty, 2008).

#### **HIV/AIDS.**

The fourth issue around sexual minority IPV is the impact of HIV and AIDS on sexual minority intimate partner violence. Often HIV-positive sexual minority individuals experience intimate partner abuse within a context of homophobia, transphobia, and other biases, which may further compound the effect of abuse on safer sex negotiation. In addition, many participants experienced sexual, physical, and/or verbal abuse as a direct consequence of asking their partner to use safer sex protection (Heintz & Melendez, 2006). Thus homophobia, transphobia, and other biases compound the already difficult task of safer sex negotiation because of a culture of fear.

#### **Societal Impact.**

Another issue that many sexual minorities face is the societal impact of government, law enforcement, and society as a whole. Generally speaking, the gay and lesbian community largely avoids the subject of intimate partner same-sex partner violence, as well as by governments, law enforcement, and society (Peterman & Dixon, 2003). This is in part because



much of the current understanding of same-sex domestic violence comes from superimposing heterosexual templates onto sexual minority partnerships. There is a societal stereotype of the homosexual batterer as the “masculine” partner and the victim as the “feminine” partner. This perception appears to follow research findings that consistently show that masculinity in Western societies is associated with aggression and dominance in intimate relationships (Miller, Bobner, & Zarski, 2000). Gay men and lesbians are believed to be less likely to report the abuse and more likely to stay with their partners because of homophobia, heterosexism, and ignorance in the community regarding domestic violence, as well as homosexuality (Peterman & Dixon, 2003).

Furthermore, some gay men and lesbians often have internalized society’s prejudices against them and believe they deserved to be treated negatively (Peterman & Dixon, 2003). One example of this claim is in the description of homophobia in the criminal justice system. There are many sexual minority men that must choose between the negative consequences of revealing their sexual orientation to the legal system and the help that the same system is supposed to provide to them. This is said to influence some gay men to doubt that calling the police may be an option (Letellier, 1994).

### **Research Bias**

The next topic to discuss is that of the bias towards heterosexual couples in intimate partner violence research. Although intimate partner violence among heterosexual couples is a growing topic of investigation, it is commonly believed that there remains a deficiency in the amount of research on violence and relationship functioning in sexual minorities. Of particular interest is the prevalence, dynamics, and consequences of same-sex intimate partner violence (Hellmuth, Follansbee, Moore, & Stuart, 2008; Murray and Mobley, 2007). One proposed

reason for the lack of research is the conflicting views on the prevalence, definition, and social service response of sexual minority IPV (Speziale & Ring, 2007). For example, sexual minority IPV is defined variously as physical violence by some people, while others follow the aforementioned definition that covers all forms of abuse.

### **Perceived Impermanence of Sexual Minority Relationships**

Research has found that a more permanent legal status for homosexuals would assist in establishing a better definition of a couple in a long-term relationship. In fact, there is a correlation between a more permanent legal status for homosexual individuals and the public perception that homosexual relationships are more permanent. It is theorized that the perception of impermanence is attributed to a lack of permanent legal status for sexual minority individuals (Greenwood, Relf, Huang, Pollack, Canchola, & Catania, 2002; Seelau, Seekau, & Poorman, 2003).

### **Discrimination and Bias**

Discrimination and bias regarding sexual minorities is another important topic of sexual minority IPV research to review. Often, homosexuals are targets of discrimination in many areas of life, particularly the legal system. Specifically, homophobic attitudes prevent the legal system from treating same-sex partnerships as marriage or even marriage-like. While there is some progress with domestic partnership laws in some local and state governments, those partnerships are very few and often fiercely contested (Cruz & Firestone, 1998; Ronner, 2005).

One explanation of bias is that abuse was perceived as less serious when two men were involved. While this goes against the logical assumption that a bias against males means that the male abusers would be viewed more harshly, the involvement of another male (the abused) in the

relationship was shown to nullify the negative feelings towards the male abuser in this study. In fact, male victims are seen to be at significantly less risk than female victims (Seelau, et al., 2003). Another explanation for bias comes from traditional gender stereotypes and anti-homosexual attitudes. Often, males are less likely to report abuse because it portrays them as being weak. In addition, gay males are even less likely to report abuse because of fear over anti-gay sentiment in the police force (Tully, 2001).

### **Factors promoting violence**

Another major theme in the literature on sexual minority IPV lies in the factors promoting same-sex intimate partner violence, which includes family of origin impact, stress, and the power dynamics of the sexual minority relationship. For the first factor, family of origin, it is believed that there is an intergenerational transmission of violence and it is theorized that individuals who witness or experience abuse as children will become perpetrators or victims of violence (Balsam & Szymanski, 2005). In regards to the second factor, stress, women and men differ in their triggers for IPV. It has been found that occupational and interpersonal stress predicted women's use of violence in relationships, whereas only occupational stressors predicted men's use of violence (Cano & Vivian, 2003). The third violence-promoting factor, the power dynamics of the sexual minority relationship, revolves around perceived power, or lack thereof, by the intimate partner violence victim. This has been shown to be strongly associated with intimate partner violence in both homosexual and heterosexual relationships (Miller, Bobner, & Zarski, 2000).

### **Counselor Competency**

Another important topic to understand is counselor competency with sexual minorities in general. The topic of counselor competency with sexual minorities in general will be discussed

next, as it can affect responses to sexual minority IPV. Although no literature was found regarding counselor competency and sexual minority IPV, factors potentially could impact counselor competency with sexual minorities are professional organizations, counselor attitudes and behaviors, academic training, and multicultural counseling model influences. Since there is not literature found on this topic, research in this topic is essential.

### **Professional Organizations**

Professional organizations often play a significant role in the development of counselors' counseling competencies. It is believed that that while professional counseling organizations promote the importance of working with diverse clients, negative biases towards sexual minority clients continue. In fact, issues of counselor competence with sexual minorities have only recently been addressed (Grove, 2009). Therefore, professional organizations now have the opportunity to promote significant advances in this field of treatment.

### **Counselor Attitudes and Behaviors**

Also contributing to counselor competency with sexual minorities are counselor attitudes and behaviors that have been identified as being helpful. These attitudes and behaviors include a counselor's view of the importance of education on sexual minority issues, his or her demonstrating non-pathologizing attitudes, and the counselor being proactive in addressing issues relating to sexual orientation (Matthews, Selvidge, & Fisher, 2005). These findings provide a baseline for understanding what type of counselor traits and competences could be examined to improve the services to the sexual minority population.

### **Academic Training**

The next factor that impacts counseling competency with sexual minority individuals is the academic training that counseling students receive. Currently, the sexual minority training

provided to graduate students is believed to be minimal and inadequate. It was found that graduates feel unprepared to work competently with sexual-minority individuals. This was found to be true even though professional associations require their members to be not only knowledgeable about sexual orientation, but also to be competent in providing counseling services to diverse clientele (Alderson, 2004). This feeling of being unprepared can lead counseling professionals to feel anxious when dealing with sexual minority clients. It is suggested that programs adopt a flexible curriculum that includes the currently accepted theories of multicultural competency along with effective lesbian-, gay-, and bisexual-affirmative counseling practices.

### **Multicultural Counseling Model Influences**

Another important factor in counselor competency with sexual minority individuals is the impact of multicultural counseling models. While the current models of multicultural counselor competency that address knowledge, attitudes, and skills are commonly accepted to influence effective work with diverse populations, there are a number of studies that have identified the content of knowledge that counselors should possess to work effectively with sexual minority clients (Israel & Selvidge, 2003). Some content that may be important to both sexual minority clients and other non-dominant groups includes having knowledge of sociopolitical history, bias in assessment instruments, bias in the delivery of mental health services, understanding that there is diversity within identified groups, and having knowledge of identity development. Other unique areas for sexual minority clients include having knowledge of parenting and family structures, the “coming out” process, and family of origin concerns (Israel & Selvidge, 2003).

Another important contrast to general multicultural theory is the impact of sexual minority individuals being raised in families that do not share clients’ marginalized status.

Unlike ethnic minority clients, most sexual minority clients are raised in families and communities that do not share their particular marginalized status. Also, being a sexual minority is still seen by some counselors as immoral and is theorized to be one of the only minority categories for which religious beliefs are used to promote intolerance (Israel & Selvidge, 2003). Therefore, it is important that counselors develop an awareness of their attitudes, assumptions, and prejudices concerning same-sex sexual orientation.

The aforementioned personal and professional counselor competency factors are important distinctions in the understanding of why further research must be conducted to explain how to improve counselor competency with sexual minority populations beyond the current multicultural counseling standards. While the current multicultural standards have promoted significant advances in providing effective counseling services to more people, it is important to remember that they are not universal models that can be utilized with every client that is not part of the cultural majority.

## CHAPTER THREE

### Introduction

While the counseling profession makes significant advances in producing counseling competencies with ethnic minorities, counselor competency with sexual minorities remains underdeveloped. Also, while there is significant research on competency in counseling intimate partner violence victim, little of that literature includes sexual minorities (Hellmuth, Follansbee, Moore, and Stuart, 2008; Murray and Mobley, 2007; Speziale and Ring, 2007). Further research into establishing parameters for counselor competency with sexual minority intimate partner victims is important in order to provide the best possible care for this sensitive population.

Using grounded theory procedures from a queer theory paradigm, the purposes of this study was to identify two elements: (1) how the counseling of sexual minority intimate partner violence victims might differ from counseling other types of victims and (2) what would make someone competent in counseling sexual minority intimate partner violence victims. The study also investigated perceptions of working with the target population and potential suggestions for improving competency.

### Rationale for Using Qualitative Methodology

As stated above, there is a significant lack of research on counseling sexual minority intimate partner violence victims. Existing research conducted on counseling intimate partner violence victims is almost entirely comprised of studies regarding heterosexual female victims (Balsam and Szymanski, 2005; Follansbee, Moore, and Stuart, 2008). In addition, it is almost entirely quantitative in nature. A quantitative focus can be problematic, as quantitative research focuses on statistical significance and numerical data and may not directly explain life

experiences related to counseling sexual minority intimate partner violence victims. One example is that, while numerical data can show the number of times a certain counseling technique was utilized; it cannot communicate the impact certain counseling techniques have on helping participants improve their quality of life.

Kidder and Fine (1997) explain that qualitative data is not simply a lack of numbers, but instead resulting information is analyzed for what informants are saying. This is different than focusing on predetermined categories and hypotheses, such as in quantitative research. Conversely, qualitative research methods can be adjusted to more richly and deliberately analyze responses, as qualitative research is a constantly evolving process. Another way to understand qualitative research is that the goal is to gather information regarding the participants' personal meaning rather than attempting to shape their responses via a preconceived lens (Creswell, 2007; Rossman & Rallis, 2003). Gathering information on participants' personal meaning is also a benefit as opposed to the researchers' setting predetermined categories for data collection, which can be the case in quantitative research. On the other hand, some researchers argue that qualitative research leads to biased findings because of the evolving structure and researcher interpretation of results. It is also believed that this bias may lead to invalid conclusions. As will be discussed later, several prevention techniques will be put into place to prevent such bias.

A qualitative design was also be used for this study because of its potential to empower counselors to increase their competency with sexual minority intimate partner violence victims. A qualitative methodology enables the researcher to richly study the lived experiences of counselors. It is believed that the lived experiences and feelings of study participants are vital in understanding their perceptions of competency with counseling sexual minority intimate partner



violence victims. Since no other qualitative research studies were found on this particular topic, this study will add to the research base for counseling these specific clients.

### **Rationalization for Blending of Queer Theory and Grounded Theory Techniques**

Even though the use of a queer theory perspective with grounded theory techniques is an uncommon choice, the combination of different methods and theoretical approaches is not unusual in qualitative research. Dezin & Lincoln (2005) state that qualitative does not have a distinct set of methods or practices that are entirely its own. The authors point out that qualitative researchers often use a variety of data collections methods, as well as drawing on several different research perspectives. It is important to note that qualitative research promotes that no specific theoretical perspective or research technique is better than any other. The diverse background of each research perspective and method provides multiple uses and meaning. A “gendered, multiculturally situated researcher” approaches the research process with his or her own framework and methodology (Denzin & Lincoln, 2005). This is to say that researchers approach the research process from a distinct perspective in which they adapt the multicultural, gendered components of the research process. Thus this research study utilized grounded theory procedures from a queer theory focus.

## **Method**

### **Queer Theory**

The queer theory perspective utilizing grounded theory methods is a relatively new concept as a research design. Queer theory is a theoretical approach to examining culture that embraces an expanded understanding of gender and sexuality (Merriam-Webster, 2011). Simply stated, queer theory rejects what most people believe it means to be male, female, gay, or straight. Queer theory starts from the assumption that any given sexuality is natural and

therefore not needing correction. This is a concept that is largely ignored by other qualitative research (Arnold, 2004). “Queer” itself is defined as differing in some way from what is normal (Merriam-Webster, 2011). It has been adopted by both gay people and academics to represent the homosexual population (Merriam-Webster, 2011). Queer, as used in this theory, connotes the acceptability of non-normative sexuality.

The queer theory paradigm grew out of feminist theory. It is largely based on Judith Butler’s (1990) work in her book *Gender Trouble* (Warner 2004). Feminist theory conceptualizes gender as a social construction that is related to, but different from a person’s sex (Warner 2004). Queer theory expands on the feminist focus on the social construction of gender to include sexuality (Hammers & Brown, 2004). One of Butler’s key concepts is that the notions as boy, girl, gay, and straight are not givens, but rather are social constructions that individuals perform in their interactions with others (Warner 2004). Queer theory focuses on both the historical and contextual understandings of sexuality. This is done in order to explore the social order that all members of society are responsible for perpetuating.

Queer theory asks individuals to continuously reflect on their understanding of the world. This is done for the purpose of individuals being able to separate themselves from the hetero-normative nature of society. This separation of the individual from the normative discourse is a major objective of queer theory (Hammers & Brown, 2004). The hetero-normative nature of society is understood to mean the emphasis mainstream culture puts on the positive attributes of the heterosexual lifestyle.

Queer theory has its origins in Michel Foucault’s postmodern thinking (Hammers & Brown, 2004). Foucault proposed that identity categories, such as gay, straight, male, and female, are socially designed to regulate and control social interactions, even when used for

socially positive purposes. Identity formation is understood to be the development of one's individual personality traits and their influence on the way that individuals perceive the world around them. What is called traditional identity formation is identified with the predominant cultural understanding of what it means to be male and female (Hammers & Brown, 2004).

**Queer Research Methodology.** Consistent with the queer theory tradition, a qualitative research design is well suited to study the impact of sexuality on a person's life experiences. Qualitative methodology was chosen because it is able to evoke the stories of the counselors of IPV sexual minority victims themselves. In particular, queer research methodology is the approach of choice for studying the impact of sexuality on a chosen phenomenon (Warner, 2004).

**Grounded Theory Techniques.** To effectively carry out a queer theory research perspective, this study utilized ground theory techniques. Hammers and Brown (2004) suggest grounded theory techniques in that the queer theory paradigm provides an alternative to the dominant research paradigms. They go on to state that utilizing a queer theory perspective with grounded theory techniques is effective because "such a distinct methodology calls for challenging inequality and empowering women and other marginalized groups" (p. 89).

One way in which grounded theory techniques address inequality is to not only give a "voice" to marginalized groups, but also to create an environment that would allow marginalized individuals to express their lived experiences. Using grounded theory techniques within a queer theory perspective allowed the researchers to be mindful of the power dynamics and personal bias that could distort the data collected (Hammers & Brown, 2004). Also, the grounded theory techniques that were utilized can assist in understanding the ways in which counselors form their sense of self and competency. These formations of self and competency include multiple facets

(such as race, sexuality, and gender), which can only be captured using grounded theory techniques (Hammers & Brown, 2004).

### **Problem**

There is currently a significant lack of research on counseling sexual minority intimate partner victims. While there is much research on competency in counseling intimate partner violence victims, little of it includes sexual minorities. Also, research on competencies with sexual minorities is minimal. In addition, the research found on counselor competency with sexual minorities is quantitative in nature. Thus, a qualitative study of counselor's perceptions in working with this specific population is warranted.

### **Research Questions**

Given queer theory's emphasis on the impact of the queer experience on clients, the research questions are designed to examine the study participants' thoughts and beliefs rather than describing the experiences of the population at large. The research questions are also designed to gain a better understanding of the unique characteristics of the study participants' experiences with counseling sexual minority intimate partner violence victims.

There are two primary research questions for this study:

**Question 1:** How does working with sexual minority domestic violence victims differ from working with heterosexual victims?

**Question 2:** How can counselors become more competent in counseling sexual minority domestic violence victims?

### **Role of the Researcher**

As stated earlier, the role of the researcher is important in qualitative research.

Researchers who conduct qualitative studies should explore their assumptions, paradigms, and worldviews in order to be clear about how each of these predispositions may influence the administration of the research project. The qualitative paradigm is a worldview or belief system that shapes methodological decisions (Creswell, 2007). The researcher's role varies depending on several factors, including researcher participation, intensiveness, extensiveness, and specificity. These terms will be described next.

Researcher participation is the degree to which research on the given topic is a part of the researcher's daily life (Creswell, 2007; Marshall & Rossman, 2006). For example, an extremely high level of participation includes a researcher who treats every experience in his or her daily life as possible data for the study. An extremely low level of participation describes a researcher that shuns all experiences that are related to the study. For this study, the researcher engaged at a high level of participation due to the time frame of the study and role as a counselor educator. Also, the researcher had a high level of participation due his personal experience with this topic. This previous experience aided the researcher in locating services previously used and contacting professional business contacts in domestic violence centers.

The next facet of the role of researcher is the intensiveness and extensiveness of the research study. Intensiveness is the amount of time spent daily in the research setting, while extensiveness is the breadth of the study (Creswell, 2007; Marshall & Rossman, 2006). Both intensiveness and extensiveness are impacted by the duration of the study. For this study, there was a high level of intensity and limited extensiveness for the study, due to the limited duration. The high level of intensity is due to time constraints for access to the target population and several interviews having been done in a limited amount of time. The extensiveness was

affected by both time constraints and the number of counselors in the target population.

Adjustments were made to the duration of the study as the intensity had to be adjusted.

The next aspect of the role of the researcher is specificity, which is whether the focus of the study is specific or general (Marshall & Rossman, 2006). For example, a specific study examines a small, well-defined population, while a diffuse study examines a larger, less-restricted group. For this study, the focus is specific. The population examined is narrowly-defined as counselors who have previously worked with both sexual minority intimate partner violence victims. A counselor is defined as anyone with a master's degree in a helping profession who is currently engaged in the provision of counseling services to intimate partner violence victims.

### **Researcher Assumptions and Biases**

One of the major limitations that is frequently mentioned regarding qualitative research is researcher bias. Researcher bias is reported to occur more often in qualitative research because of the autobiographical nature of the research (Creswell, 2007). For example, an individual involved in a particular minority population is said to be more likely to study that population in their research studies, thus introducing bias. The challenge of qualitative research is to demonstrate that the personal interest of the researcher will not bias the study (Creswell, 2007; Marshall & Rossman, 2006).

There are several researcher assumptions and biases in the areas of intimate partner violence and sexual minorities. As stated earlier, this researcher was not only a member of both research populations (victims of intimate partner violence and a sexual minority), but he was also a counselor. The primary researcher self-identified as a white gay male counseling student who has suffered multiple occurrences of intimate partner violence in the past. As an active member

of the target population, both a gay male and an intimate partner violence victim, he could easily have had a bias toward counselors' perceptions on their own competency.

The researcher also had a bias that the current models of multicultural competency, as stated in the literature review, do not sufficiently address the needs of the sexual minority population. In fact, this researcher believed that the current models of multicultural competency are doing a disservice to the sexual minority population as they do not take into consideration unique sexual minority issues. In particular, this researcher believed that the multicultural competencies promoted in many models do not address ways counselors can become competent with this population.

Also, this researcher believed that counselor competency requires skills and study beyond what is currently taught in most counseling curricula. The majority of the counselor education programs do not devote enough time to the understanding of the sexual minority experience. Counselor education programs informally examined by this researcher only provided a cursory glance at sexual minority issues, while devoting class time instead to understanding racial minorities. This researcher did not making a value statement as to the importance of studying one population over another, but rather was advocating for a model with more balanced parameters as to the need to study different types of minorities.

The principal investigator in this study was equipped and qualified to carry out this research due to experience in promoting counseling competency when counseling sexual minority intimate partner violence victims. This researcher had also previously engaged in both political and professional advocacy activities for both intimate partner violence victims and for the legal rights of sexual minorities. This researcher had participated in panel discussions and presentations on these subjects in both classroom and conference presentation formats. This

researcher had also presented two counseling conferences on the subject of sexual minority IPV and counselor competency. The conference presentations included the 2010 Illinois Counseling Association annual conference and the American Counseling Association 2011 annual conference. Politically, this researcher was a member of the Human Rights Campaign, which advocates for the legal rights of sexual LGBT individuals. Also, the researcher had engaged in political protests against reparative therapy and the ban on equal legal rights for homosexuals in the military and marriage.

### **Researcher Objectivity**

It is important for researchers to strive to maintain an objective viewpoint while becoming immersed in the data. Objectivity is defined as the ways in which the research attempts to remain authentic to the individual or group being studied (Van Manen, 2001). In the past, researchers were warned that it is vital to remain distant from the subject of the research in order to maximize objectivity; however, Patton (2002) observed that distance does not ensure objectivity of the researcher; it only ensures that the researcher will be distanced from the subject (Lorelle, 2010). Specifically, in this study it was important for me to maximize my objectivity when studying a population of which the researcher is a part. While it was impossible to ensure complete objectivity, I took several steps to ensure maximum objectivity in this study.

#### **Strategies to Maintain Objectivity.**

To counter any researcher bias, the research team members was vital. They controlled for bias in all aspects of the study, including searching for comparisons, multiple methods of data collection, member checking, and prolonged engagement. To search for comparisons, team members was involved in both providing coding for the data collected and comparing code



books for consensus. Further information on the coding process is provided in that section of this chapter.

Also, to minimize researcher bias and error in this study, the researcher utilized multiple methods of data collection. Data was collected in both interview and field notes. Field notes are defined as detailed, nonjudgmental, concrete descriptions of what has been observed (Marshall & Rossman, 2006). Field notes were used to record not only the events of the situation, but also researcher thoughts and feelings about the event itself. Field notes are an important part of the trustworthiness process in that they provided insight into the observer's thoughts during the observation, which can identify any bias or skewed perceptions the observer may have had. Those methods are discussed in the appropriate section of this chapter.

Member checking is the third strategy this study utilized to maintain objectivity. Creswell and Miller (2000) described member checking as consisting of "taking data and interpretations back to the participants in the study so that they can confirm the credibility of the information and narrative account" (p. 127). Member checking, as described above, was in the form of research participant review of the transcript, along with the opportunity to comment on the transcript. This opportunity allowed the research participant to correct transcribing mistakes and clarify words and phrases that were misspoken. This type of trustworthiness strategy also helped to generate more theme codes for the research based on the comments that the participants make on their transcripts.

Lastly, the research study used prolonged engagement with some of the research participants. Prolonged engagement is defined as when the researcher stays at a research site for a long period of time (Creswell & Miller, 2000). Prolonged engagement is helpful in these interviews and observations in that sometimes it is difficult to gain access to counselors of

intimate partner violence victims, especially for a counseling researcher who is not a fellow employee of the counselor.

### **Researcher Subjectivity**

Along with objectivity, it was also important for researchers to maintain a level of subjectivity in their research process. Subjectivity is that the researcher needs to be not only perceptive when studying the research subject, but that he or she must also be insightful in the analysis of that object (Van Manen, 2001). Subjectivity is also being sensitive to one's own beliefs and judgments, while also being open and aware of details and meaning from the data. Previous readings and experiences need to be detected and contained. Subjectivity is important because it helps the researcher to remember that the research participants are real people and measures should be taken to ensure their safety. Also, a level of subjectivity is important to maintain so that the life experiences of the research participants can be told. It is important that the researcher have passion for the subject being examined in order to give a passionate voice to the research participants.

**Strategies to Maintain Subjectivity.** In order to maintain subjectivity, I utilized member checks, journaling, and field notes. Member checks with the research participants were used, as described above, to ensure that the participant's authentic experiences were being provided. Journaling was used to enable the researcher to record his personal experiences and personal observations during the process. Through the reviewing of these reflections and feelings, the researcher helped himself to preserve the passion that caused him to choose this study in the beginning (Rager, 2005). Field notes were used in this study to maintain subjectivity. Field notes were utilized to record personal and emotional reactions after interviews and field

observations. These notes were important in recording additional data that may be not recorded on other forms.

### **Research Plan**

The plan for research was to conduct a qualitative study from a queer theory perspective utilizing ground theory methods in order to gain a better understanding of the unique perceptions of counselors who work with sexual minority intimate partner violence victims. Also, I obtained approval from my dissertation committee and the Old Dominion University Institutional Review Board. After approval, data collection procedures began.

### **Institutional Review Board**

Safety was also maintained through application and review by Old Dominion University's Institutional Review Board. This Review Board approved this study only when it believed that all planned research processes and questions do not pose a risk of harm to study participants. Any alterations in study process were be approved by the Review Board before being instituted in the study.

### **Sampling Procedures**

Participants were recruited via convenience and snowball sampling techniques due to the limited number of counselors treating sexual minority IPV victims in the researcher's geographic area. Convenience sampling was utilized when researchers' site selection and sampling began with accessible sites. Snowball sampling builds on insights and connections from earlier data collection (Marshall & Rossman, 2006). The study consisted of 10 qualitative interviews with counselors who work with intimate partner violence.

Access to a diverse sample population is a limitation of the study. As the study used convenience and snowball sampling methods, it was unlikely that a diverse sample population would be able to be obtained. While the goal of the study is not generalizability, it is important for qualitative research to describe the experiences of a chosen sample population as accurately as possible. Ideally, a more diverse sample population is desired for this study but was not possible due to financial, time, and geographical limitations. The financial, time, and geographical scope of the current project inhibited diverse participant selection. However, continued research following this study will extend participant selection to include individuals from differing socioeconomic levels and races.

**Participant Selection Process.** The research participants were counselors who are currently treating or have treated IPV victims in the past. These counselors were targeted due to their experience with the target population and assumed capacity to answer the research questions. The anticipated research areas were counselors in Southeastern Virginia and Central Illinois. These areas were selected due to their geographic proximity to the researcher.

After participant selection, participant profiles were given and included basic demographic information (Appendix A). Participants were recruited via multiple mediums, including flyers, phone calls, and e-mails (Appendix B). I discussed possible risks and requested consent forms (Appendix C).

Participants were first recruited through an e-mail invitation to participate and then follow-up phone calls were conducted as sufficient numbers of participants were not initially achieved (Appendix B). Participants were encouraged to participate by providing the chance to increase the knowledge of counselor competency with sexual minority IPV. While no financial

compensation was be provided to the participants, the satisfaction of helping the profession was anticipated to provide motivation for research participation. The invitations to participate followed all Old Dominion University and College of Education guidelines for recruitment.

**Gaining entry.** The researcher gained entry into counseling sites through present professional counseling contacts. The researcher was in contact with members of these programs and received statements of interest. This researcher continued to work with these agencies and individual counselors to explore access to counselors in their intimate partner violence victim programs.

**Methods to Ensure Participant Confidentiality and Safety.** Potential participants were informed of the nature of the study and were allowed to ask questions before consenting to ensure informed consent. Participant confidentiality was maintained through removal of any identifying information. All identifying information was also removed before transcripts were given to the research team for coding. All participants names were pseudonyms to further protect their identity. All study information, including participant transcripts and recording, were kept in a secure location. All recordings and study-related information were destroyed at the conclusion of the research to further ensure confidentiality. Also, study participants were given access to the information, if desired. A copy of the informed consent is included in Appendix C.

### **Data Collection Procedures**

The data sources consisted of individual interviews with the target population, that is, counselors of sexual minority intimate partner violence victims. The data was collected by this researcher via in-person interviews and was of a semi-structured format. After initial coding, the

research participants were given a chance to review the code book and respond to the themes determined. Those responses were also coded for major themes by the research team.

Responses in both the primary and secondary interviews provided data for identifying common factors of counselor competency with the sexual minority IPV population.

### **Individual Interviews**

The study consisted of 10 qualitative interviews with counselors who work with intimate partner violence. The interviews were conducted in two rounds, including the primary interview session and a follow-up session. The initial interviews consisted of a prepared instructional statement and 5 questions, which are included in the appendix. The interviews lasted between 30-45 minutes each. The semi-structured format enabled the interviewer to probe for more in-depth answers to the interview questions provided on the interview protocol. After initial coding, the research participants were given a chance to review the code book and respond to the themes determined. Responses in both the primary and secondary interviews provided data for identifying common factors of counselor competency with the sexual minority IPV population.

**Initial Individual Interview Questions.** The following were the interview questions that were utilized with the study participants, along with a rationale for each question's purpose in relation to the overarching research question.

1. *What are important attitudes and beliefs to possess when counseling sexual minority intimate partner violence victims?*

This question is designed to gather information on what counselors believe are important attitudes and beliefs when counseling sexual minority intimate partner violence victims.

2. *What similarities and differences, if any, are there between counseling sexual minority and heterosexual intimate partner violence victims?*

This question is related to the previous one in that it is designed to gain an understanding of the counselor's perception of the similarities, if any, between counseling sexual minority and heterosexual intimate partner violence victims. This question was important because it provided further insight into ways in which sexual minority IPV is related to heterosexual IPV.

3. *What training and experience do you have that makes you feel competent with counseling intimate partner violence victims?*

This question is designed to gain an understanding of the counselor's training that makes them feel competent with counseling sexual minority and heterosexual intimate partner violence victims. This question was important because it provided further insight into the trainings and experiences that the counselor participated in which made them feel competent with sexual minority IPV.

4. *What kind of training or experiences could best benefit counselors entering this field in the future?*

This question is designed to gain an understanding of what training or experiences the counselor felt would help make other counselors more competent with counseling sexual minority and heterosexual intimate partner violence victims. This question was important because it provided further insight into possible trainings and experiences that counselors believed would be beneficial for future IPV counselors.

### **Personal Observations**

Any personal observations were recorded in a standardized format to maximize consistency. The observations were in a non-interactive manner and the following information was collected; setting (description of the location, date, and time), participants in the event,

visual and audio observations of the event from an objective viewpoint, as well as comments and themes discovered.

### **Follow-Up Interviews**

The follow-up interviews were conducted after initial coding and consensus are completed. The interviewees were allowed to review their transcript and the resulting code book. Any additional comments or corrections from the interviewee were recorded and coded.

### **Data Analysis**

Analysis of the data was inductive and open ended which allowed for themes to emerge organically, thus minimizing research bias. It is important to remain open to the data collection process (Charmaz, 2006). Once the researcher began to collect data, research participants provided information that the researcher had not anticipated collecting (Charmaz, 2006). This research process followed grounded theory analysis where data is systematically gathered and analyzed. Through this process, a greater understanding developed through the continuous interchange between analysis and data collection (Strauss & Corbin, 2008). As well, the grounded theory procedures utilized allowed for emergence of themes and foster greater understanding of theoretical constructs, particularly from a queer theory perspective (Strauss & Corbin, 2008). Since the purpose of this investigation was to better understand the factors that promote counselor competency with sexual minority intimate partner violence victims, grounded theory procedures are appropriate for this research study.

### **Data Reduction**

Given the large amount of data collected in a qualitative research design, it is important to reduce the data into manageable forms in order to effectively analyze and interpret the data.



To accomplish data reduction, the open, axial, and consensus coding methods were used.

Huberman and Miles (1998) stated an organized data management system is also necessary to conduct qualitative research and suggested a system that includes processing, storing, and retrieving data. To begin, I wrote a summary sheet of each interview and memoed initial thoughts and impressions. Next, I processed the raw collected data of all forms, which included transcribing audiotapes. In order to be immersed in the data and allow for insights to emerge, I transcribed each of the interviews myself (Patton, 2002). Each participant had one section in a large binder which held all of the typed notes and transcripts, within case displays, and coded data from each research team member. A separate binder held memos, data displays, drafts of the methods, informed consent, interview protocols, and codebooks (Huberman & Miles, 1998).

### **Coding Procedures.**

Coding is another important part of the data analysis process. Coding is conceptualized as the process by which the research team will begin analyzing transcripts. The coding procedure began with open coding, which is coding the data for its major categories (Creswell, 2007). To do this, a research team member and I individually read the transcripts in order to grasp an overall feeling for them (Creswell, 2007). The research team then moved on to axial coding, which is the process of relating codes to each other (Strauss & Corbin, 1998). To do achieve this, we then read the transcripts a second time and made margin notes about main topics and themes (Patton, 2002). The two code books for each interview were then compared for reliability, which is conceptualized as the stability of responses to multiple coders of data sets (Creswell, 2007). Lastly, we utilized selective coding, which is defined as utilizing the agreed upon major codes to guide further coding (Glaser, 1998). Selective coding was utilized in the second round of interviews.

## **Data Display**

The data was presented through the use of in tables, figures, or discussion in order to present the data in a clear, concise format (Creswell, 2007). The data was displayed through the use of significant statements and a table of the major themes. A clear, concise presentation of the data helped in understanding the major themes discovered as a result of the research project.

## **Verification Procedures**

There are several methods qualitative researchers can employ to validate findings (Creswell, 2007). The trustworthiness of a study is defined as how competently and ethically the study was conducted (Rossman & Rallis, 2003). It is suggested that qualitative researchers address trustworthiness in their research by verifying that the data has credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). These criteria are found to be more congruent with the naturalistic nature of qualitative research (Lorelle, 2010).

## **Credibility**

In credibility, the goal is to demonstrate that the study is conducted in such a manner as to ensure that the subjects were appropriately identified and described. The credibility of a study also aims to examine the problem, process, or social group in a manner that is valid for the setting and population described. Credibility can be enhanced by utilizing certain methods, including triangulation. These methods are used to increase the likelihood that the data is an accurate reflection of the participant perceptions (Lincoln & Guba, 1985; Marshall & Rossman, 2006). Triangulation for this study consists of several parts, including using multiple data sources, use of a research team, peer debriefing, simultaneous data collection, and reflective journaling.

To begin, this study used multiple data sources and methods to maximize the type and amount of information collected. These methods included both individual interviews and field observations. This is significant for the trustworthiness of the study in that the multiple sources and data collection methods helped to validate themes present in the data sets.

The next aspect of triangulation that was utilized is the research team as auditors of the study. Members of the research team were involved in coding data and reaching consensus to minimize researcher bias. The research team was also active in the review and modification of the interview and observation protocols.

Peer debriefing is a third trustworthiness strategy that was utilized in this study. This facet of a trustworthiness strategy is important in that general information and approaches for data collection can be discussed openly with peers without breaking confidentiality. This strategy is also useful in that, through communicating with peers, researchers are able to improve their data collection methods and gain new, unbiased insight into their study.

Fourth, simultaneous data collection and analysis was also used to help ensure trustworthiness. After each data collection set, the information was analyzed and coded before the next data collection set begins. This enabled the research team to collect information about the effectiveness of the interview or observation protocol before giving it to the next group of study participants, while also enabling the research team to change parts of the protocol as needed to ensure the highest quality of study possible.

The last trustworthiness strategy used was reflective journaling on the part of the researcher. Reflective journaling is effective for the enhanced understanding of the researcher's mental process, in that it provides the researcher the opportunity to process the data collection

sessions as well as the data analysis procedures. These journals provided the research team with insight into not only the thoughts and feelings of the researcher, but also provide a means of checking for research bias or incongruencies.

### **Transferability**

Transferability is described as being a parallel to external validity. It is defined as the degree to which the research findings will remain true in a different context (Lincoln and Guba, 1985). In transferability, the researcher should be able to discuss how his or her findings will be useful to others in similar situations, research questions, or practice. Transferability is also believed to be one of the major limitations of qualitative research (Marshall & Rossman, 2006). This study addressed transferability through the use of thick description with specific details about methods, participants, and context. This was done so enough information was provided for other investigators to draw their own conclusion about transferability to other contexts.

### **Dependability**

In dependability, the researcher attempted to account for changing conditions in the phenomenon chosen for the study, as well as changes in the design as a result of increased understanding of the phenomenon (Marshall & Rossman, 2006). While the exact conditions of the study cannot be replicated by other researchers, the goal of dependability is to provide the information to create similar research conditions. Dependability was also increased through the use of the research team to review the analysis. As well, a detailed account of methods was provided so others can replicate the research study, if desired.

### **Confirmability**

Rather than pursuing objectivity, qualitative researchers seek out confirmability (Lincoln & Guba, 1985). Confirmability is defined as the extent to which the research results could be duplicated or confirmed by other researchers (Lincoln & Guba, 1985). Confirmability was established through the examination of impact of the aforementioned biases. The research team was used to increase confirmability by exploring how beliefs may interfere with data collection and analysis. Also, the researcher searched for alternate explanations for findings throughout data collection and analysis.

### **Summary**

This research study examined the impact that counseling sexual minority and sexual majority intimate partner violence victims has on developing counselor competency. The study was conducted in a qualitative format from a queer theory perspective utilizing ground theory methods. A research team was utilized in assisting with data analysis. Results helped to gain a better understanding on the lived experiences of the study participants interviewed. The conclusions reached from this study helped to gain insight the unique experiences of the study participants and provided for the betterment of counselor competency with sexual minority intimate partner violence victims.

## CHAPTER FOUR

### Introduction

The goal of this qualitative study was to capture the voices of counselors who work with intimate partner violence who currently or have previously worked with sexual minority individuals. I examined the experiences and perceptions of counselors who had first-hand experience with treating this population. The findings that emerged from the participants' responses may help inform the design and evaluation of programs that educate counselors.

The research questions that guided this inquiry were: "How does working with sexual minority domestic violence victims differ from working with heterosexual victims?" and "How can counselors become more competent in counseling sexual minority domestic violence victims?" In the remaining sections of this chapter, descriptions of the participants, an overview of the data collection and analysis, and the themes that emerged from the data are presented.

### Participant Profiles

The participants were ten counselors who self-identified as having currently or previously worked with sexual minority intimate partner violence victims. Table 1 displays the demographic details for each of the participants. Pseudonyms were used in place of their actual names. Of the ten participants, two were male and eight were female. The ages of the participants were organized in ten-year ranges. The participants ranged from 30-39 to 60+, with a modal age of 30-39 years old. Age 60 or above was a single category. Four counselors were between 30-39 years of age, three between 40-49, one between 50-59, and 2 were over 60. The educational level of the participants included seven masters-level counselors and three doctoral-level counselors. Two participants self-identified as African-American, two participants self-identified as Jewish, and six participants self-identified as Caucasian. It is important to note that the two participants

that identified as “Jewish” wished for that to be recorded as their ethnicity, rather than by racial background. Seven participants self-identified as heterosexual, two participants self-identified as gay/lesbian, and one participant self-identified as bisexual. The length of time working with intimate partner violence ranged from one to twenty-seven years, with a mean length of 7.1 years. The number of sexual minority intimate partner violence individuals counseled ranged from one to three hundred, with a mean of 57. Six participants had master’s degrees or higher in counseling, two participants had doctorates in psychology, one a master’s in social work, and one a master’s in art therapy. All participants stated that they graduated from an accredited program in their field of study. Nine participants stated that they were licensed or certified in their field of study, including five Licensed Professional Counselors (LPC), one Licensed Clinical Social Workers (LCSW), two Licensed Clinical Psychologists (LCP), one Licensed Marriage and Family Therapist (LMFT), and one (National Certified Counselor (NCC).

Table One

Name	Age	Gender	Race/Ethnicity	Orientation	IPV yrs.	# SM clients	Field	License
Starr	40-49	Female	White	Heterosexual	6	25	Counseling	LPC
Kayla	30-39	Female	White	Heterosexual	5	300	Art Therapy	LPC
Donna	50-59	Female	African	Heterosexual	1	6	Counseling	NCC
Cathy	30-39	Female	White	Heterosexual	5	50	Psychology	LCP
Sally	40-49	Female	African	Homosexual	6	5	Counseling	LPC
Adam	30-39	Male	Jewish	Heterosexual	7	9	Counseling	LPC/LMFT
Ally	60+	Female	Jewish	Bisexual	27	150	Psychology	LCP
Camilla	60+	Female	White	Heterosexual	5	7	Social Work	LCSW
Joline	40-49	Female	White	Heterosexual	5	15	Counseling	None
Matt	30-39	Male	White	Homosexual	4	5	Counseling	LPC

## **Description of Participants**

To provide a better understanding of the participants' perspectives, each participant will be introduced and described. These descriptions provide a context in which to understand their perspectives (Moustakas, 1994). This introduction of the study participants also provides a thick description of participants, which the basis for qualitative analysis, (Patton, 2002) and promotes trustworthiness of the study.

**Starr.** Starr is a 40-49 year old Caucasian female. Starr self-identified as a heterosexual individual. She stated that she graduated with a master's degree in counseling from Regent University in Virginia Beach, VA. Starr is currently licensed as a Licensed Professional Counselor in Virginia.

She currently works for a domestic violence counseling center in the Hampton Roads, Virginia area. Starr has worked with intimate partner violence for six years and has been working as a counselor for five years. Starr stated that she has worked with approximately 25 sexual minority intimate partner violence victims in her professional career.

**Kayla.** Kayla is a 30-39 year old Caucasian female. Kayla self-identified as a heterosexual individual. She stated that she graduated with a master's degree in Art Therapy from Eastern Virginia Medical School in Norfolk, VA. Kayla is currently licensed as a Licensed Professional Counselor in Virginia.

She currently works for a domestic violence counseling center in the Hampton Roads, Virginia area. Kayla has worked with intimate partner violence for five years and has been working as a therapist for six years. Kayla stated that she has worked with approximately 300 sexual minority intimate partner violence victims in her professional career.



**Donna.** Donna is a 50-59 year old African American female. Donna self-identified as a heterosexual individual. She stated that she graduated with a master's degree in counseling from Old Dominion University in Norfolk, VA. Donna is currently certified as a National Certified Counselor.

She currently works for a domestic violence counseling center in the Hampton Roads, Virginia area. Donna has worked with intimate partner violence for 1 year and has been working as a counselor for 2 years. Donna stated that she has worked with approximately 6 sexual minority intimate partner violence victims in her professional career.

**Cathy.** Cathy is a 30-39 year old Caucasian female. Cathy self-identified as a heterosexual individual. She stated that she graduated with a doctoral degree in psychology from an undisclosed university. Cathy is currently licensed as a Licensed Clinical Psychologist in Virginia.

She currently works for a domestic violence counseling center in the Hampton Roads, Virginia area. Cathy has worked with intimate partner violence for five years and has been working as a psychologist for seven years. Cathy stated that she has worked with approximately 50 sexual minority intimate partner violence victims in her professional career.

**Sally.** Sally is a 40-49 year old African American female. Sally self-identified as a homosexual individual. She stated that she graduated with a master's degree in counseling from an undisclosed university. Sally is currently licensed as a Licensed Professional Counselor in Louisiana.

She currently works for a domestic violence counseling center in the Shreveport, Louisiana area. Sally has worked with intimate partner violence for six years and has been

working as a counselor for ten years. Sally stated that she has worked with approximately 5 sexual minority intimate partner violence victims in her professional career.

**Adam.** Adam is a 30-39 year old Jewish male. Adam self-identified as a heterosexual individual. He stated that he graduated with a master's degree in counseling from East Tennessee University. Adam is currently licensed as a Licensed Professional Counselor and Licensed Marriage and Family Therapist in Virginia.

He currently works for a counseling center in the Hampton Roads, Virginia area. Adam has worked with intimate partner violence for seven years and has been working as a counselor for seven years. Adam stated that he has worked with approximately nine sexual minority intimate partner violence victims in his professional career.

**Ally.** Ally is a 60+ year old Jewish female. Ally self-identified as a bisexual individual. She stated that she graduated with a doctoral degree in psychology from an undisclosed university. Ally is currently licensed as a Licensed Clinical Psychologist in Virginia.

She currently works for a domestic violence counseling center in the Hampton Roads, Virginia area. Ally has worked with intimate partner violence for 27 years and has been working as a counselor for 27 years. Ally stated that she has worked with approximately 150 sexual minority intimate partner violence victims in her professional career.

**Camilla.** Camilla is a 60+ year old Caucasian female. Camilla self-identified as a heterosexual individual. She stated that she graduated with a master's degree in social work from an undisclosed university. Camilla is currently licensed as a Licensed Clinical Social Worker in Virginia.

She currently works as an instructor in the Hampton Roads, Virginia area. Camilla has worked with intimate partner violence for 5 years and has been working as a social worker for

five years. Camilla stated that she has worked with approximately seven sexual minority intimate partner violence victims in her professional career.

**Joline.** Joline is a 40-49 year old Caucasian female. Joline self-identified as a heterosexual individual. She stated that she graduated with a degree in counseling from undisclosed university. Joline is currently working towards her license in professional counseling in Virginia.

She currently works for a domestic violence counseling center in the Hampton Roads, Virginia area. Joline has worked with intimate partner violence for five years and has been working as a counselor for four years. Starr stated that she has worked with approximately 15 sexual minority intimate partner violence victims in her professional career.

**Matt.** Matt is a 30-39 year old Caucasian male. Matt self-identified as a homosexual individual. He stated that he graduated with a master's degree in counseling from Western Illinois University in Moline, Illinois. Matt is currently licensed as a Licensed Clinical Professional Counselor in Illinois.

He currently works as a graduate teaching assistant in the Carbondale, Illinois area. Matt has worked with intimate partner violence for four years and has been working as a counselor for four years. Matt stated that he has worked with approximately five sexual minority intimate partner violence victims in his professional career.

### **Brief Review of Data Collection and Analysis Procedures**

The research plan was to conduct a qualitative study from a queer theory perspective utilizing grounded theory methods in order to gain a better understanding of the study participants' experiences with counseling sexual minority intimate partner violence victims. The

data collection was in the form of individual interviews, which were conducted in two phases with transcript coding between each round of interviews.

### **Initial Interviews**

For the initial interviews, I met with the ten participants who worked with intimate partner violence victims. The participants were recruited via convenience and snowball sampling techniques. The information contained in the first round of interviews addressed the central research questions: “How does working with sexual minority domestic violence victims differ from working with heterosexual victims?” and “How can counselors become more competent in counseling sexual minority domestic violence victims?” Initial interview questions used to examine these research questions included the following: (a) What training and experience do you have that makes you feel competent with counseling intimate partner violence victims?, (b) What similarities and differences, if any, are there between counseling sexual minority and heterosexual intimate partner violence victims?, (c) What are some important attitudes and beliefs that counselors need to possess when counseling sexual minority intimate partner violence victims?, and (d) What kind of training or experiences could best benefit counselors entering this field in the future? A copy of the interview protocol is included in the Appendix D. Although each of these questions was posed to the participants during their initial interviews, I used further questions based on their responses to solicit additional information or detailed examples as needed. Once the initial interviews were completed, participants were asked to review the transcript of their interview for accuracy and clarity.

After the initial interviews were completed, the data analysis phase began. Initial data analysis began once these interviews were converted from audio recordings to transcripts for all participants. Two counseling doctoral students also coded the initial interviews. Both doctoral

students were in their second year of their program of study and had taken a qualitative research design course. I instructed each student to read through the transcription to get an understanding of the perspective prior to coding.

The analytical procedure began via open coding. This involved reading and rereading the transcripts to grasp the overall tone (Creswell, 2007). In subsequent readings, we made margin notes that captured initial impressions. We organized the themes into groups of related topics. Initially, we identified several preliminary themes, but upon further analysis it became clear that the themes could be organized according to four general topics: counseling across sexuality, training, counselor characteristics, and experience.

In order to facilitate the development of categories and related components in accordance with grounded theory procedures, I initiated axial coding procedures to refine the organization of data into each category. This included the identification of relationships among the components within each category including subcategories and properties. I also identified dimensions among the concepts that made up the properties of each subcategory. A detailed presentation of each of the four categories and their related components are included in the results section.

### **Follow-up Interviews**

Follow-up interviews were comparable to the initial interviews. However, no specific questions for the second round of individual interviews were developed. Instead, participants were asked to review the transcript of their initial interview and provide any additional feedback they felt would add to the understanding of counselor competency with sexual minority intimate partner violence victims. In some cases, participants had already thoroughly addressed the content of the questions in the initial interview. They were asked to expand on this information

by clarifying, describing, and elaborating on their experiences related to the specific concept or topic of interest.

The data analysis for the follow-up interviews utilized procedures similar to the initial interviews. Follow-up interviews produced no new themes but served to refine, clarify, and expand the definitions of existing concepts. In addition, the follow-up interviews appeared to explain participants' responses in terms of dimensional variations among categories, subcategories, and properties.

Once components of each category were understood in relation to one another, selective coding procedures were used to select representative quotations from each applicable individual in order to illuminate each person's contribution to the overall theoretical structure (Glaser, 1998).

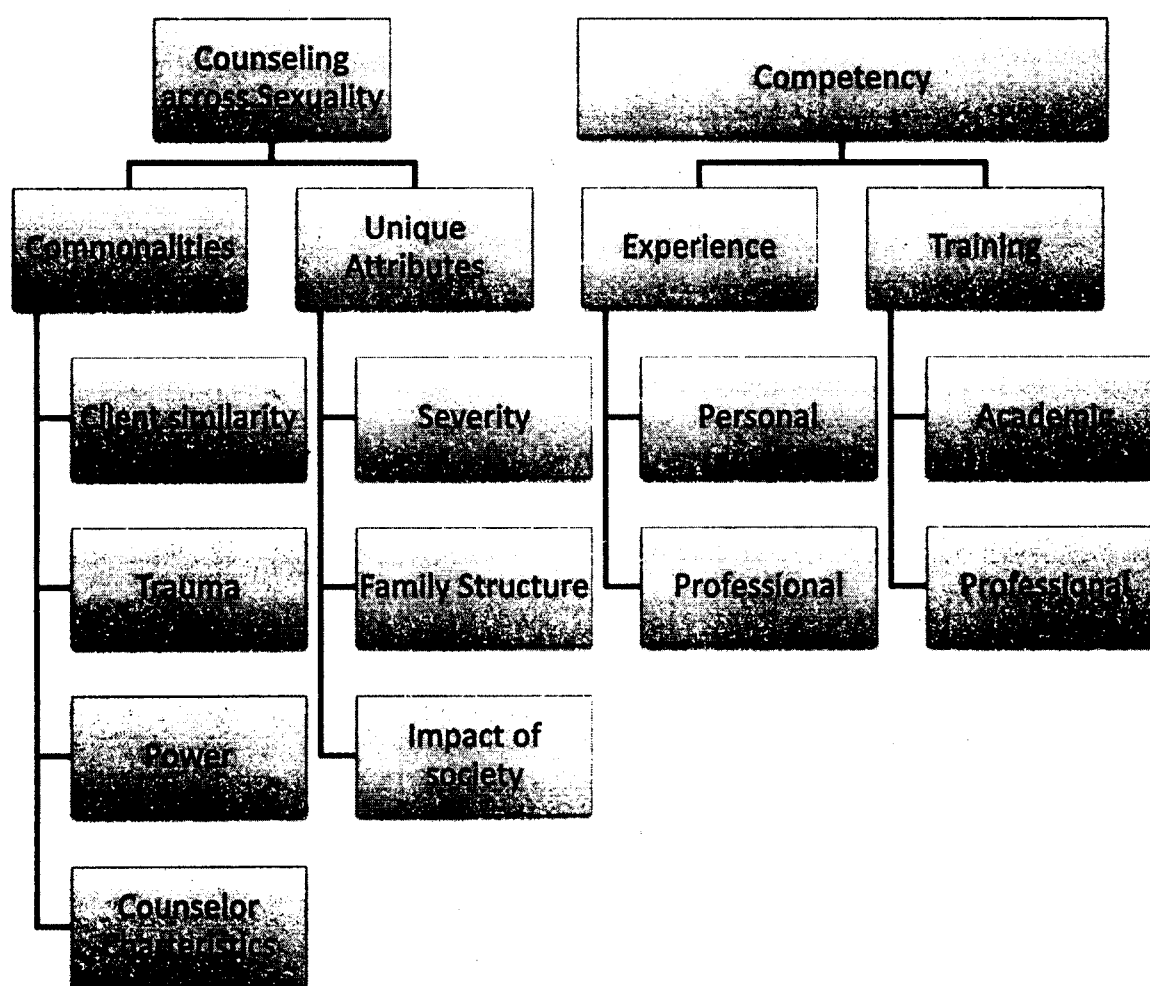
The selective coding process involved examining the different sources of information to compare the participants' perceptions. The objective was to compare consistent terms that were used by the participants to describe the collective experience. Selective coding was used to allow the words of the participants to summarize the findings of data collection and analysis. The literature was reviewed to test the interpretations of the data and categories. This was done to seek out rival explanation. The review of the literature led to confirmation of the categories that had been agreed upon.

## **Results**

In the following sections, themes that emerged from the data are explained. The themes and their relationship to the primary research questions are also discussed. The research team determined that there were three broad themes that captured the essence of the data: (1) counseling across sexuality, (2) training, and (3) experience. These themes, as well as the

subsequent themes and subthemes, are explained and supported via representative quotes from participants. The first theme, counseling across sexuality, addressed the first research question, “How does working with sexual minority domestic violence victims differ from working with heterosexual victims?” The second and third themes, training and experience, addressed the second research question, and “How can counselors become more competent in counseling sexual minority domestic violence victims?” The research questions and their correlated themes are depicted in Table 2.

Table 2



### Counseling Across Sexuality

The first broad theme was counseling across sexuality. This theme is defined as aspects of counseling that are either consistent or unique when counseling clients of a given sexual orientation. It refers to the impact of the intimate partner violence victim's sexual orientation on the counseling process, which addressed the first research question. While all mental health professionals interviewed agreed that there were some differences between counseling sexual majority and minority clients, they were divided on the importance of the client's sexual orientation. The subthemes were related to the impact of the intimate partner violence victim's sexual orientation on the counseling process. They were divided into two main sub-themes, commonalities in intimate partner violence and unique attributes of sexual minority clients.

#### **Commonalities.**

The first sub-theme within counseling across sexual orientations is the commonalities in intimate partner violence between gay and heterosexual clients that many mental health professionals felt existed. Commonalities are defined as those skills and counselor attributes that are the same despite a client's sexual orientation. According to the literature, intimate partner violence is recognized as a significant, preventable public health problem in contemporary U.S. society that affects millions of men and women of any sexual orientation (Balsam & Szymanski, 2005; Hellmuth, Follansbee, Moore, and Stuart, 2008; National Institute for Justice, 2007). In addition, researchers state that intimate partner violence in gay male couples share much in common with intimate partner violence in heterosexual couples, including comparable prevalence rates, promoters such as financial issues, decisions about parenting and child rearing, and career success, reasons to remain in the unhealthy relationship, and family of origin issues (Balsam & Szymanski, 2005; Cruz, 2003; Cruz & Peralta, 2001; Stall, et.al., 2003). One of the



participants, Donna, provided a good description of the commonalities among the intimate partner violence populations regardless of their sexual orientation,

The actual interaction isn't that different because, you know what, when you take away those layers; you have a human being underneath. I'm still caring for that person without all the other labels and stuff that has been attached... Understandably, they have the layers of dealing with societal, social norms that adds stress to their life. Underneath all of that is just sitting with that person.

In my interview with Cathy, she also illustrated her feelings regarding similarity when she spoke about a recent government-sponsored training she attended.

The DCJS (Department of Criminal Justice Services) put on a big training and (counselor), one of the other clinicians and I, went to training for that specific population (sexual minorities) and it was very much parallel to just the unique issues for that population. As well as just partners in domestic partnerships, whether heterosexual or not, seem to run parallel for me...I just think that it is not unique just to that population.

Cathy's statement mirrors those of many of the counselors, in that they thought that the issues that sexual minority intimate partner violence victims face are the same as with any intimate partner violence individual. Participants' responses were consistent with the literature on counseling sexual minority individuals (Balsam & Szymanski, 2005; Cruz, 2003; Cruz & Peralta, 2001; Stall, et.al. 2003). In addition to the general similarities stated above, three sub-themes were identified as well. Those sub-themes were trauma, power and control, and counselor characteristics.

**Trauma.** The subtheme of trauma is defined as the abusive experiences the counseling clients have experienced during their intimate partner violence episodes. The literature states that individuals experiencing intimate partner violence trauma can be living in a situation where their abusive partner has the ability to control multiple aspects of their lives. These aspects include the involved individuals' immediate and long-term physical health, mental health, family relationships, social support, occupational difficulties, and financial well-being (Heintz and Melendez, 2006; Murray & Mobley, 2007; National Institute of Justice, 2007). Kayla provided the following statement that highlighted the commonalities of the intimate partner violence experience within the lens of trauma, "Well first, my philosophy is that a human being is a human being and trauma cycles work their way the same way, in a sense, when it comes to the brain...So, I believe that is across the board." Adam further expanded on the importance of trauma as a binding factor for intimate partner violence victims when he stated,

I think for similarities; pain, hurt, depression, sadness. I think that the bigger picture, the universal similarities are just the human experience of being abused and a victim of violence and just the traumatic response that I think are the same. It's just how...it's when they become externalized, is when the differences come into play... It all boils down to the human experiences of the individual so that they can feel good and can get through whatever it is.

Adam's statement supports the lens of trauma in that the characteristics named were believed to be common in all intimate partner violence victims. Adam makes a significant statement when he stipulates that the outward expression of the cycle of violence is when differences come into significance, not the client or experience itself.

***Power and Control.*** The second subtheme, power and control, is defined as the level of autonomy in an individual's life. The literature states that in both homosexual and heterosexual relationships, violence is usually a means by which the abuser maintains power and control over the victim and often occurs in a cycle of three phases. Those phases are build-up, release, and remorse (Cruz & Firestone, 1998). Sally also provided an important statement that was not only supportive of the similarity among the intimate partner violence victim populations, but also added an important facet of power and control. She stated that,

Particularly in terms of domestic violence, it is a very specific issue that anyway, whether they are male or female faces once they go through that experience. So I think it's about understanding that they are coming from a position of a lack of power and control. They also bring their own cultural influences, education levels, all of that in with them. So it's understanding them as a whole person versus having this idea or stereotype of what a domestic violence person goes through.

The theme of power and control was consistent throughout all the interviews conducted and is consistent with the concept that the trauma of the intimate partner violence experience is universal (Balsam & Szymanski, 2005; Hellmuth, Follansbee, Moore, and Stuart, 2008; National Institute for Justice, 2007). Further supporting the importance of power and control in the shared intimate partner violence experience, Starr provided the following viewpoint,

There are tons of similarities. As we start with the education process with any client, we have to explain to them that it's all about power and control. So, in that, the violence is really about one person trying to assert the power and control over another. That's less, that's kinda rooted in the gender and sex

differences that may be going on there. It's more about their perception of being dominated and being powerless in that situation. So in that terms, that's the across the board similarities where you can work on the resulting issues from that.

***Counselor Characteristics.*** The next sub-theme under the theme of commonalities is counselor characteristics. It is defined as beneficial counselor traits or aptitudes when working with intimate partner violence victims. It consists of the counselor characteristics or traits that are seen to be beneficial when working with sexual minority intimate partner violence victims. The literature states that affirming attitudes and behaviors include a counselor's view of the importance of education on sexual minority issues, his or her demonstrating non-pathologizing attitudes, and the counselor being proactive in addressing issues relating to sexual orientation (Matthews, Selvidge, & Fisher, 2005). Within the sub-theme of counselor characteristics, there were several general traits that were found. The traits established were empathy, groundedness, openness, cognitive complexity, personal bias awareness, resourcefulness, and unconditional positive regard. It is important to note that all of the participants verbalized that the counselor characteristics noted were the same that would be needed with any intimate partner violence client. Starr verbalized the similarity when she said, "...a lot of the traits that might be good for this population specifically aren't generally different than that of good therapists anyway." After listing several of the aforementioned traits, she went on to state that, "Again, that's not different from what you are normally doing in counseling anyway."

***Empathy.*** The first delineated sub-theme was empathy. Empathy was understood to be the counselor characteristic of being sensitive to the experiences and emotions of others. Donna

provided her explanation of empathy and how counselors use empathy in their practice when she stated

I think the basic qualities of being a good counselor, being empathic ...by having that passion to sit with that person and helping them work through that, you become empathic. Empathy, I think, is a big part of counseling to begin with because that means that you are willing to step inside that person's shoes for a moment and see it how they see it. At the same time, you are coming from it with this education and this knowledge that provides perspective of it and being able to facilitate it with the client. How would you like to have this look different? Helping them unpack that and do that.

Donna's explanation not only provided insight into her own view of empathy, but also it helped translate a technical definition into the context of counseling. Donna went on to explain another way that she views empathy, this time from the viewpoint of her peers. Donna commented that, "One of the things that my peers said about me is that I have a way of letting people know that I care and I do care, immensely. Every person that sits in this room, I care about their situation." Donna also commented on the importance of caring and letting the client know that you care. She stated that when a counselor is sitting with a client, "if the client feels as if you care about the situation they are sitting down with...then they are willing to let the walls down a little bit. They will trust you with their circumstance. They will allow you to walk through that with them so that you can facilitate healing with them." This caring for others and letting clients know you are present with them is a foundation for the counseling community's understanding of empathy in practice. Camilla expanded this perspective regarding empathy, particularly with sexual minorities. This advanced empathy transcends our normal empathy and

brings into perspective the sexual minority experience in society. Donna commented on using more advanced empathy when it came to sexual minority clients:

I think that, as counselors, if we look at each person that way because each person that sits down brings with own uniqueness and their own perspective which may be different. There may be some similarities across the span, we all have similarities, but I think that if each time we sit down, I have to step into this person's shoes to get their perspective and what this felt like for them.

This advanced empathy is effective in that it recognizes the struggles that sexual minority clients may have that don't typically exist in heterosexual clients. Along with advanced empathy comes compassion. Compassion was understood to be "the capacity for feeling for another's unhappiness or misfortune" (Merriam-Webster, 2011). Compassion for the trauma of others is a very important trait in intimate partner violence work because of the often horrific client experiences. To Donna, compassion was one of the main traits essential for working with sexual minority intimate partner violence victims: "The main thing is being compassionate with the person and having a passion to do this job and the having enough compassion to just sit there and walk it out with them. Sometimes knowing that it is enough to just sit here and be here with the person."

*Groundedness.* The next sub-theme for counselor characteristics and traits was groundedness. This researcher, based on participant responses, defined groundedness as the condition of being emotionally and psychologically stable. For the study participants, this ability was seen as essential since so many of their clients have had traumatic lives. Adam verbalized the importance of the ability to be grounded.

I think that the ability to be present and actually more so not only present but entered and grounded. So, the ability to be able to quickly identify whatever the feelings that come up when we hear their sorts of stories of violence and so forth that kind of shake us up. The ability to be centered, to put that aside a little bit and be more engaged and focused with the client. I think that's a huge a skill.

(2011)

As Adam stated, the traumatic events that intimate partner violence victims speak about sometimes stun or surprise counselors. This ability to be grounded is essential to minimize the possibility of re-traumatizing the client. Sally described the importance of being grounded by stating that, "...it's really just not showing that level of 'Oh my God! I can't believe this happened to you!' Even though that may be what you are thinking in your head. Again being that stable, consistent person, that person can kind of ankle [rely upon] on because they are reeling when they come in here." Groundedness is an important counselor characteristic that helps to stabilize the client and provides a consistent individual from which personal growth can begin.

*Openness.* Openness is another counselor characteristic or trait that was found to be valuable in an intimate partner violence counselor. It is defined as being accepting of differing viewpoints and new experiences. Adam framed openness as being "able and willing to blow your mind and...think outside the box or be able to be open. To be able to incorporate new stories and hear these things." Sally perceived openness in a similar, but slightly different way. Sally stated that, "So it's about being open and aware and constantly trying to increase my own knowledge based upon their experiences in terms of how I can most effectively assist their growth." This openness to learning from the experiences that clients provide was essential to

promoting this counselor characteristic. Kayla also provided her own perspective on openness as "Not blaming anybody. Not questioning why" She stated that openness involved accepting the situation that the client was currently in and, "helping them in the here-and-now" Kayla also stated that an effective counselor has to be "open-minded with working with human beings in general...Understanding that we can all kinda be in the same situation yet come from different background and different places."

Donna provided insight into the impact of openness when she shared a story about a recent client:

I had a client who's a cutter and I had a particular session with her one day where she had managed to go two days without cutting and that was celebratory to me. She couldn't see that and at the time she was sitting with me she wanted to cut. At some point I said to her, after we had talked about several interventions, I said to her you are going to have to help me because I don't know what else to give you. That openness and honest that I gave her, believe it or not, was more valuable to her than me constantly reaching back into a tool bag to give her something else. What she said to me was you being here is helping me. I was able to sit back and relax then and say I'm right here. That was more powerful than anything. That really isn't something that they teach us in class"

Donna's story illustrates the powerful impact openness can have on a client. The preceding perceptions support the idea that counselor openness is essential in promoting client growth and understanding. Sally effectively summed up the concept of openness by stating, "I think you have to be prepared everyday to take whatever is in front of you and take it for what it



is. Again, be willing to work with them to help them understand the nature of domestic violence and empower them to make different choices and decisions in the future.”

Another part of openness is meeting the client where he/she is at developmentally and emotionally. The urge to provide all the solutions and repair all problems is common in beginning counselors. This characteristic was verbalized by several of the counselors due to the intense nature of intimate partner violence counseling. Starr introduced this concept when she said, “I think it’s really important that the counselor doesn’t take on the role of fixing. You know the fix-it role and fixing all the different things that are going on in life.” Starr commented on how initially the urge to fix all of her client’s problems was strong, but with experience that urge subsided.

Donna also commented on the importance of openness as a counselor characteristic with an important distinction. She provided support for Starr’s statement, but also added that it was important to have a passion for wanting to help people, not fix them. Also, it was important to learn the difference between the two traits. According to Donna, “...as helpers, we automatically go in and look at all these things we want to fix or that we want to help them through.” While Donna stated that the traits were very closely related, she encouraged others to closely examine their own motivations with clients. She added that, “...you just really have to love doing this and I don’t think that’s something that can be taught. You have to have a heart for people and again I think about the population that we serve.” This passion for helping people is at the heart of the urge to ‘fix’ our clients. Both Starr and Donna encouraged personal reflection and commitment to the passion for wanting to improve the lives of others.

*Cognitive Complexity.* The sub-theme of cognitive complexity also emerged. For the sake of this study, cognitive complexity is understood to be not only the increase in clinical

knowledge and understanding, but also the ability to apply that knowledge through advanced techniques and skills. One of the study participants, Adam, phrased the importance of this trait by stating, "I think also regardless of the subjective, intelligence, I do think is important to be a competent counselor. To be able to juggle just story to story to story and information and information. To be able to juggle everything that comes from them, then you know what to do with it and put it in your place. To kinda, weave them all together." Kayia had a similar understanding of cognitive complexity, as evidenced by her statement, "...active learning. Not shutting the door. The only doors we shut here are perpetrators. Even then, there is curiosity that makes me wonder why and how. So open to learning in different ways. The means of why someone might be in the situation."

While Donna's conceptualization of cognitive complexity was similar to the examples above, she focused specifically on diagnosing. She related,

Being able to sit with them despite that they might not present in the way the book says they are going to present. Because depression, anxiety, post-traumatic stress can come with a lot of different faces and if you don't recognize that face and you are a new counselor...I mean, I have had this experience myself because it didn't look like what I thought it looked like...I wanted to know what was going on with that person. Learning that it isn't always going to have that face...

Donna's explanation provided an example of the struggles that new counselors face as they begin their professional careers and begin to develop more knowledge of client behavior and treatment. Donna went on to provide a case example from one of her recent clients that helped to further illustrate her recent cognitive development within counseling. Donna spoke about a client that had difficulties with cutting. At the beginning of the treatment, the client

would sleep in a closet because of the molestation that she went through previously. Donna explained that, "When I first did my intake, my first goal was to get her out of the closet...What I had to understand was that it wasn't until she wanted to do that, that that even needed to be a goal." It was only when Donna stepped back and gave the client space that the client felt empowered to make positive decisions. Donna's example provides an example of developing cognitive complexity in that through her experiences with her client, she realizes two important lessons. First, it is vital that she let the client set the therapy goals, instead of projecting goals unto the client. Second, Donna learned that a client will not progress towards his or her goal till he or she is ready. This illustrates cognitive complexity in that Donna increased her understanding of the importance of client-driven goals and client readiness for change. Both of these concepts are seen as important factors for client growth throughout the counseling profession.

Starr framed Cognitive Complexity in a risk of harm perspective. She thought of the term as, "it would be a strong knowledge base in this area. I think it's easy to miss things if you don't have a background in it. It's easy to not do a thorough risk assessment. It's not that they are...most people automatically go to are they gonna harm themselves, but these people are at a real continued threat to themselves." In review, cognitive complexity is an important counselor characteristic that was believed by the study participants to develop as one is exposed to clients in clinical practice.

*Personal Bias Awareness.* Personal bias awareness was another important counselor characteristic that emerged from the participant interviews. Personal bias, for the purpose of this study, was defined as the recognition of one's unfavorable attitudes and beliefs about a certain group of people. For this counselor characteristic, multicultural awareness was also included

under the broader term of bias awareness. This importance of personal bias awareness was verbalized by all of the study participants.

Kayla provided an explanation of her own attitudes and beliefs towards working with sexual minority intimate partner violence clients when she provided the following statement, "Maybe because I have friends that are gay and lesbian, and I don't give a flip what you are. Even in my daily life." Kayla's verbalization of her open attitude toward all sexual orientation, according to her, helped her to be open to a wider diversity of clients. Kelly explained her philosophy towards her open attitude in counseling diverse clients. She stated that, "...because the more you are exposed to it, you see human beings as human beings. Here is where someone may be pigeonholed or may not be; but it doesn't really matter. Treat them all the same, dignity and respect." The focus on respect of differences was the cornerstone of Kayla's attitude toward personal bias awareness and was an important strategy for minimizing counselor personal bias.

Starr explained the state of her personal bias awareness with clients through the lens of the dynamics of an abusive relationship. Starr stated that for her, "... it was my assumption going into this field that there weren't that many differences. Again, you are talking about a relationship where someone is dominating someone else. To me and where my head was at as I got more experience with this was it really didn't matter what the sexuality was there..." This positive attitude towards focusing on the relationship dynamics instead of the individual client differences was another important strategy for minimizing counselor personal bias.

While some participants spoke upon their own state of bias, others spoke of ways to address their own biases. Camilla introduced the topic of how to change personal bias when she stated, "...I know from my sociology and counseling, that it isn't their problem, it's our problem. It's our reactions to them, that's the problem...you need to know yourself and know your bias"

This focus on reflecting upon one's own reaction was vital, according to Camilla, to changing one's personal biases. She went on to comment on how, "...first thing is to learn yourself. If one of your biases is so strong that you can't work with them, then you need excuse yourself from it. You are likely to do more harm if you let your own prejudice and ignorance and stuff get in the way." This statement was also important in that it both emphasized the need for personal reflection and the possibility for client harm if this self-reflection is not performed.

*Resourcefulness.* The next trait that will be examined is resourcefulness.

Resourcefulness was verbalized by the study participants to be the ability to provide non-counseling resources and referral services to clients. This trait was interesting because, on the surface, it appeared to be in opposition to the trait previously discussed. The participants distinguished between the two traits by emphasizing that a client's basic needs have to be met before therapeutic improvement can begin. Starr introduced this concept by saying, "...probably also a little bit of a case management frame of mind because you may be dealing with someone that has lost a lot of resources in their life and they need that kinda functional component of meeting their basic needs." This focus on meeting basic needs, according to Starr, was essential.

Starr further emphasized the importance of resourcefulness when she discussed that a counselor should "be able to assess what the needs really are ... You need to know that they probably now don't have a savings account, money, and a job or any friends and things like that. So you need to be able to steer them in the right direction. Ask the right questions..." Starr's comments illustrated how an effective intimate partner violence counselor should go beyond simply providing a list of resources. Starr also provided perspective on why intimate partner violence counselors need this ability. She stated, "This is a specific population that has these extra needs."

Sally also provides her own perspective on the importance of resourcefulness in the provision of counseling. "So, I think you have to be prepared everyday to take whatever is front of you and take it for what it is. Again, be willing to work with them to help them understand the nature of domestic violence and empower them to make different choices and decisions in the future." Sally's statement helps to better understand that a mental health professional has to have the capacity to handle a variety of clients, which may require difference resources and services than non-intimate partner violence clients. An effective intimate partner violence counselor should be able to assess the needs of the client and be able to help clients meet their own basic needs through questions and guidance. This is the key facet that makes a case management frame of mind different than a "fix-it" counselor.

#### *Unconditional Positive Regard*

Unconditional positive regard is the last counselor characteristic or trait that was examined. Unconditional positive regard was understood, based on study participant statements, as the trait of showing complete support and acceptance of a client. Many of the participants agreed that unconditional positive regard was essential with any client, but especially for intimate partner violence victims. Cathy stated that the therapist has to send out unconditional positive regard for whoever he or she is sitting with. For Camilla, unconditional positive regard was essential for an effective counselor relationship with sexual minority intimate partner violence clients. In her own words, "First and foremost I would say in capital letters, big bold capital letters is unconditional positive regard. Totally that. If you got that, you got everything." With this view, unconditional positive regard is the basis for the entire therapeutic relationship.

Starr framed unconditional positive regard as being non-judgmental towards intimate partner violence victims in general, "I think the most crucial component would be not to be judgmental because what I think a lot of people forget is that there is a reason these people were in the relationship in the beginning." For Starr, being non-judgmental with the past and present choices of an intimate partner violence victim was essential to unconditional positive regard. Cathy also expanded upon her own emphasis on being non-judgmental as a part of unconditional positive regard. She stated that "...you definitely have to be non-judgmental and just try to meet them where they are." Camilla also framed unconditional positive regard in a different way. She empathized that regular empathy was not enough, but that counselors also had to have, "Empathy for being a non-normative person, a non-normative lifestyle." These ideas of meeting clients where they are and being non-judgmental are an essential part of providing unconditional positive regard for these participants.

Kayla provided a perspective on the issues faced by clients when entering counseling and how being non-judgmental and utilizing unconditional positive regard is beneficial. She stated that it was hard enough for someone to come into counseling in general and to build trust. It was also difficult, Kayla stated, for the client to then come to understand that a good counselor was not going to judge you. According to Kelly, it is the responsibility of the counselor then to try and help the client. Kelly stated that one of the main difficulties when counseling intimate partner violence victims was that their natural fear drive comes in when they are asked to let down their emotional barriers. She stated that "people already have that fear instilled in them that not knowing what to expect when you don't already have all these barriers around you. That puts another obstacle of getting someone in the door here."

Kayla provided a case example of how to put the unconditional positive regard trait into action with clients when she related an event that happened to her,

It's like I had a client and she said 'my wife'. I said okay and then she went on and gave me this look. I have a good friend and she has a wife and they are two very happy women together. So, it was one of those things where she kinda slipped it out and saw that I was okay with it and we just went on and I referred to her as her wife.

This example was important in that it illustrated the way that clients test counselors to see if they will accept them or not. Often, a counselor's first reaction shows a client if the counselor is accepting of the client's lifestyle or life choices. Kayla explained how a counselor's first reaction can be damaging to clients, "I think that if people don't get used to hearing that and aren't exposed to that, then they could have that knee-jerk reaction...Then they could dissuade someone into counseling or think that all counselors are bad or they are going to judge me or whatever." Kayla's example provided insight into how internal judgments can sometimes be revealed unintentionally through external reactions. Donna also contributed to this discussion by encouraging counselors to "step back and say what does the client want, what is their perspective of this. What are they wanting to get out of this." In doing this, Donna stated that it helps the counselor to step back and follow the client's goals without the counselor's personal judgmental getting in the way. As provided in the examples above, it was found that unconditional positive regard is an essential counselor trait that is needed with all clients, regardless of their sexual orientation.

In sum, there were many counselor characteristics found to be important to the study participants for building counselor competency with sexual minority intimate partner violence



victims. The study participants provided many examples, as stated above, regarding their own beliefs about the importance of various personal and professional counselor characteristics when counseling the target group

### *Unique Attributes.*

The second sub-theme within counseling across sexual orientations was the unique attributes of sexual minorities that many counselors felt existed. It is defined here as aspects of counseling that are distinctive of counseling sexual minority intimate partner violence victims. The counselors interviewed were divided on the severity of the difference between sexual majority and minority clients. Six participants stated that there were significant differences, while the remaining four did not believe there were significant differences. One possible factor impacting the difference of opinion on the importance of a client's sexual orientation is theorized to be the extent of counselor experience with sexual minority clients. Study participants with more experience working with sexual minority individuals saw fewer differences and more similarities between sexual minority and majority clients. The unique aspects included the impact of ethnicity, family, society, and community agencies.

The first unique aspect was the impact of ethnicity on counseling sexual minority intimate partner violence victims. Ethnicity is defined as the cultural and racial backgrounds of an individual. More specifically, it is the attitudes, norms, beliefs, customs, and rituals shared by a group that is passed on. (McAuliffe, 2008) In my interview with Sally, she illustrated her feelings about the significant differences existing within the ethnic minority sexual minority population in the following statement,

Sexual minority victims or LGBT individuals in general have a very unique

experience even within the gay, lesbian, trans community in that, not only do we

have the sex roles and the gender to deal with, we also have the cultural and ethnicity piece which sometimes, most times I'll say it counteracts. Let me try to put it another way. We have three different communities that we have to get our needs met in. Sometimes those needs are conflicting. So we may have the larger community, for example education as a person of color. You know you may be. For example, I'll use my own personal experience that we were encouraged to go to better schools, which were generally predominantly white. So, I had to adjust in terms of race and ethnicity in that environment. But then as a lesbian person of color, who came out in an all white, lesbian community, I also experienced discrimination and racism within that even minority community. So I think...and then culturally, for the most part, people of color homophobia and silence is really huge in our community. So it's either consider to be a white thing or you are trying to adopt some sort of something from the larger community. So then you deal with being kicked out of your family, out of your church, all of the resources in your community that generally we go to be empowered, then we are rediscriminated against in those communities. So I think it is different in terms of, again, understanding the social and cultural, socioeconomic and cultural aspects of people of color.

Sally's perspective on the differences within the sexual minority intimate partner violence population provided a unique viewpoint on differences other counselors did not express. Sally expressed the importance of one's family and social group due to the significant impact close social relationships have on discriminated individuals, such as sexual minorities. Sally's statement is also important because it shows the significant impact poor social and family

relationships can have on the emotional and mental health of sexual minority intimate partner violence victims. Sally's responses were consistent with the literature on the impact of society and close relationships on sexual minority individuals (Miller, Bobner, & Zarski, 2000; Peterman & Dixon, 2003). Also of note, Sally was the only participant who was a member of both a sexual and an ethnic minority. The impact of the counselor's own membership in racial and sexual minorities is examined in the discussion section.

As stated above family and close social relationships can have a significant impact on sexual minority intimate partner violence victims. Family is defined as those individuals who someone believes they are related to through genetics, partnership, or shared experience. In examining the impact family has on the sexual minority intimate partner violence victim, Starr stated that her sexual minority clients did not always have a traditional family structure:

So you might be dealing with some familial issues with someone who expects to have a traditional framework behind them and they don't.

That's not to say again that you don't have a traditional framework for a homosexual couple and a lot of family support. So, what you might call the family might be a little bit different.

Kayla introduced the idea of the impact of society on sexual minority intimate partner violence victims highlighting additional differences, "So with same-sex partners that's whole other can of worms that society doesn't want to open or see happening". Society is defined as the social, cultural, and political environment that someone lives in. Donna verbalized the importance of recognizing the differences in relation to societal expectations when counseling sexual minorities when she related the following story,

I've had a lesbian client who was assaulted by a man. She has to process that she

has been violated not only as a woman, but also as a woman who hasn't chosen that lifestyle. So it's like a double violation and you have to help her unpack those layers and process that. Just processing the rape itself is traumatic, but processing the rape when I don't want to be touched by a man is a whole different perspective.

The story Donna provided shows the complex trauma her client experienced. Not only was her female client sexual violated, but also that violation was perpetrated by a gender she is not attracted to. The trauma of being sexual assaulted was further enhanced by the client being a lesbian who was attacked by a male. Starr also contributed to the understanding of the impact of societal norms and expectations when she said, "Some of the things that are different though are some of the dynamics that are there in the relationship...Just for example, when men tend to be victims of sexual violence, there are cultural things, societal things that are present that make it difficult for them to report the crime, to self-report to a hospital and say, 'I'm a victim'". The impact of society is important to recognize as it was present in both the literature and in most of the interviews (Peterman & Dixon, 2003; Miller, Bobner, & Zarski, 2000). Adam provided a unique perspective, which helped to better clarify the impact society has on counseling sexual minority individuals,

I think the difference would be, I think, the availability and access to resources, for one. In my opinion for heterosexual clients and so forth that there is a general sense of awareness. Oh I will pick up this book or basically odds are in your favor to pick up any book off the bookshelf. Have the language, have the studies, have information with that lens of heterosexual couples...So I think that's a difference. I think that another difference that I have come across is

working with heterosexual couples or individuals is the legal aspect. If it is a partnership or are in a partnership or kinda building equality together I think that the difference is incorporating that challenge of the legal aspect, which I guess ties pack into lack of resources. Because, it is kind of a different ballgame when you can't just hire a lawyer or...it's also another level of opening up and finding out how to get over or get back, whether it's the fear or challenge of when you call the police or when you call someone for help.

An example of the impact police have on minority clients was provided by Kayla. She stated how she felt that the public agencies, such as the police, treat sexual minority client, "I think it bodes for a lot of communities that are quote, unquote underground in a certain way...I see similarities in those populations, like the police don't treat them as well I think. Not going to the police for fear of not being heard or recognized or believed, so I can compare those people to different things that I see"

In review, there were several commonalities and unique aspects between counseling sexual minority and majority individuals. Some of the commonalities included trauma, power and control, and counselor characteristics. The unique aspects included the impact of ethnicity, family, society, and community agencies. All of the study participants provided examples, as stated above, regarding their own beliefs about differences and similarities when counseling the two target groups. While no consensus could be established for a definite set of similarities and differences, the opinions shared by the study participants provide a starting point for further exploration.

### **Competency**

While consensus could not be found for the similarities and differences within counseling sexual minority and majority groups, all study participants agreed on the factors promoting overall competency. Competency is the next major section of the research findings after counseling across sexuality. Within competency the major themes of training and experience were found, along with several sub-themes.

### **Training.**

The first theme within competency was the impact of training on mental health professional competency with sexual minority intimate partner violence victims. This theme addressed the second research question. It is defined as instruction and preparation mental health professionals have for performing mental health services. This broad theme of training was broken into two sub-themes, academic and professional training.

#### ***Academic Training.***

The academic training that mental health professionals received was the first sub-theme that emerged under the training theme. Academic training is understood as the instruction and experiences one receives as a direct result of participation in a university program. The literature focuses specifically on the teaching of current models of multicultural competency. The literature stated that while the current models of multicultural counselor competency that address knowledge, attitudes, and skills are commonly accepted to influence effective work with diverse populations, there are a number of studies that have identified the content of knowledge that counselors should possess to work effectively with sexual minority clients (Israel & Selvidge, 2003). Some content that may be important to both sexual minority clients and other non-dominant groups includes having knowledge of sociopolitical history, bias in assessment instruments, bias in the delivery of mental health services, understanding that there is diversity

within identified groups, and having knowledge of identity development. Other unique areas for sexual minority clients include having knowledge of parenting and family structures, the “coming out” process, and family of origin concerns (Israel & Selvidge, 2003). Two sub-categories were designated from the data collected, importance of academic training and experiential activities.

*Importance of Academic Training.* This theme is defined as the schooling mental health professionals receive through university programs. While there were differing opinions on the level of importance of the academic training on helping treat sexual minority intimate partner violence victims, all counselors placed at least some importance on academic programs. The literature stated that the sexual minority training provided to graduate students is believed to be minimal and inadequate (Alderson, 2004). While some participants stated that their academic programs merely provided a general education from which to begin from, others stated that their academic programs provided significant experiences that aided them in their current work with sexual minority intimate partner violence victims. Starr, Donna, Sally, and Cathy all verbalized the viewpoint that their mental health master’s programs did not assist them with their specific population. Their viewpoints are supported by the literature (Alderson, 2004). They commented on how there were only a few class periods that they can remember on intimate partner violence or sexual minorities.

When referring to her academic program, Starr could only recall that there were, “Some seminars in my doctoral training. Some additional seminars on internship.” Cathy verbalized similar feelings when she stated, “So I feel like I had some training in my masters program under special pops I think.” Donna provided a helpful clarification on how counselor educator programs are helpful, but was not the most important training setting for her, “A lot of things we

learned in the classroom, you have that basic education but when you are actually sitting with a person. Trust me, the textbook does not come to mind, but there are some things that you learned that you can apply. Even that you hone it down and you master that skill as time goes of working with actual clients.” Another participant, Sally, stated similar opinions on the lack of preparedness she received from her academic program, “I know in my 48 hour masters program, we had one multicultural counseling class. So, I felt like if I hadn’t had the personal experience to sort of compliment what I learned in that one particular class in terms of counseling and how to bring multiculturalism and social advocacy into the realm of counseling that I would be lacking. I think it’s almost a disservice.” For these participants, the impact of their academic program was not seen as significant by them. For others, however, the impact was more significant.

Promoting the importance of the academic setting, Adam illustrates this importance in his comments on his own academic experiences. He commented on how in his master’s program, the introduction of counseling theories and the hands-on practice were the most beneficial. He went on to comment on how role plays, videos, case conceptualizations, and then also some of his fellow students in the program provided special assistance in his understanding of counseling sexual minority intimate partner violence victims. Specifically speaking about the impact of his counseling colleagues in his academic programs, he stated that “You know, things come out and we all kinda process as colleagues and a lot of the kind friends that I made in Tennessee, when I was in graduate school, where near victims or they themselves had worked with trauma or abuse.” He went on to also comment on how working at his universities counseling clinic was also beneficial as some of the students that came had issues with domestic violence or intimate partner violence.



While Donna had stated the limitations of her academic program, she also provided support for the importance of an academic program on counselor development. Donna commented on the skills she learned and the class in which she learned these skills, “Being able to just be a listener, reflective, and knowing how to unpack the layers. These things I learned in our skills class actually, I think.” She went on to comment on how some of the skills also came from other academic training, “Some of it in my undergraduate classes in Human Services, but a lot of it in, I want to say Rahda’s class, I think. That was the most effective training that I can think of that helped me.” This perspective is important in that it highlights not only graduate training, but also undergraduate training as well.

*Experiential Activities.* The sub-category, experiential activities, was understood to be the activities within academic classes that are focused on contact with the target population. Introducing the value of experiential activities in the classroom, Adam commented on how in his master’s program, the introduction of counseling theories and the hands-on practice were the most beneficial. He went on to comment on how role plays, videos, case conceptualizations, and fellow students in the program assisted with his understanding of counseling sexual minority intimate partner violence victims. Specifically speaking about the impact of his counseling colleagues in his academic programs, Adam stated that, “You know things come out and we all kinda process as colleagues and a lot of the kind friends that I made in Tennessee, when I was in graduate school, where victims or they themselves had worked with trauma or abuse.” He went on to comment on how working at his university’s counseling clinic was also beneficial as some of the students that came had issues with domestic violence or intimate partner violence

Donna also provided support for the importance of experiential activities within an academic program on mental health professional development. Donna commented on the skills

she learned in her skills class, “Being able to just be a listener, reflective, and knowing how to unpack the layers. She went on to comment on how some of the skills also came from other academic training, “Some of it in my undergraduate classes in Human Services... That was the most effective training that I can think of that helped me.” This perspective was important in that it highlighted not only graduate training, but undergraduate training as well.

The participants also provided ways in which the experiential activities in academic programs could be enhanced or improved. One way in which the participants felt that programs could be changed is by the inclusion of case studies. Kayla commented that “... more case studies, maybe, of how it’s affected somebody to open up somebody’s eyes even more, especially if they are closed to begin with. That’s the kind of stuff that I want.” Other participants, like Adam, focused more on the experiential exercises and activities as an important facet to enhance. Adam provided a passionate statement that helped to increase the understanding behind the importance of experiential exercises and activities,

It’s my way of saying that just the experiential exercises and activities and processes, I think, for me...is the best thing on earth. One, to be in the situation, have the experiences, to be able to get to know our own bias and prejudices, background, messages, kinda what makes us us....Then also having the experiences of meeting others, like sexual minorities, and kinda have that present experiential. To see, like we were saying, the universal human qualities. I think the information is incredibly valuable, so being encouraged or ask to seek out the resources. To go to the places. To talk with the professionals. To be educated and so it just kinda builds up the repertoire of the knowledge of the resources I think. It can definitely make a great help on working with sexual

minority clients.

This awareness brought on by experiential exercises and activities was also verbalized by other participants, such as Camilla and Sally. Sally stated that, "I think that exposure so that they are aware when they get out there that you are not just going to have this one kind of client or this one kind of educational income level that's going to sit in front of you and be able to have that didactic experience that we practice in class." She went on to suggest that a cross-cultural internship experience would be valuable for counselors before they graduate from an academic program and get the degree Camilla also provided suggestions on how experiential exercises and activities could be incorporated into a counselor education curriculum,

Some immersion kind of things. Maybe partnering with someone who is transgendered...I think they have to teach in the class but I don't know how they would do that. I don't think they get that, practical real-life kind of stuff in classes... throw some kind of real life stories in like that. Because you can look at a book all you want and go 'you know we really need to be culturally sensitive and blah, blah, blah all that stuff'. I think a class like that would have to be really experiential and have people coming in to share their stories so the students get to know them as people.

In relation to the importance of experiential exercises and activities, Adam also suggested that "broadcasting or advertising can be increased then the experiential part of it can also be increased because it would, in a sense, invite the community to embrace whatever program it is and allow for people to work with people with sexual minorities in a safe, controlled environment." This statement provided not only a suggestion for improving counselor competency, but also a way to increase community knowledge of the counseling program.

Counselor exposure to new types of clients in a controlled environment may be beneficial. The importance of an increase of current mental health preparation programs models for teaching about non-dominant groups is supported by the literature (Israel & Selvidge, 2003). Adam suggests that experiential exercises and activities would be "...a great project with multicultural...you go out and actually discover things yourself. To put yourself in a situation when you are actually the minority and then you, in essence, put on the worldview of the minority. To have that very personal experience...It's a very powerful experience." As the participants stated, the training and exposure a student receives during his or her academic program is important to their success after graduation. It is up to academic programs to provide the holistic education needed to prepare students for a variety of settings after graduation.

### *Professional Training.*

Beyond the classroom, professional training was also seen as important to developing competency with sexual minority intimate partner violence victims. This is the 2<sup>nd</sup> subtheme under Training. It is defined as the continuing education mental health professionals receive after graduation from their academic programs. Professional training received after graduation from an academic program was of particular importance when considering how to improve counselor competency with the sexual minority intimate partner violence victim population. The theme of professional training was divided into two parts, on-the-job and seminars.

### *On-The-Job.*

The first sub-theme for professional training is on-the-job training. It is defined as the instruction that mental health professionals receive directly from their employers. This instruction is typically received through certification programs and in-service trainings. On-the-job training was mentioned by three of the study participants, but the impact it had on those

individuals was significant. One example of on-the-job training was given by Starr: “We have a 32 hour training program to talk about sexual violence, domestic violence, and certifies people to work on our hotline to answer crisis intervention questions like that. So I went through the domestic violence ones specifically for work during my masters program and then the sexual violence one when I came here to work.” Kayla also commented on the importance of on-the-job training when she commented that she learned more on-the-job then when she was in school.

Starr contributed further insight into the importance of on-the-job training when she discussed the importance of training for direct service staff in domestic violence shelters. She stated that there should be more training for shelter staff because they do not understand the unique needs of clients coming into their facilities. One example Starr gave was “...for a lesbian going into an all female shelter, is a very threatening environment if that was the gender of her perpetrator.” She emphasized that through training, direct service staff can be provided the skills and knowledge to help clients of various backgrounds.

### *Seminars.*

Another important aspect of professional training involved seminars. This theme is defined as the training mental health professionals receive through continuing education programs. Starr found that individual seminars from people in the field who have specialties in different topics were particularly helpful for her, especially an in-depth, weekend long training. Cathy viewed seminars as “helpful to just put more tools in your toolkit.” While all the participants viewed seminars as at least somewhat helpful, Kayla verbalized frustration that was mirrored by other participants. Kayla stated that, “It’s interesting because I went to a DCJS training, we all did. I went to one on the LGBTQ community and it was stuff I already knew, but I was surprised by the number of people who didn’t... So I don’t know if it was my openness

to begin with and the clients I have worked with, but it was surprising to me how it seemed to me to be kind of redundant training...It seems like other trainings I go to.” Kayla’s statement was significant in that it provided a perspective that even though some counselors feel basic-level education on sexual minorities is repetitive, there is still an apparent need for these types of trainings in the professional community.

Skills-building was a significant training topic across both academic and professional training. Several participants verbalized the importance of skills building in all training settings. Donna reinforced this view when she stated, “Skills class is something that I think should be ongoing for counselors even after they have been in the field for a while. Refresher training. New skills, new techniques. Besides what we read in magazines and stuff like that, we really aren’t getting anything.” These skill building trainings were verbalized as a way to improve counselors’ techniques no matter what the training setting, particularly with skills that the counselor does not frequently use.

In summary, the 2<sup>nd</sup> main theme, Training, was found to be a very important part of building counselor competency with sexual minority intimate partner violence victims. Training was divided into seminars and on-the-job training. The participants provided many examples, as stated above, regarding their own beliefs about the importance of both academic and professional when counseling the target group such as certifications, direct staff training, and continued skills building training. While consensus could not be established for a universal set of training topics, the opinions shared by the study participants provide a starting point for further exploration.

### **Experience.**

The last broad theme was the impact of experience on counselor competency with sexual minority intimate partner violence victims. This theme was derived from the participants’

responses to the question regarding the importance of experience when dealing with counseling clients, particularly in intimate partner violence. Experience is defined as the understanding that one receives through encountering life events. The theme was broken into two sub-themes, professional and personal experience.

### *Professional Experience*

The first sub-theme of experience was the impact of professional experience on counselor competency with sexual minority intimate partner violence victims. This subtheme is defined as the understanding that one receives through professional practice. Starr provided insight into the importance of professional experience in counseling when she commented, "When you work with this population, you continue to learn and grow and talk about those issues on a client-by-client basis." Her comment accentuated her feelings about the importance of clinical experience when dealing with the intimate partner violence population, which was reflective of general counselor development. Camilla also emphasized the importance of her overall clinical experience when asked what made her feel competent to counsel the intimate partner violence population. She simply stated that, "I've got 17 ½ years in counseling of all kinds, substance abuse, HIV/AIDS, some parenting things, grief work, some couples counseling, but quite a few of my individual clients have been victims of domestic abuse..." Kayla provided another perspective on the positive impact of professional experience when she spoke about her growth as a counselor. Kayla emphasized that having professional counseling experience with intimate partner violence clients allowed her to "self-teach" regarding their issues and concerns

Beyond professional clinical experience, it was found that bachelors-level social service experience was also beneficial. Donna illustrated how her pre-master's work helped her to be an effective intimate partner violence counselor. She stated that, "The other piece that helped me I

think, is that I had 15 years of experience working in social services when I came here. So working with various populations..." She went on to comment on how her previous experience made her comfortable in the counseling relationship, even though those previous experiences had not been clinical in nature.

Regarding her initial clinical experiences, Donna stated that learning that just sitting and being with a person is a huge skill, which she feels is not taught in academic classes. She suggests that this can only come from experience. Donna provided the following example to illustrate her point, "You know, one of the things you want to do as a new counselor is "What can I do to stop this behavior right now?" You know, and just learning that it's okay. It's kinda like the inch worm, I may not get a whole inch, but that half an inch is progress." This example provided insight into Donna's previous statements about the professional growth counselors undergo with clinical experience.

### *Personal Experience*

Personal Experience was also found to be an important factor for counselor competency with sexual minority intimate partner violence victims. It is defined as the understanding that one receives through encountering personal life events. Donna introduced this topic by stating how her life experiences have helped her be a more effective counselor. She expressed that, "Being an older person, I think, plays a part in it because it helps me to just sit with the client...because sometimes immaturity can cause you to be impatient sometimes." Her view of general life experience as a positive factor was important to note. Camilla agreed that life experience specifically helped her with transgendered victims. Camilla stated that, "...because I'm fortunate and live well enough...I take them as the gender they come as." She went on to explain that she accepted her clients for the gender that they tell her they are. She stated that she



attempts to work with that client from the viewpoint of their gender identity. She emphasized that this ability to work with clients whose genders vary from their biological sex comes from her own open attitudes and beliefs, rather than clinical experience

In review, personal and professional experience on the part of the counselor was found to be important to the study participants for building counselor competency with sexual minority intimate partner violence victims. The study participants provided many examples, as stated above, regarding the impact their own experiences had on their competency when counseling the target group. While no two counselors have the same personal and professional experiences, the experiences shared by the study participants provide a starting point for further exploration.

### **Theoretical Explanation for Findings**

Based on participants' responses, more information on the possible similarities and differences between counseling sexual majority and minority clients has been explored. Relationships among the categories emerged as result of the selective coding. The majority of the participants confirmed that their perceived competency with sexual minority intimate partner violence victims was the product of their pre-graduate, graduate, and post-graduate training. The participants also indicated that there were several personal characteristics that assisted in their feelings of competency. The participants emphasized that course work provided information that enhanced their awareness of minority populations and that they desired that academic programs expand their inclusion of sexual minority intimate partner violence victims in the curriculums. Participants also stated that more experiential learning opportunities, such as working with victims during skills class, practicum, or internship would be beneficial. In addition, the experiential learning the participants experienced was believed to have reinforced the

coursework and allowed participants to clearly understand their roles and expectations for recognizing and responding to sexual minority intimate partner violence victim issues.

The participants stated that their feelings of competency resulted from their coursework and from experiential learning from several sources. All of these contributed to their overall feelings of competency with sexual minority intimate partner violence victims. Although the coursework was seen as a benefit, all the participants stated that the limited amount of exposure to sexual minority intimate partner violence victim issues during graduate coursework was a deficit.

The graduate training prepared them for the basics in their post-graduate counseling positions. The participants stated that the additional specific knowledge about recognizing and responding to sexual minority intimate partner violence victims was learned on the job. They used experiential learning such as learning from others (e.g., peer mentors), workshops/conferences, and reading/researching on their own to overcome the identified limitations.

### **Verification Procedures**

#### **Rival Explanations**

Rival explanations were sought at each stage of data analysis in order to search for alternative possibilities for organizing categories and to explain emergent themes in the data. The researcher reviewed the literature contained in chapter two and compared initial findings from this study with the results of previous studies that pertained to counselor competency with sexual minorities and intimate partner violence victims. In addition, the possibility of alternate explanations was discussed with colleagues. After using numerous resources to examine findings, these findings seemed reasonable.

## **Member Checks**

Member checks were used throughout data collection and analysis. I asked participants to review their interview transcripts to make sure their statements were represented accurately. I briefly summarized my preliminary findings with each participant. In each case, the participants provided verification that their perspectives were accurately represented and that the initial conclusion provided was an accurate reflection of their perceptions. Each of these verification procedures contributed to the credibility and trustworthiness of the findings and preliminary conclusions (Creswell and Miller, 2000). Based on themes that emerged from the initial and follow up interviews, data analysis, and verification of findings, a greater understanding of counselors' perceptions of the process and potential aspects for counselor competency with sexual minority intimate partner violence victims were developed.

## **Conclusion**

To summarize, the following concepts were discussed in this chapter. A description of the study participants was presented, as well as an explanation of the process of data collection and data analysis. The raw data was transformed into codes and themes via the application of coding procedures to facilitate a queer theory perspective using grounded theory methods. As a result of the coding process, four general categories emerged, namely counseling across sexuality, training, counselor characteristics, and experience. Thus, the information provided illustrates counselors' perceptions of the process and potential aspects for counselor competency with sexual minority intimate partner violence victims. Following the application of several strategies to verify and confirm this tentative conclusion, final conclusions were established and were presented in the form of a theoretical conceptualization that represents the participants' beliefs on counselor competency with sexual minority intimate partner violence victims. This

chapter presented a detailed explanation of the data analysis procedures and provided a comprehensive illustration of the results of this study.

## **CHAPTER FIVE: DISCUSSION**

### **Introduction**

This chapter begins with a review of the purpose of this study and a summary of methodological procedures and results. This is followed by a discussion of the theoretical implications of counselors' conceptualizations of their training regarding sexual minority intimate partner violence. Next, the limitations of this investigation are presented followed by a discussion of the potential implications of the findings for counselor education and for the professional development of counselors. Finally, suggestions for future research are explored.

### **Brief Review of the Purpose of the Study and Methodology**

The purpose of this study was to examine differential counselor competency in counseling both sexual minority and majority intimate partner violence victims. The study used a qualitative design from a queer theory perspective utilizing grounded theory methods. The qualitative information collected from this study provides insight into counselors' experiences with sexual minority intimate partner violence victims, and in turn, raises the awareness of counselors who work with all underrepresented minorities. In particular, the results will benefit the education of counselors and other social service professionals, encouraging them to be more mindful of their sexual minority clients' specific needs. Using a queer theory perspective and grounded theory methods, the primary focus of this study was to identify the impact counseling sexual minority and sexual majority intimate partner violence victims has on developing counselor competency.

### **Summary of Findings**

The need for this study was based on a review of the professional literature on counselor competency regarding sexual minority intimate partner violence victims. While there is

significant data on intimate partner violence within the heterosexual mainstream population, there is little research on domestic violence in the sexual minority population. Also, there is virtually no research on perceived counselor competency and their clinical abilities when counseling sexual minority individuals who are victims of intimate partner violence. The research team determined that there were three broad themes that captured the essence of the data: counseling across sexuality, training, and experience. These themes, as well as the subsequent themes and subthemes, are explained and supported via representative quotes from participants. The first theme, counseling across sexuality, addressed the first research question, “How does working with sexual minority domestic violence victims differ from working with heterosexual victims?” The second and third themes, training and experience, addressed the second research question, and “How can counselors become more competent in counseling sexual minority domestic violence victims?” .

### **Counseling Across Sexual Orientation**

The first broad theme, which addressed the first research question, was the impact of the intimate partner violence victim’s sexual orientation on the counseling process,. While all mental health professionals interviewed agreed that there were some differences between counseling sexual majority and minority clients, they were divided amongst the importance of the client’s sexual orientation. Some of the participants believed that a client’s sexual orientation was not important when providing counseling, while other study participants believed that the orientation of the client was very important. Despite the difference of opinion on the importance of orientation, two main sub-themes were discovered, commonalities in intimate partner violence and unique attributes of sexual minority clients.

#### **Commonalities.**

The first sub-theme within counseling across sexual orientations is the commonalities in intimate partner violence between gay and heterosexual clients that many mental health professionals felt existed. Commonalities are understood as ways in which student participants felt that clients were the same, regardless of their sexual orientation. The commonalities found are important to recognize because they provide a basis for developing improved counselor competencies for all intimate partner violence victims. The commonalities were trauma, power and control, and counselor characteristics. The sub-theme of trauma was believed to be important because of the common cycle and universal experience all intimate partner violence victims are believed to go through (Cruz & Firestone, 1998). Also, breaking the cycle of violence is important for counselor competency as the cycle is universal for all trauma victims. Through recognizing the cycle of violence within trauma for all clients, counselors can focus on the shared experiences of trauma rather than the individual differences across sexualities.

The theme of power and control was consistent throughout all the interviews conducted and is consistent with the concept that the trauma of the intimate partner violence experience is universal (Balsam & Szymanski, 2005; Hellmuth, Follansbee, Moore, and Stuart, 2008; National Institute for Justice, 2007). This is to say that power and control were found to be common for all trauma victims, which include intimate partner violence victims. Power and control is important to note as helping clients to regain their sense of autonomy can be helpful to all clients, regardless of their sexual orientation. Counselor competency can be increased as counselors understand more about the effects of power and control within intimate partner violence relationships.

The next sub-theme was the counselor characteristics or traits that are seen to be beneficial when working with sexual minority intimate partner violence victims. It is important

to note that all of the participants verbalized that the counselor characteristics noted were the same that would be needed with any intimate partner violence client. Within the sub-theme of counselor characteristics, several general traits were found. The traits established were empathy, groundedness, openness, cognitive complexity, personal bias awareness, resourcefulness, and unconditional positive regard. These consistent traits that are needed across sexualities provide a basis to train counseling students and evaluate counseling professionals. The focus on training students on positive traits will enable academic programs to better incorporate the study's findings into their curriculum. In addition, focusing on positive traits will be more beneficial than devoting extra time to specific characteristics beneficial only to sexual minority intimate partner violence victims.

### **Unique Aspects.**

The second sub-theme within counseling across sexual orientations was the unique aspects of sexual minorities that many counselors felt existed. Although only six participants stated that there were significant differences, one possible factor impacting the difference of opinion on the importance of a client's sexual orientation could be the extent of counselor experience with sexual minority clients. Study participants with more experience working with sexual minority individuals saw less differences and more similarities between sexual minority and majority clients. Despite the differences on the impact of the unique aspects of sexual minorities on the counseling process, found factors were established. The unique aspects included the impact of ethnicity, family, society, and community agencies.

The first unique aspect was the impact of ethnicity on counseling sexual minority intimate partner violence victims. Ethnicity is important because it provides a rich history of the client. This cultural and ethnic history can significantly impact the client's world view and



perspective on counseling issues. One's ethnicity can also impact what techniques or counselor characteristics are seen to be desirable in a cultural background.

. The next aspect is the importance of family relationships. Two of the participants discussed how sexual minority individuals may not have a traditional family structure. They stated that it was important for counselors to remember that close friends may be perceived as taking the place of biological family members by some clients. It is also important to note that poor family relationships can have a significant impact on the emotional and mental health of sexual minority intimate partner violence victims. The participants' responses were consistent with the literature on the impact of society and close relationships on sexual minority individuals (Miller, Bobner, & Zarski, 2000; Peterman & Dixon, 2003). Family relationships are significant to developing counselor competency with sexual minority individuals because counselors must be aware of differing definitions of family and the possibility of strained relationships with biological family because of the client's sexual orientation.

The next unique aspect of counseling sexual minority intimate partner violence victims is the impact of society. It was found that it is important to recognize that sexual minority intimate partner violence victims face different societal pressures and discrimination than heterosexual clients. The impact of society is important to recognize as it was present in both the literature and in most of the interviews (Peterman & Dixon, 2003; Miller, Bobner, & Zarski, 2000).

Miller, Bobner, & Zarski (2000) supports the viewpoint that society has a unique impact on sexual minority intimate partner violence. They state that there is a societal stereotype of the homosexual batterer as the "masculine" partner and the victim as the "feminine" partner. This perception appears to follow research findings that consistently show that masculinity in Western societies is associated with aggression and dominance in intimate relationships.

Gay men and lesbians are believed to be less likely to report the abuse and more likely to stay with their partners because of homophobia, heterosexism, and ignorance in the community regarding domestic violence, as well as homosexuality (Peterman & Dixon, 2003). Furthermore, some gay men and lesbians often have internalized society's prejudices against them and believe they deserved to be treated negatively (Peterman & Dixon, 2003).

To improve counselor competency with sexual minority intimate partner violence victims, it is important for counselors to be able to recognize the impact societal pressures and norms have had on their client. To increase competency, a counselor needs to be able to understand the unique viewpoint and experiences of each client, rather than assuming knowledge based on their client's sexual orientation.

Another important difference that was noted from the interviews was the impact that specific groups, such as police, can have on minority groups like sexual minority intimate partner violence clients. An example of the impact police have on minority clients was provided by Kayla. She stated how she felt that the public agencies, such as the police, treat sexual minority client, "I think it bodes for a lot of communities that are quote, unquote underground in a certain way...I see similarities in those populations, like the police don't treat them as well I think. Not going to the police for fear of not being heard or recognized or believed, so I can compare those people to different things that I see." Specific groups, such as police can have an impact on sexual minority intimate partner violence clients. Letellier (1994) states that there are many sexual minority men that must choose between the negative consequences of revealing their sexual orientation to the legal system and the help that the same system is supposed to provide to them. This is said to influence some gay men to doubt that calling the police may be an option.

In review, there were several commonalities and several unique aspects in counseling sexual minority and majority individuals. Some of the commonalities included trauma, power and control, and counselor characteristics. The unique aspects included the impact of ethnicity, family, society, and community agencies. While no consensus could be established for a definite set of similarities and differences, the opinions shared by the study participants provide a starting point for further exploration.

### **Competency**

While consensus could not be found on the similarities and differences between counseling sexual minority and majority groups, all study participants agreed on the factors promoting overall competency with sexual minority intimate partner violence victims. Within competency, the major themes of training and experience were found, along with several sub-themes.

#### **Training.**

The second broad theme was the impact of training on mental health professionals' competency with sexual minority intimate partner violence victims. This broad theme of training was broken into two sub-themes, academic and professional training. Academic training was seen as an important topic because of the significant impact master's-level training has on the development of counselor competency (Skovholt & Ronnestad, 1992). Improvements in the quality and types of training, provided both in graduate programs and in continuing professional education, are believed to be able to greatly improve counselor competency with sexual minority intimate partner violence victims.

***Academic Training.*** The academic training that mental health professionals received was the first sub-theme that emerged. The literature focuses specifically on the teaching of current

models of multicultural competency. (Israel & Selvidge, 2003) The literature stated that while the current models of multicultural counselor competency address knowledge, attitudes, and skills, there are a number of studies that have identified the content of knowledge that counselors should possess to work effectively with sexual minority clients. Some content that may be important to both sexual minority clients and other non-dominant groups includes having knowledge of sociopolitical history, bias in assessment instruments, bias in the delivery of mental health services, understanding that there is diversity within identified groups, and knowledge of identity development. Other unique areas for sexual minority clients include having knowledge of parenting and family structures, the "coming out" process, and family of origin concerns (Israel & Selvidge, 2003).

***Academic Programs.*** Two sub-categories of academic training included academic programs and experiential activities. While there were differing opinions on the level of importance of the academic training on helping treat sexual minority intimate partner violence victims, all counselors placed at least some importance on academic programs. While some participants stated that their academic programs merely provided a general education from which to begin, others stated that their academic programs provided significant experiences that aided them in their current work with sexual minority intimate partner violence victims. On the other hand, three participants verbalized the viewpoint that their mental health master's programs did not assist them with their specific population which is consistent with the literature (Alderson, 2004). They commented on how there were only a few class periods that they can remember on intimate partner violence or sexual minorities. Therefore, it seems that there is inconsistency in the exposure mental health training programs are providing to sexual minorities regarding intimate partner violence. While academic programs cannot provide training on all populations,

it is important for a competent counselor to be exposed to knowledge about as many populations as possible.

***Experiential Activities.*** The sub-category, experiential activities, was understood to be the activities within academic classes that are focused on contact with the target population. The experiential learning the participants experienced was believed to have reinforced the coursework and allowed participants to clearly understand their roles and expectations for recognizing and responding to sexual minority intimate partner violence victim issues. The literature supports the participants' experiences and states that experiential learning is a well-accepted way of instruction in adult learning. As well, experiential learning is based on two essential components, experience and reflection. (Kolb & Kolb, 2005; Miettinen, 2000)

One study participant commented on how hands-on practice was the most beneficial. He went on to comment on how role plays, videos, and case conceptualizations assisted with his understanding of counseling sexual minority intimate partner violence victims. Another participant stated that the skills she learned during her masters-level counseling skills class were very beneficial. She went on to comment on how some of the skills also came from her undergraduate training as well. The participants also provided ways in which the experiential activities in academic programs could be enhanced or improved. One way in which the participants felt that programs could be changed is by the inclusion of case studies.

***Professional Training.*** Beyond the classroom, professional training was also seen as important to developing competency with sexual minority intimate partner violence victims. Professional training received after graduation from an academic program was of particular importance when considering how to improve counselor competency with the sexual minority intimate partner violence victim population. This theme came from the participants' responses to

the importance of experience when dealing with counseling clients, particularly in intimate partner violence, and was broken up into two sub-themes, on-the-job and seminars.

The first sub-theme for professional training is on-the-job training. One-the-job training was mentioned by three of the study participants. The study participants stated that the on-the-job training they received included a certification program and in-house continuing education. On-the-job training is significant to developing counselor competency because it can provide specific skills needed for the mental health specialty at that clinic or practice. While academic programs provide a broad education on mental health, these job-specific trainings can help counselors become more competent with specific population.

Another important aspect of professional training involved seminars and workshops. In particular, skills-building was a significant training topic across both academic and professional training. Several participants verbalized the importance of skills building in all training settings. Skill-building is an important aspect of professional training because improved competency with specific techniques is beneficial for all types of mental health professionals, not just intimate partner violence counselors.

In summary, training was found to be a very important part of building counselor competency with sexual minority intimate partner violence victims. Training was divided into seminars and on-the-job training. The participants shared the importance of both academic and professional training such as certifications, direct staff training, and continued skills building training. While consensus could not be established for a universal set of training topics, the opinions shared by the study participants provide a starting point for further exploration.

### **Experience**

The last broad theme was the impact of experience on counselor competency with sexual minority intimate partner violence victims. This theme was derived from the participants' responses to the question regarding the importance of experience when dealing with counseling clients, particularly in intimate partner violence. The theme was broken into two sub-themes, professional and personal experience. Both professional and personal experiences are seen as important for developing counselor competency because of the exposure they provide to real-life experiences. In particular the process of active learning through experience and then reflection is believed to be of importance. (Kolb & Kolb, 2005; Miettinen, 2000) As stated by the study participants, the actual experiences one has beyond the classroom are often more important than the academic knowledge they have received. As well, experiences can provide counselors the opportunity to apply their clinical knowledge in real-life settings.

***Professional Experience.*** The first sub-theme of experience was the impact of professional experience on counselor competency with sexual minority intimate partner violence victims. One study participant accentuated her feelings about the importance of clinical experience when dealing with the intimate partner violence population, which was reflective of general counselor development. She stated that when one works with the intimate partner violence population, one will grow personally and professionally as a result of the experiences. Another study participant also emphasized the importance of her overall clinical experience when asked what made her feel competent to counsel the intimate partner violence population. She stated that she feels that her years of experience with a wide variety of counseling issues have greatly assisted her. Professional experience is important to developing counselor competency because it is through this application of academic knowledge that counselors can improve their skills.

***Personal Experience.*** Personal experience was also found to be an important factor for counselor competency with sexual minority intimate partner violence victims. One counselor stated that her life experiences have helped her be a more effective counselor. She believed that being an older individual has helped her to be able to learn patience with clients. Another counselor stated that her many personal experiences in life have helped her to accept all peoples. She went on to explain that she accepted her clients for the gender that they tell her they are.

In review, personal and professional experience on the part of the counselor was found to be important to the study participants for building counselor competency with sexual minority intimate partner violence victims. While no two counselors have the same personal and professional experiences, the experiences shared by the study participants provide a starting point for further exploration. Personal experiences are significant for developing counselor competency because they provide exposure to other people and ideas that cannot be taught as effectively in academic isolation.

### **Limitations**

This study provides insight into the lived experiences of the study participants and their beliefs about factors impacting counselor competency when working with sexual minority intimate partner violence victims. However, limitations exist in this study due to the qualitative nature of the research (Lincoln & Guba, 1985). In general, qualitative research has limited generalizability. Specific limitations also exist and include issues related to researcher's bias, researcher's lack of experience, participant selection, data collection, the nature of queer theory, sample size and saturation, and member checks.

### **Researcher Bias**



The first limitation of the study is the primary researcher himself. The primary researcher self-identifies as a white gay male student of counseling who has suffered multiple occurrences of intimate partner violence in his past. Since he is an active member of the target population, researcher bias is of concern. Therefore, the research team was vital in controlling for bias in all aspects of the study, including participant selection, observation and interview protocols, coding, and data analysis.

The primary researcher's membership in the target population can also be viewed as a strength, in that access to participants is easier. Sexuality-related barriers might have been lessened, as the primary research was able to relate to the research participants better, thereby lessening the possibility of feelings of stigma by the research participants.

### **Lack of Experience**

The second limiting aspect of this research is the researcher's lack of experience as a qualitative researcher. As this is the first major qualitative study the researcher had conducted, the lack of researcher experience limited the formation of interview questions and research design. In order to address these limitations, the researcher utilized two doctoral level students with varying knowledge about grounded theory to assist with the coding. In addition, the researcher utilized member checking and peer review to further assist in data analysis.

### **Participant Selection**

Selection of participants was limited to counselors within geographic proximity to the researcher, which included Southeastern Virginia and Northwestern Louisiana. Also, the sample size was small and may not be indicative of the larger population of intimate partner violence counselors across the United States. Lastly, while the sampling population was diverse in many

ways, there were no transgendered individuals included in the sample. These factors can place limits on the transferability of the findings from this study.

### **Data Collection**

Follow-up interviews were conducted via telephone and e-mail. The researcher chose to utilize this method with the participants because these forms of communication were more feasible due to geographic distance. In addition, the researcher believed that previous phone and in-person contact had established positive relationships between the participants and the primary researcher. The e-mail format of the contacts for the follow-up interview was intended to allow the participants to respond, without pressure, to the researcher's being present. Use of the phone and e-mail for data gathering methods limited the amount of non-verbal data that the researcher was able to gather, thus possibly limiting the data that was collected. Another limitation is that the themes were not confirmed and expanded upon in the follow up interview to get greater support for the different ideas

Another limitation includes the strategies for trustworthiness that the researcher had not included in the research plan for this study. Those strategies that were not included are persistent observation, theory development, and negative case analysis. This decision was made in light of the experiences of the pilot study. Persistent observation was not possible due to the limited contact that the researcher could have with most of the study participants. While theory development is an important part of research, it was not the focus of this research project. The focus of this research project is about awareness rather than theory development and change. A final limitation lies in the absence of analysis of the elements of the data that appear to contradict the patterns that emerged from the data analysis. Exploration of these elements is known as a negative case analysis. (Creswell, 1998) As the responses of the researcher

participants were grouped into similar themes, deviant themes were not included in this study.

Future exploration of any deviant themes is an area for future study.

### **Queer Theory**

Queer theory itself can also be seen as a limitation. Queer theory could be seen as a limitation being the queer theory approach tends to ignore the socio-economic conditions that surround the discussion of gender and society (Edwards, 1998). Edwards proposes that the queer theory approach draws too much from contextual analysis in undertaking an examination of the social environment. It has also been said that the queer theory paradigm ignores the social and institutional conditions within which lesbians and gays live (Green, 2002). This is to say that queer theory focuses on sexual orientation, rather than social-economic status. Queer theory also does not examine the impact of geographic location and governmental and institutional policies on study participants.

### **Sample Size and Saturation**

A small sample size and lack of saturation is another limitation of the study. While a large sample size is not required in qualitative research, the use of only 10 study participants limits the generalizability of the study. While generalizability is not a goal in qualitative research, it is still a limitation of this study. (Creswell, 1998) The small sample size is also seen as an issue because it is not representative of all counselors. The small sample size combined with the variety of disciplines of the participants also limits the ability to establish competency for any one profession. This is due to only a very limited number of participants from any one discipline being included in the study. The use of multiple mental health disciplines meant that saturation could not be met for any one field.

Also, the small sample size included mental health professionals from only three geographic areas, with the majority of the participants from the same domestic violence counseling center in Norfolk, Virginia. While saturation of participant experiences was met for that agency, it was not met for all mental health professionals in the geographic locations examined. Also saturation was not met for all mental health professionals within a region of the country because of the use of mental health professionals from three different states. The use of counselors from the same agency could also influence the results of the study as they would have gone through the same on-the-job training and seminar opportunities.

### **Member Checks**

Another limitation to the study results is the member checks themselves. While the participants were given the opportunity to review their transcripts, they were not given the opportunity to examine the emerging themes. The opportunity to examine and comment on emerging themes could have strengthened the second round of interviews by providing more qualitative data on the emerging themes established.

### **Implications**

The results of this study have produced implications for several areas of counseling and counselor education. The two main implications for increasing counselor competency with sexual minority intimate partner violence victims found in this study are the training and experiences of counselors in both an academic program and in post-graduate practice.

### **Academic Program**

It was found that the training and experiential activities that counseling students receive during their academic program is vital to the development of their competency with sexual

minority intimate partner violence victims. The academic programs were found to be important for competency development, as they provide the basic training and skills building for professional counseling practice. As counselor educators are responsible for the content of academic training programs, implications for counselor education is discussed below.

### **Implications for Counselor Education.**

In regard to counselor education, the study can assist in the improvement of several aspects of the pedagogical practices of educating counseling students in at least three ways. One lies in the modification of current and future courses. In particular, the modification of experiential classes, such as internship and practicum, should be examined. As the participants stated, there is a belief that the experiential activities offered during an academic program are not providing adequate exposure to the intimate partner violence population. Potential ideas for improvement of experiential experiences include mandating exposure to intimate partner violence victims during multi-cultural and practicum classes. This could be accomplished through community service projects or an interview assignment with a member of this population. This exposure is vital to the development of counselor competency with the sexual minority intimate partner population. In addition, changes in the structure of multicultural counseling classes can be examined to include information on the sexual minority intimate partner violence population. Further implications of the study might include the inclusion of specific courses covering issues related to the sexual minority intimate partner violence population.

### **Post-graduate Experience**

Equally important are the training and experiences counselors receive after graduation from an academic program. The data produced several areas of implications for improvement in

competency, including clinical practice, counseling supervision, professional associations, and in-service seminars.

### **Implications for Practice.**

The first important aspect in post-graduate experience is the implications for clinical practice. Implications for clinical practice are particularly important in improving the competency with sexual minority intimate partner violence victims. The potential implications of the study include (1) expanding the knowledge base of the lived experiences of counselors, and (2) a better understanding of perceived counselor competency.

### **Expanding the Knowledge Base.**

In the first case, this study can contribute to the field in that it will add to the limited knowledge base concerning counselor competency with sexual minority intimate partner violence victims. While there is significant data on intimate partner violence within the heterosexual mainstream population, there is very little research on domestic violence in the sexual minority population. The specific elements of that knowledge base include increased knowledge of evidenced-based practices, quantitative data, and qualitative data.

### **Understanding Counselor Competency.**

Second, no research was found on counselor competency and abilities when they counsel sexual minority individuals who are victims of intimate partner violence. The potential implications of this study on a large scale could greatly improve the knowledge of the counseling and social services professions regarding their impact on sexual minority populations. While generalizability is not the focus of this queer theory-oriented qualitative research, the experiences

and attitudes of the research participants can provide insight into similar counseling practices or community mental health centers. From this research, counselor competency for working with this population should include the characteristics of empathy, groundedness, openness, cognitive complexity, personal bias awareness, resourcefulness, and unconditional positive regard.

### **Implications for Supervisors.**

The study results can assist supervisors in their sessions with supervisees. Specifically, the desirable counselor characteristics for working with this population could be explored in supervision sessions. The desirable counselor characteristics are empathy, groundedness, openness, cognitive complexity, personal bias awareness, resourcefulness, and unconditional positive regard.

Empathy can be explored in supervision as the counselor is better able to identify with the client's emotions and experiences without feeling sympathy for the client. The increase in a counselor's empathy can be found as they have more exposure to clients, as evidenced by the data collected. Groundedness can be explored as many counselors begin their professional work with anxiety (Skovholt and Ronnestad, 1992). Openness and personal bias awareness can be facilitated through continuous reflection by the counselor on his or her personal and clinical experiences. Unconditional positive regard can also be explored through the use of reflection on personal and clinical experiences had by the counselors. Through reflective journaling and supervision, counselors can become better aware of their internalized attitudes and beliefs, which will lead to a better ability to provide unconditional positive regard to clients. Cognitive complexity can be increased as counselors gain more experience and their "cognitive map" changes (Skovholt and Ronnestad, 1992) and they move from relying on the expertise of others

into relying upon their own clinical judgment and experiences. This increase in cognitive complexity is achieved through efforts at personal and professional growth by the counselor.

Supervisors can also use the data collected to encourage supervisees to begin personal development plans to increase these desirable characteristics within themselves. They should address counselor professional development, enhancement of weak traits, and increased clinical knowledge of the target population of that agency or practice. Furthermore, job performance evaluations for counselors can also be enhanced to include competency assessments in the target skill areas. Such evaluations would include sexual minority client satisfaction surveys, review of taped sessions, and counselor self-report on appropriate scales that will be developed.

#### **Implications for Professional Associations.**

Professional associations can also benefit as a result of this study. Professional associations can use the results of this study to begin the development of a set of counselor competencies with sexual minority intimate partner violence victims. Professional associations are important because they often set the standard for training and licensure of mental health professionals. The results of this study can be used by professional associations to improve their recommended training and licensure standards of intimate partner violence counselors. Such competencies would include counselor self-awareness, sexual minority issues, and treatment for intimate partner violence victims. The interview questions and literature reviewed can be utilized as focal points for future examination of those competencies.

#### **Implications for In-Service Seminars.**

Another implication resulting from the data collected is the improvement of continuing education programs and seminars. Based on the study participants' responses, significant additions need to be made in the topics provided related to sexual minorities and intimate partner



violence victims. The participants stated that the seminars that they have attended primarily only provided basic information on sexual minorities, which they felt was not helpful enough for enhancing their competency in counseling sexual minority intimate partner violence victims. Through the information provided on suggested seminar topics, which are advocacy, unique intimate partner violence effects on sexual minority clients/couples, and skills building, continuing education sponsors will be better able to produce continuing education seminars that will best enhance professional counselors' competency with sexual minority intimate partner violence victims.

### **Suggestions for Future Research**

Regarding future research on counselor competencies with sexual minority intimate partner violence victims, there are many ways to expand upon this study. First, an expanded sample population with greater saturation can be used in order to provide a more complete view of counselor perceptions of competency with the target population. The expansion of the sample population to reach greater saturation could be conducted in two different ways. The first way is to include a wider geographic base with a single mental health specialty to reach a higher level of saturation for that one mental health profession. The second way is to expand the sample size and increase saturation is to include a large number of members from several mental health professions. The inclusion of more individuals from several mental health professionals could help to distinguish the training improvements suggested by discipline.

Also, interviewing counselors from specific counseling specialties could be examined as well. The expansion of the sample group to include specific counseling specialties was not done in this study and would be beneficial in establishing comprehensive competencies for sexual minority intimate partner violence victims, regardless of the clinical setting. The inclusion of

specific counseling specialties could help to provide specific competencies for individuals such as school, substance abuse, and college counselors.

In addition, it would be beneficial to include quantitative studies on the topic of competency with sexual minority intimate partner violence victims. Quantitative studies could examine the significance of a specific training program on counselor competency when compared to currently existing training programs. In addition, a competency scale could be developed that would help counselors and counseling students measure their competency with the sexual minority intimate partner violence victims.

Next, it would be beneficial for future research to include an expanded second round of interviews. As stated previously, the second round of interviews in this study only had the participants review their transcripts, not the emerging themes. It would be beneficial for future research to expand secondary interviews to include the emerging themes of the study. An examination of these themes by the participants could lead to significant data and improvement of the preliminary themes established.

Lastly, it could be beneficial to examine clients' perspectives on the competency of counselors, including ways in which they feel their counselors could become more competent. An examination of client perspectives would be beneficial in that it would provide information to counseling professionals from those individuals whom they serve. In addition, data collected directly from the clients themselves would provide opportunities for further examination improved competencies with specific sexual minorities.

### **Conclusion**

The purpose of this study was to explore counselor competency with sexual minority intimate partner violence victims. Using a queer theory approach and grounded theory methods,

this study allowed counselors to share their perceptions and experiences about their training and personal growth regarding treatment of sexual minority intimate partner violence victims. This study illuminated new ideas in my conceptualizations about preparing counselors to better attend to the unique needs of sexual minority intimate partner violence victims. Based on the information that the participants provided, several ways for counselors to develop competency with sexual minority intimate partner violence victims are now suggested.

**CHAPTER VI  
MANUSCRIPT**

**Factors Impacting Counselor Competency with Sexual Minority Intimate Partner Violence  
Victims**

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### Abstract

Grounded theory procedures were combined with a Queer theory perspective to examine what factors promote counselor competency with sexual minority intimate partner violence victims. Ten counselors participated in two rounds of individual interviews. Results indicate that beneficial aspects of competency building occurred during and after graduate counseling programs. Specific counselor traits and training activities were identified. Implications for clinical practice, counseling supervision, professional associations, service seminars, and counselor educators are discussed.

## Factors Impacting Counselor Competency with Sexual Minority Intimate Partner Violence Victims

The counseling profession continues to produce significant advances in counseling competencies with ethnic minorities, however counselor competency with sexual minorities remains underdeveloped (Hellmuth, Follansbee, Moore, & Stuart, 2008; Murray & Mobley, 2007; Speziale and Ring, 2007). Specifically, research regarding competency in counseling intimate partner violence victims is prolific; however a lack of inquiry exists for sexual minority intimate partner victims. This population is at a heightened risk because they are both oppressed and victims of abuse. Further research into establishing competencies for counselor competency with sexual minority intimate partner victims is important in order to provide the best practices for this sensitive population. Best practices can help to ensure that only the most effective treatments are provided and will discourage the use of non-empirically based treatments.

Research concerning competency in counseling sexual minority intimate partner violence victims is essential to improve patient outcomes. Research conducted thus far is primarily focused on heterosexual female victims (Balsam & Szymanski, 2005; Follansbee, Moore, & Stuart, 2008). The literature that does exist on competency in counseling sexual minority intimate partner violence victims is almost entirely quantitative in nature. This can be a problem, as quantitative research designs focus on statistical significance and numerical data, and are not directly aimed at empowering the research participants to share their life experiences. One example is that while numerical data can show the number of times a certain counseling technique was utilized; it cannot communicate the impact certain counseling technique had on helping participants improve their quality of life. A qualitative design from a queer theory

perspective utilizing ground theory methods was used for this study for its capacity to provide in-depth, descriptive information on factors that promote counselor competency with the chosen population.

### Intimate Partner Violence

Intimate partner violence is prevalent in the United States and affects men and women of any sexual orientation (Balsam & Szymanski, 2005; Hellmuth et al., 2008). Intimate partner violence has significant negative impacts on the abused individual, particularly loss of control over family relationships, social support, occupation, and finances. Those individuals experiencing intimate partner violence often live in a situation where their abusive partner has the ability to control multiple aspects of their lives, which causes many victims to find difficulty in asserting their needs and wants (Heintz & Melendez, 2006; Murray & Mobley, 2007).

### Sexual Minorities and Intimate Partner Violence

Intimate partner violence (IPV) within sexual minority couples is a long-ignored but important topic. The major topics that are discussed include unique sexual minority issues, research bias, perceived impermanence of sexual minority relationships, discrimination and bias, and factors promoting IPV. In regards to unique sexual minority issues, sexual minority individuals have been found to have a high prevalence with certain issues, including addiction, forced sex, contextual differences, HIV/AIDS, and societal influences. The research bias towards heterosexual couples affects the understanding of sexual minorities and intimate partner violence. The majority of intimate partner violence studies focus on male violence against women in heterosexual relationships (Balsam and Szymanski, 2005; Murray and Mobley, 2007), and little research is conducted on the prevalence, dynamics, and consequences of same-sex intimate partner violence. Research demonstrates that much of the general public views

homosexual relationships as being less permanent or valid. The lack of perceived validity allows increased tolerance of abuse among gay couples than allowed among heterosexual couples (Seelau, Seekau, and Poorman, 2003). Another important factor in sexual minority IPV is discrimination and bias. Research shows that homosexuals are targets of discrimination in many areas of life, including their treatment by the legal system in domestic violence situations (Ronner, 2005; Cruz & Firestone, 1998). Relating to discrimination and bias, another major theme in the literature on sexual minority IPV lies in the factors promoting same-sex intimate partner violence, including family of origin, stress, and the dynamics of the sexual minority relationship.

### Counselor Competency

Counselor competency can affect responses to sexual minority IPV. Although no literature was found regarding counselor competency and sexual minority IPV, factors potentially could impact counselor competency with sexual minorities are professional organizations, counselor attitudes and behaviors, academic training, and multicultural counseling model influences. These factors were found through a review of the literature on counselor competency with sexual minorities in general.

Professional organizations often play a significant role in the development of counselors' counseling competencies. Even though these organizations promote the importance of working with diverse clients, negative biases towards sexual minority clients continue (Grove, 2009). Counselor competency with sexual minorities is also affected by counselor attitudes and behaviors. Beneficial and helpful attitudes and behaviors include a counselor's view on the importance of education on sexual minority issues, his or her demonstrating non-pathologizing



attitudes toward sexual minority individuals, and the counselor being proactive in addressing issues relating to sexual orientation (Matthews, Selvidge, & Fisher, 2005).

The next factor that impacts counseling competency with sexual minority individuals is the academic training that counseling students receive. According to Alderson (2004), currently the sexual minority training provided to graduate students is minimal and inadequate. Also, graduates are found to feel unprepared to work competently with sexual-minority individuals.

The current multicultural counseling modes also provided significant insight into best practices and cultural competencies with the sexual minority IPV population. While the current models of multicultural counselor competency address knowledge, attitudes, and skills that are commonly accepted to influence effective work with diverse populations, there are a number of studies that identified the content of knowledge that counselors should possess to work effectively with sexual minority clients. Some content that may be important to both sexual minority clients and other non-dominant groups includes having knowledge of sociopolitical history, bias in assessment instruments, bias in the delivery of mental health services, understanding that there is diversity within identified groups, and having knowledge of identity development.

## Method

### *Participants*

The participants included 10 counselors who self-identified as having currently or previously worked with sexual minority intimate partner violence victims. Table one displays the demographic details for each of the participants. Pseudonyms were used in place of their actual names. Of the 10 participants, two were male and eight were female. The ages of the participants were ranged from 30-39 to 60+, with a modal age of 30-39 years old. An age 60 or above was

not further quantified. The educational level of the participants included seven masters-level counselors and three doctoral-level counselors. Two participants self-identified as African-American, two participants self-identified as Jewish, and six participants self-identified as Caucasian. Seven participants self-identified as heterosexual, two participants self-identified as gay/lesbian, and one participant self-identified as bisexual. The length of time working with intimate partner violence ranged from one to twenty-seven years, with an average length of seven years. The number of sexual minority intimate partner violence individuals counseled ranged from one to three hundred, with an average of 57.2. The fields of study ranged from six participants studying counseling, two participants studying psychology, one participant studying social work, and one studying art therapy. All participants stated that they graduated from an accredited program in their field of study. Nine participants stated that they were licensed or certified in their field of study, including five Licensed Professional Counselors (LPC), one Licensed Clinical Social Workers (LCSW), two Licensed Clinical Psychologists (LCP), one Licensed Marriage and Family Therapist (LMFT), and one (National Certified Counselor (NCC).

### *Procedures*

The data sources consisted of individual interviews with the target population, that is, counselors of sexual minority intimate partner violence victims. The data was collected by this researcher via in-person interviews and was of a semi-structured format. After initial coding, the research participants were given a chance to review the code book and respond to the themes determined. Those responses were also coded for major themes by the research team. Responses in both the primary and secondary interviews provided data for identifying common factors of counselor competency with the sexual minority IPV population.

### *Data Collection*

For the initial interviews, I met with the ten participants who worked with intimate partner violence victims. The information contained in the first round of interviews addressed the central research questions: “How does working with sexual minority domestic violence victims differ from working with heterosexual victims?” and “How can counselors become more competent in counseling sexual minority domestic violence victims?” Initial interview questions used to examine these research questions included the following: (a) What training and experience do you have that makes you feel competent with counseling intimate partner violence victims? (b) What similarities and differences, if any, are there between counseling sexual minority and heterosexual intimate partner violence victims? (c) What are some important attitudes and beliefs that counselors need to possess when counseling sexual minority intimate partner violence victims? (d) What kind of training or experiences could best benefit counselors entering this field in the future? Although each of these questions was posed to the participants during their initial interviews, I used further questions based on their responses to solicit additional information or detailed examples as needed. Once the initial interviews were completed, participants were asked to review the transcript of their interview for accuracy and clarity.

### *Data Analysis*

Initial data analysis began once these interviews were converted from audio recordings to transcripts for all participants. Two counseling doctoral students also coded the initial interviews. Both doctoral students were in their second year of their program of study and had taken a

qualitative research design course. I instructed each student to read through the documents to get an understanding of the perspective prior to coding.

The analytical procedure began via open coding. This involved reading and rereading the transcripts to grasp the overall tone (Creswell, 2007). In subsequent readings, we made margin notes that captured initial impressions. We organized the themes into groups of related topics. Initially, we identified several preliminary themes, but upon further analysis it became clear that the themes could be organized according to four general topics counseling across sexuality, training, counselor characteristics, and experience.

In order to facilitate the development of categories and related components in accordance with grounded theory procedures, I initiated axial coding procedures to refine the organization of data into each category. This included the identification of relationships among the components within each category including subcategories and properties. I also identified dimensions among the concepts that made up the properties of each subcategory. A detailed presentation of each of the four categories and their related components is included in the results section.

### Findings

The need for this study was based on a review of the professional literature on counselor competency regarding sexual minority intimate partner violence victims. That literature is limited. While there is significant data on intimate partner violence within the heterosexual mainstream population, there is little research on domestic violence in the sexual minority population. Also, there is virtually no research on perceived counselor competency and their abilities when counseling sexual minority individuals who are victims of intimate partner violence. Findings from this study are presented under the themes that emerged from the data: counseling across sexuality, training, counselor characteristics, and experience.

### *Counseling Across Sexual Orientation*

The first overarching theme that emerged was counselors' views on the impact of the intimate partner violence victim's sexual orientation on the counseling process. While all counselors interviewed agreed that there were some differences between counseling sexual majority and minority clients, they were divided about the importance of the client's sexual orientation. One possible factor impacting the difference of opinion on the importance of a client's sexual orientation is theorized to be the extent of counselor experience with sexual minority clients. Study participants with more experience working with sexual minority individuals saw fewer differences and more similarities between sexual minority and majority clients. Study participants with less experience tended to express more differences than similarities between sexual minority and majority clients. These differences are theorized to come from an increased capacity to understand the universal problems linking all intimate partner violence victims by more experience counselors.

Another possible factor impacting the difference of opinion on the importance of a client's sexual orientation is theorized to be the sexual orientation of the study participant. The study participants who identified as being members of a sexual minority expressed more differences than similarities between sexual minority and majority clients. These differences are theorized to come from a sexual minority counselor's ability to better identify with the unique struggles of the sexual minority client. In that vein, it is important to note that sexual minority counselors should be cognizant of counter-transference when working with individuals who are very similar to themselves.

*Similarities and Differences.* The themes related to the impact of the intimate partner violence victim's sexual orientation on the counseling process are divided into two main sub-

themes, similarities and differences. Similarities are understood as ways in which student participants felt that clients were the same, regardless of their sexual orientation. Differences are understood to be ways in which the study participants felt that sexual minority and majority clients differed. It is important to note that the study participants verbalized more similarities than differences overall.

The first sub-theme within counseling across sexual orientations is the similarities that many counselors felt existed. As stated in the results section, study participants saw many similarities between sexual minority and majority clients. The similarities noted primarily centered on the commonality of the human experience. What is meant by the commonality of the human experience is that the issues that sexual minority intimate partner violence victims face are the same as with any intimate partner violence individual. All study participants noted how a focus on the client as an individual going through trauma was important, regardless of sexual orientation.

Further similarities seen by the participants focused on the importance of gender and sex on the counseling process. The study participants stated that accepting the client as the gender with which they self-identify was vital to effective counseling. Furthermore, emphasis on the commonality of experience as a male or female in the intimate partner violence experience was also expressed as an important similarity.

The second sub-theme within counseling across sexual orientations is the differences that many counselors felt existed. As discussed in the results, the study participants were much divided on the degree of difference between sexual majority and minority clients. The difference in opinion over degree was theorized to be due to length of counselor experience and counselor sexual orientation, as discussed above. The main differences presented by the study participants

centered on the unique experiences of sexual minority individuals in a predominantly heterosexual society. While the significance of the unique experiences of sexual minority clients on the counseling process was not agreed upon by all participants, it is important to note that sexual minority study participants emphasized the importance of these experiences more than sexual majority study participants. This is theorized to be because of their past personal experiences interacting with others as a sexual minority individual.

### *Training*

The second overarching theme that was noted was the impact of counselor training, both academic and professional, on competency. Academic training was seen as an important topic because of the significant impact masters-level training has on the development of counselor competency. Professional training was seen as important because of the requirement for continuing education for all counselors following licensure in their respective fields. Improvements in the quality and types of training provided both academically and professionally are believed to be able to greatly improve counselor competency with sexual minority intimate partner violence victims. The overarching theme of training is broken up into two sub-themes, including the training setting and the training topics covered.

*Setting.* The physical setting that the training experience took place in is the first sub-theme. The physical setting of the training was found to be important in that there are numerous settings in which training takes place, including academic, on-the-job, and seminar settings. The setting in which training takes place is believed to have an impact on the learner. All three settings were believed by the study participants to make unique contributions to counselor competency. First, academic settings were found to be important because counselor education programs provide the basis for a well-rounded education in counselor for students. Second, on-

the-job training was found to be significant because of the emphasis study participants placed on developing competency through professional experience. Professional experience was stated as the setting where a significant amount of counselor competency develops. Third, seminars were found to be important because they provide a setting for learning new skills or refresh previously learned skills.

*Topics.* Another aspect of professional training found to be important is the second main sub-theme, the topics of the trainings themselves. The study participants stated that the topics of trainings were of particular importance when considering how to improve counselor competency with the sexual minority intimate partner violence victim population. The study participants stated that providing academic training and continuing education on clinical topics related to intimate partner violence was not sufficient to increase counselor competency with sexual minority intimate partner violence victims. The study participants stated that they believed that specific training related to sexual minorities were required to increase counselor competency. In particular, trainings on advocacy, unique intimate partner violence effects on sexual minority clients/couples, and skills building were named as desirable by the study participants. These training topics can help counselors to have the skill set to effectively work with the sexual minority intimate partner violence population.

### *Counselor Characteristics*

The counselor characteristics or traits that are seen as beneficial when working with sexual minority intimate partner violence victims is the third over-arching theme discovered. The study participants provided a large number of responses when asked to name beneficial counselor characteristic when working with sexual minority intimate partner violence victims. The over-arching theme and corresponding sub-themes were derived from the participants'



responses and have been grouped into similar characteristics or traits. The subthemes established are empathy, groundedness, openness, compassion, bravery, cognitive complexity, personal bias awareness, non-fixing, case management, non-judgmental, and unconditional positive regard.

The inclusion of so many sub-themes was maintained because of the distinctness of each trait. While some of the traits are similar, each trait named was judged to be distinct enough by the research team to warrant separation. It is important to note that almost all of the participants verbalized that the counselor characteristics noted were the same that would be needed with any intimate partner violence client. The judgment that the same counselor characteristics are needed for all clients is important in that further research on counselor characteristics can begin with this assumption in mind.

### *Experience*

The fourth and last overarching theme is the impact of experience on counselor competency with sexual minority intimate partner violence victims. This theme came from the participants' responses to the importance of experience when dealing with counseling clients, particularly in intimate partner violence, and was broken up into two sub-themes, professional and personal experience. Experience as a factor for developing counselor competency is difficult to quantify, as counselors work in such diverse settings. For example, the study participants did not separate their experiences working with intimate partner violence victims from work with the broader client population. It is therefore not possible to draw conclusions as to whether general counseling experience is viewed as more or less helpful than intimate partner violence counseling alone.

The first sub-theme under the overarching theme of experience was the impact of professional experience on counselor competency with sexual minority intimate partner violence victims. Professional experience was also found to be an important factor for counselor competency with sexual minority intimate partner violence victims. All the study participants commented on the importance of real-world experience. It is important to note that the importance of clinical experience when dealing with the intimate partner violence population is reflective of building general counselor competency with clients. Special emphasis was placed upon having professional counseling experience with intimate partner violence clients, which allows counselors to discover some of the unique issues of sexual minority intimate partner violence victims first-hand.

Personal experience was also found to be an important factor in counselor competency with sexual minority intimate partner violence victims. The personal experience described by the study participants referred to their own personal experiences with sexual minorities and intimate partner violence. Also, the benefits of the personal experiences described were also found to come from being an older adult. Several of the study participants stated that they felt they had a better perspective on counseling sexual minority intimate partner violence victims by virtue of having experienced more in life than younger counselors.

### Discussion

The purpose of this study was to examine differential counselor competency in counseling both sexual minority and majority intimate partner violence victims. The study used a qualitative design from a queer theory perspective utilizing grounded theory methods. The qualitative information collected from this study provides insight into counselors' experiences with sexual minority intimate partner violence victims, and in turn, raises the awareness of

counselors who work with all underrepresented minorities. In particular, the results will benefit the education of counselors and other social service professionals, causing them to be more mindful of their sexual minority clients' specific needs.

Using a queer theory perspective and grounded theory methods, the primary focus of this study was to identify the impact counseling sexual minority and sexual majority intimate partner violence victims has on developing counselor competency. It was posited that perceptions of competency with sexual minority intimate partner violence victims stemmed directly from the training received and personal traits possessed by the study participants.

### Implications

The results of this study have produced implications for several areas of counseling and counselor education. The two main implications for increased competency with sexual minority intimate partner violence victims found in this study are the training and experiences of counselors during an academic program and in post-graduate practice.

### Limitations and Future Research

This study provides insight into the lived experiences of the study participants and their beliefs on factors impacting counselor competency when working with sexual minority intimate partner violence victims. However, specific limitations exist and include issues related to researcher's bias, researcher's lack of experience, participant selection, data collection, and the nature of queer theory.

Regarding future research on counselor competencies with sexual minority intimate partner violence victims, there are many ways to expand upon this study. First, an expanded sample population can be used in order to provide a more complete view of counselor

perceptions of competency with the target population. Also, counselor competency with sexual minority intimate partner violence victims of differing age groups can be examined as well. The addition of the facet of client age group would be beneficial in providing generalizability to both college and school counselors. Lastly, it could be beneficial to examine clients' perspectives on the competency of counselors, including ways in which they feel their counselors could become more competent.

### Conclusion

The purpose of this study was to explore counselor competency with sexual minority intimate partner violence victims. Using a queer theory approach and grounded theory methods, this study allowed counselors to share their perceptions and experiences about their training and personal growth regarding treatment of sexual minority intimate partner violence victims. This study illuminated new ideas in my conceptualizations about preparing counselors to better attend to the unique needs of sexual minority intimate partner violence victims. Based on the information that the participants provided, several ways for counselors to develop competency with sexual minority intimate partner violence victims are now suggested.

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comparison between lesbians and their heterosexual sisters. *Journal of Homosexuality*, 56(4), 407-420. doi:10.1080/00918360902821395

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## APPENDICES

## Appendix A: Letter of Consent

## Appendix B: Potential Research Participant Letter and Consent Form

**INFORMED CONSENT DOCUMENT***OLD DOMINION UNIVERSITY***PROJECT TITLE:** *Factors Impacting Counselor Competence When Counseling Sexual**Minority Intimate Partner Violence Victims***INTRODUCTION**

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES.

**RESEARCHERS**

Ryan Hancock, MA NCC

Ph.D. student

Department of Counseling and Human Services

Old Dominion University

**DESCRIPTION OF RESEARCH STUDY**

Several studies have been conducted looking into the subject of the experience of domestic violence victims' experiences and counselor competency in counseling. None of them have explained the effects of sexual minority status on the counseling experience.

If you decide to participate, then you will join a study involving research or interviewing about your past experiences in counseling and social services and your attitudes of the services provided. If you say YES, then your participation will last for no longer than a one-time, one hour interview at a predetermined, private location of your choosing. An opportunity for review of the interview transcript will also be provided with an opportunity to add additional comments.

**RISKS AND BENEFITS**

**RISKS:** If you decide to participate in this study, then you may face a risk of identification of your personal information. The researcher has tried to reduce these risks by removing all linking identifiers to your participation in this study. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified.

**BENEFITS:** The main benefit to you for participating in this study is the opportunity to share your past experiences with counseling and social services to assist practitioners in better serving similar individuals in the future. .

### **COSTS AND PAYMENTS**

The researchers are unable to give you any payment or other monetary compensation for participating in this study.

### **NEW INFORMATION**

If the researcher finds new information during this study that would reasonably change your decision about participating, then he will give it to you.

### **CONFIDENTIALITY**

The researchers will take all reasonable steps to keep private information, such as questionnaires, audio recordings, visual recordings, transcripts, and any other study related material confidential. The researcher will remove identifiers from the information, destroy tapes after completion of the study, and store information in a locked container prior to its processing. The results of this study may be used in reports, presentations, and publications; but the researcher will not identify you. Of course, your records may be subpoenaed by court order or inspected by government bodies with oversight authority.

### **WITHDRAWAL PRIVILEGE**

It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study -- at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled. The researcher reserves the right to withdraw your participation in this study, at any time, if they observe potential problems with your continued participation.

### **COMPENSATION FOR ILLNESS AND INJURY**

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of harm or injury arising from this study, neither Old Dominion

University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Dr. Danica Hays, Counseling Department Program Director, at (757) 683-3326 at Old Dominion University, who will be glad to review the matter with you.

### **VOLUNTARY CONSENT**

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them:

Ryan Hancock, MA NCC

(757) 683-3326

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. Garrett McAuliffe, at (757) 683-3326.

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

<b>Subject's Printed Name &amp; Signature</b>	<b>Date</b>
---	-------------

<b>Witness' Printed Name &amp; Signature (if Applicable)</b>	<b>Date</b>
--	-------------

**INVESTIGATOR'S STATEMENT**

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.

<b>Investigator's Printed Name &amp; Signature</b>	<b>Date</b>
--	-------------

## Appendix C: Demographics Inventory

*PARTICIPANT DEMOGRAPHIC SHEET*

1. **Age:** Under 30      30-39      40-49      50-59      60+
  
2. **Gender:**      Female      Male      Transgender
  
3. **Race/Ethnicity:**      African American      Asian American      Hispanic Native  
                          American      White/European American      Biracial/Multiracial  
          Other not specified: \_\_\_\_\_
  
4. **Sexual Orientation:** Bisexual      Gay/Lesbian      Heterosexual      Questioning  
          Other: \_\_\_\_\_
  
5. **Length of time working with IPV:** \_\_\_\_\_
  
6. **Years of counseling experience:** \_\_\_\_\_
  
7. **Number of sexual minority IPV individuals counseled:** \_\_\_\_\_
  
8. **What is your field?** Counseling      Psychology      Social Work      Other
  
9. **Did you graduate from an accredited program?** Yes      No
  - a. *If so, what accreditation?* \_\_\_\_\_



10. Are you licensed?    Yes    No

a. If so?    LPC    LCSW    Other: \_\_\_\_\_

11. May we contact you for follow up? Circle one:    Yes    No

12. If you are willing to be contacted for follow-up, please list e-mail below:

Email: \_\_\_\_\_

*Thank You!*

## Appendix D: Initial Interview Protocol

**Purpose of the pilot research:** To evaluate the impact of counselor sexual orientation when counseling sexual minority intimate partner violence victims.

**Read the following instructions:**

*Thank you for participating in this pilot research study.. Before this interview started you completed a "participant demographic sheet". This sheet will be used to both help provide more information about you, as well as categorize the responses from similar participants. This interview will last less than an hour, depending on the length of your responses. and will be explore your past experiences with counseling and other social services. If at any time you wish to stop the interview or not answer a specific question, you are free to do so.*

5. What training and experience do you have that makes you feel competent with counseling intimate partner violence victims?
6. What similarities and differences, if any, are there between counseling sexual minority and heterosexual intimate partner violence victims?
7. What are some important attitudes and beliefs to possess when counseling sexual minority intimate partner violence victims?
8. What kind of training or experiences could best benefit counselors entering this field in the future?

*Curriculum Vitae*

Ryan Hancock, MA, NCC, LPC (IL.)

7820 Millicent Way

Apartment 702

Shreveport, LA 71105

Email: [hancockr@nsula.edu](mailto:hancockr@nsula.edu)

Phone: (309) 369.4988

*EDUCATION*

Ph.D.                      Old Dominion University                      *Pending May 2012*

Counseling (CACREP Accredited)

Dissertation title: *"Factors Impacting Perceived Counselor Competency When Working with Sexual Minority Intimate Partner Violence Victims"*

M.A.                      Bradley University                      *May 2009*

Human Development Counseling (CACREP Accredited)

Track: Community Counseling

B.A.                      Augustana College                      *May 2002*

Majors: Psychology, Scandinavian Studies

Minor: Speech Communication

***LICENSURE/ CERTIFICATION***

- Child Welfare Employee- Illinois (issued 7/2006)
- National Certified Counselor (NCC# 252613)
- Licensed Professional Counselor (Illinois #178.006751)

***WORK EXPERIENCE***

2011- current                      Northwestern State University- Department of Educational Leadership and Technology, Natchitoches, LA

*Assistant Professor of Counseling*

- Instruct graduate-level school and college counseling courses
- Supervise an on-site student counseling clinic
- Conduct independent research studies

2010- 2011

Tidewater Community College, Virginia Beach, VA

*Counselor (ACE program).*

- Provided individual and group counseling services
- Developed support strategies and programs to assist with student retention.
- Conducted learning and career-oriented assessments

2009- 2011

Old Dominion University- Department of Counseling and Human Services, Norfolk, VA

*Graduate Teaching Assistant*

- Instructed undergraduate Human Services courses
- Assisted with annual NCATE and CACREP program evaluations.
- Supervised masters-level students in both individual and group formats

2007- 2009

Chestnut Global Partners, Bloomington, Illinois

*EAP Case Manager*

- Conducted telephonic crisis assessment
- Provided mental health and substance abuse referral services to client companies and their employees
- Presented EAP services at client company health fairs

2008-2009

Children's Home Foundation of Illinois, Peoria, IL

*Masters Counseling Intern.*

- Provided outpatient evidence-based individual and group counseling

services to school-age children and their families.

-Coordinated services with school districts, psychiatrists, and other social service agencies

-Completed Medicaid paperwork for services provided.

2006- 2006

Catholic Charities, Galesburg, Illinois  
*Foster Care Case Manager*

- Supervised child welfare placements

-Testified in juvenile court proceedings

-Conducted home safety assessments

2004- 2006

*Methodist Medical Center, Peoria, IL*  
*Mental Health Associate*

-Provided inpatient individual, group, and family counseling

-Conducted inpatient intake assessments

-Maintained unit safety through non-violent de-escalation techniques

2002- 2003

Human Service Center, Peoria, IL  
*Outpatient Case Manager*

-Provided outpatient counseling and mental health case management services

-Conducted outpatient intake assessments

-Co-led an anger-management counseling group

## TEACHING EXPERIENCE/ COURSES TAUGHT

### *Northwestern State University*

- |   |              |
|---|--------------|
| • COUN 5000: Dynamics of the Counseling Process               | FA 11        |
| • COUN 5550: Student Personnel Services: Counseling Practicum | SP 12        |
| • COUN 5570: School Counseling Supervised Experience          | FA 11        |
| • COUN 6520: Diagnosis and Treatment Planning                 | SP 12        |
| • EPSY 5460: Dynamics of Human Growth and Development         | FA 11, SP 12 |
| • SPS 5570: College Student Personnel Internship              | FA 11, SP 12 |

### *Old Dominion University*

#### *Co-Taught*

- |   |                     |
|---|---------------------|
| • COUN 633: Counseling and Psychotherapy Techniques | FA 09; SP 10; SU 10 |
|---|---------------------|

- COUN 634: Advanced Counseling and Psychotherapy Techniques SP 10
- COUN: 644: Group Counseling SP 10; SU 10
- HMSV 344: Career Development and Appraisal SP 10

*Independently Taught*

- HMSV 468: Human Service Internship SP 11
- HMSV 491: Family Systems FA 10
- ESSE 313: Fundamentals of Growth and Development FA 09; SP 10; SU 11

*PROFESSIONAL MEMBERSHIPS*

- American Counseling Association
- Association for Lesbian, Gay, Bisexual, and Transgendered Issues in Counseling
- Association for Counselor Education and Supervision
- Illinois Counseling Association
- Illinois Association for Specialists in Group Work
- Illinois Counselor Education and Supervision Association
- Association for Play Therapy
- Chi Sigma Iota, Chi Epsilon Chapter

## RESEARCH

### **Research Projects in Progress**

Primary Researcher, *Factors Impacting Counselor Competency with Sexual Minority Intimate Partner Violence Victims*. (2010-current)

### **Completed research**

Research Counselor, *Marine Technology*. (2009- 2011)

Primary Researcher, *Intimate Partner Violence Victims' Responses to Counseling*. (2009-2010)

Care Manager, *Effects of Counselor Involvement with Individuals with Poorly Controlled Diabetes*. (2009-2010).

Co-Researcher, *Potential Effects of Pornographic Media Exposure on Male Aggression*. (2001-2002).

Research Assistant, *Social Learning in Budgies*. (2001-2002).

## PUBLICATIONS

### **Books**

Contributor. (2010) In N. Brown. *Psychoeducational Groups Teacher's Manual*. 3<sup>rd</sup> Edition. Cercene.

### **Other Publications**

Hancock, R.D. (2010, Spring). ACA 2010 Convention. *Chi Sigma Iota Chapter Newsletter*.

Hancock, R.D. (2009, August). Our Little Corner of the World. *Our Own Online Magazine*.

Hancock, R.D. (2009, August). The Joys and Pains of the Season. *Our Own Online Magazine*.

Hancock, R.D. (2009, September). Choices. *Our Own Online Magazine*

Hancock, R.D. (2009, September). Conversion Therapy. *Our Own Online Magazine*.

## PRESENTATIONS

### **State Presentations:**

**Hancock, R.D.** (2011, November) *Meditation and Counselor Self-Care*. Conference session for the 2011 Illinois Counseling Association Annual Conference. Skokie, Illinois.

**Hancock, R.D.** (2010, November) *LGBT Intimate Partner Violence Victim's Response to Counseling*.

Conference session for the 2010 Illinois Counseling Association Annual Conference. Lisle, Illinois.

### **National and International Presentations:**

Hancock, R. (2011, August). *The Broken Bond: Victim Experiences and Clinical Interventions for Domestic Violence in Gay Couples*. Education Session for the 2011 Old Dominion Ireland Institute, Dublin, Ireland.

Ammon, G., Hancock, R.D., & Kocet, M. (2011, March). *The Broken Bond: Victim Experiences and Clinical Interventions for Domestic Violence in Gay Couples*. Education Session for the 2011 American Counseling Association annual conference, New Orleans, Louisiana.

### **Accepted Proposals**

Hancock, R.D. (2012, April) *Counseling LGBTQ Students*. Conference session for the 2012 Illinois School Counselor Association Annual Conference. Springfield, Illinois.

Bayne, H.B. & Hancock, R.D. (2012, October) *The Greatest of These is Love: Helping College Students Explore and Integrate Religious and Non-Heterosexual Identities..* Conference session for the 2012 American College Counseling Association Annual Conference. Orlando, Florida.

### **Submitted Proposals**

Hancock, R.D. & Bayne, H.B. (2012, September) *Supervising Students Counseling Sexual Minority Intimate Partner Violence Victims*. Conference session for the 2012 Southern Association for Counselor Education and Supervision Conference. Savannah, Georgia.

Hancock, R.D. & Bayne, H.B. (2012, October) *Counseling LGBT Students Who Are Victims of Intimate Partner Violence*. Conference session for the 2012 American College Counseling Association Annual Conference. Orlando, Florida.

### **PROFESSIONAL SERVICE**

2010 – 2011

Member, Anti-LGBT Task Force, Association for Lesbian, Gay, Bisexual



	and Transgendered Issues in Counseling
2010- 2011	<i>Member</i> , Community Service Committee, Chi Sigma Iota- Chi Epsilon Chapter
2009 - 2011	<i>LGBTQ Guest Lecturer</i> , Department of Counseling and Human Services, Old Dominion University
2009- 2011	Research Assistant. <i>CACREP On-going Program Evaluation</i> .
Summer 2010	<i>Proposal Reviewer</i> , ACA 2011 World Conference, New Orleans, Louisiana
2009- 2010	<i>Member</i> , Membership Committee, Chi Sigma Iota- Chi Epsilon Chapter
2009 - 2010	<i>Member</i> , Spirituality Task Force, Association for Lesbian, Gay, Bisexual and Transgendered Issues in Counseling

#### **VOLUNTEER EXPERIENCE**

Volunteer. (2008-current). *Early Childhood Education Volunteer*. Northminster Learning Center. Peoria, IL.

Volunteer. (2009-2011). *Various projects*. Chi Sigma Iota. Norfolk, VA.

Volunteer. (2000-2002). *Various projects*. Alpha Phi Omega. Rock Island, IL

Volunteer. (1994-1996). *Outpatient Surgery and Rehab*. St. Francis Medical Center. Peoria, IL

#### **CONTINUING EDUCATION**

##### **Conferences**

- Illinois Counseling Association Annual Conference
  - November 2011 (Skokie, IL)
- American Counseling Association World Conference:
  - March 2011 (New Orleans, LA)
- Illinois Counseling Association Annual Conference
  - November 2010 (Lisle, IL)
- Mid-Atlantic Group Psychotherapy Society Bi-Annual Conference
  - October 2010 (Richmond, VA)
- American Counseling Association World Conference:
  - March 2010 (Pittsburgh, PA)
- Mid-Atlantic Group Psychotherapy Society
  - October 2009 (Sheppardston, WV)

- Association for Assessment in Counseling and Education Conference:
  - September 2009 (Norfolk, VA)
- Illinois Department of Children and Family Services
  - June 2006 Child Welfare Foundations Training (Springfield, IL)

### Workshops:

- ***ASIST training.*** Virginia Department of Health. Various Presenters. 3/10/11-3/11/11. 16 hours.
- ***Wellness, Balance and Self-Care for Counselors and Their Clients.*** Old Dominion University. Dr. Patricia Thomas, PhD. 2/26/11. 4 hours.
- ***Principles of Play Therapy from a Choice Theory/Reality Therapy Perspective.*** Old Dominion University. Dr. Terry Christensen, PhD. 2/27/10. 6 hours.
- ***Graduate Teaching Assistant Training.*** Old Dominion University. Various Presenters. 8/19/09-8/21/09. 18 hours.
- ***It's a Guy Thing: Counseling Adolescent Males.*** Children's Home Association of Illinois. Janice Gabe 4/24/09. 6.5 hours.
- ***Community Resources.*** PATH. 4/07/09. 4.0 hours.
- ***Understanding Mental Illness in Children: Recognition, Impact, and Intervention.*** Illinois State University-School of Social Work and NASW. Several Presenters. 3/25/09. 6.5 hours.
- ***Psychopharmacology.*** Chestnut Health Systems. Mr. David Weis, LCPC. 3/20/09. 1 hour.
- ***Compassion Fatigue,*** Twin Cities Behavioral Health. Mr. Dennis Crowell, LCSW, DCSW. 2/11/09. 2 hours. IAODAPCA approved.
- ***Telephone Triage Litigation: Common Mistakes that Can Land You in Court,*** Progressive Business Conferences. Michael Brown. 2/10/09. 1 hour.
- ***Mandated Reporter Course,*** Illinois Department of Child and Family Services. Online format. 1/12/09. 2 hours.
- ***Postmodern Turn in Ethics in the Helping Professions,*** Twin Cities Behavioral Health. Dr. Daniel Liechty, PhD. 1/08/09. 3 hours. IAODAPCA approved.
- ***Stress, Strain, and Your Headache Pain,*** Twin Cities Behavioral Health. Dr. Seth Hatlelid. 12/5/08. 2 hours. IAODAPCA approved.
- ***Coaching Clients to Values-Based Empowerment,*** Twin Cities Behavioral Health. Ms. Donelle Hess-Grabill. 11/5/08. 2 hours. IAODAPCA approved.
- ***Eating Disorders: The Psychological, Biological and Expressive Arts Aspects of Treatment and Recovery,*** Illinois Institute for Addiction Recovery. Ms. Melissa Rocchi MAAT, LPC, ATR. 9/19/08. 6.5 hours. IAODAPCA approved.
- ***Coding and Billing for Mental Health Services,*** Cross Country Education. Instructor Unknown. 8/21/08. 6.5 hours.

- **Dealing with HIV, Mental Health and Substance Abuse**, Alliance for Lifelong Learning/IDPH. Instructor Unknown. 6/3/08. 6.5 hours. IAODAPCA approved.
- **Children Living in Danger Training**, Prevent Child Abuse Illinois/DCFS. Various presenters. 4/17/08. 3 hours.
- **Anxiety Disorders: Research and Treatment**, Twin Cities Behavioral Health. Dr. John Florell, Ph.D.. 4/2/08. 2 hours. IAODAPCA approved.
- **Brain-Gut Connection: How Our Bodies Respond To Stress**, Twin Cities Behavioral Health. Dr. Georgia Davis, MD. 3/5/08. 2 hours. IAODAPCA approved.
- **Treating Addictive Relationships**, Twin Cities Behavioral Health. Ms. Barbara K. Duffie-Beasley, LCPC. 2/6/08. 2 hours. IAODAPCA approved.
- **Mandated Reporter Course, Illinois Department of Child and Family Services**. Online format. 1/12/2008. 2 hours.
- **New Trends in Research and Treatment of Depression**. Twin Cities Behavioral Health. Dr. John Florell, Ph.D., 12/5/07. 2 hours. IAODAPCA approved.
- **Managing Emotions Under Pressure**, Career Track Seminars. Instructor Unknown, 11/14/07. 6.5 hours
- **Recording and Supervision of Legally Sound Clinical Documentation**, Chestnut Health Systems. Ms. Renae Popovits, Attorney at law. 3/7/07. 1.5 hours. IAODAPCA approved.