Positive Counsellor Characteristics with Sexual Minority Intimate Partner Violence Victims
Caractéristiques positives de conseillers travaillant avec victimes de violence aux mains de partenaires intimes d'une minorité sexuelle

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ABSTRACT

Grounded theory procedures were combined with a queer theory perspective to examine what counsellor characteristics promote counsellor competency with sexual minority intimate partner violence victims (SMIPVVs). Ten counsellors participated in 2 rounds of individual interviews. Analysis of the textual data identified specific desirable counsellor traits that were identified to assist with developing counsellor competency. The author also discusses implications for counselling programs, supervision, and in-service seminars.

RÉSUMÉ

Des procédures basées sur la théorie ancrée dans des données empiriques ont été combinées avec une perspective de théorie allosexuelle (*Queer Theory*) pour examiner quelles sont les caractéristiques qui peuvent promouvoir la compétence des conseillers travaillant avec victimes de la violence aux mains de partenaires intimes faisant partie d'une minorité sexuelle. Dix conseillers ont participé à 2 séries d'entretiens individuels. L'analyse des données textuelles a identifié les traits spécifiques souhaitables chez les conseillers pour le développement de la compétence du conseiller. L'auteur discute également des implications pour les programmes en counseling, la surveillance, et les séminaires de formation continue.

Scholars and practitioners in the counselling profession continue to produce significant advances in work with ethnic minorities. However, counsellor competency with sexual minorities remains underdeveloped, specifically in the area of work with sexual minority intimate partner violence victims (SMIPVVs). By contrast, research regarding competency in counselling heterosexual intimate partner violence victims is prolific (Hellmuth, Follansbee, Moore, & Stuart, 2008; Murray & Mobley, 2009; Speziale & Ring, 2006). The SMIPVV population is at a heightened risk because they are both a generally oppressed group and victims of abuse (Cruz & Firestone, 1998). Further research into establishing specific factors important for enhancing counsellor competency with SMIPVVs is important in order to provide the best practices for this at-risk 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.

I argue that research exploring competency in counselling SMIPVVs is essential to improving client outcomes. Research in intimate partner violence (IPV) conducted thus far has primarily focused on heterosexual female victims (Balsam & Szymanski, 2005; Hellmuth et al., 2008). The literature that does exist on competency in counselling SMIPVVs is almost entirely quantitative in nature (Hellmuth et al., 2008; Murray & Mobley, 2009). Solely using quantitative research designs that focus on statistical significance and numerical data do not directly evoke the life expression of the research participants. For example, although numerical data can reveal the frequency with which a certain counselling technique was utilized, the frequency cannot directly communicate the rich qualitative psychological experience certain counselling techniques had on helping participants improve their quality of life. For that reason, a qualitative design from a queer theory perspective utilizing grounded theory methods was used for this study. Queer theory is a theoretical approach to examining culture that embraces an expanded understanding of gender and sexuality that rejects mainstream definitions (Valocchi, 2005). Simply stated, queer theory rejects what most people believe it means to be male, female, gay, or straight (Valocchi, 2005). Queer theory starts from the assumption that any given sexuality is natural and therefore is not in need of correction. This assumption is a concept that is largely ignored by other qualitative research (Warner, 2004). I used a grounded theory approach to conduct an in-depth exploration of the factors associated with counsellor competency with the SMIPVV population and postulated those factors associated with counsellor competency.

<div align="center">INTIMATE PARTNER VIOLENCE</div>

IPV is prevalent in the United States and affects men and women of any sexual orientation (Balsam & Szymanski, 2005; Hellmuth et al., 2008). IPV has significant negative impacts on the abused individual, including immediate and long-term physical health, mental health, family relationships, social support, occupational difficulties, and financial well-being (Heintz & Melendez, 2006; Murray & Mobley, 2009; National Institute of Justice, 2007). 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 for social support and finances (Heintz & Melendez, 2006; Murray & Mobley, 2009).

Sexual Minorities and Intimate Partner Violence

There is a paucity of research in the scientific literature regarding the prevalence and factors associated with IPV and the sexual minority population (or SMIPVVs). The research bias in favour of studying heterosexual couples affects the understanding of these victims. The majority of intimate partner violence studies focus on male violence against women in heterosexual relationships (Balsam & Szymanski, 2005; Murray & Mobley, 2009). Research suggests that much of the general public view same-sex relationships as being less permanent or valid (Greenwood et al.,

2002; Seelau, Seelau, & Poorman, 2003). This inaccurate view of same-sex relationships is associated with a similarly inaccurate view of the violence dynamics. This inaccurate view of the violence dynamics in same-sex relationships allows for increased tolerance of abuse among gay couples compared to opposite-sex couples (Seelau et al., 2003).

Another important factor with SMIPVVs is discrimination and bias. Research suggests that sexual minority individuals are targets of discrimination in many areas of life, including their treatment by the legal system in domestic violence situations (Cruz & Firestone, 1998; Ronner, 2005). An additional major theme in the literature on SMIPVVs reveals the factors promoting same-sex IPV, including family of origin, stress, and the dynamics of the sexual minority intimate relationship.

The Importance of Counsellor Competency

Overall, counsellor competency can affect successful responses to SMIPVVs. A search of current research did not produce any studies regarding the link between counsellor competency and successful treatment of sexual minorities experiencing IPV. However, I found three factors relating to counsellor competency with sexual minorities in general: (a) counsellor attitudes and behaviours, (b) multicultural counselling model influences, and (c) academic training.

First, counsellor competency with sexual minorities is affected by counsellor attitudes and behaviours. Beneficial and helpful attitudes and behaviours include a counsellor's view of the importance of education on sexual minority issues, a demonstration of nonpathologizing attitudes toward sexual minority individuals, and the counsellor being proactive in addressing issues relating to sexual orientation (Matthews, Selvidge, & Fisher, 2005).

The second factor in counsellor competency with sexual IPV victims is the current multicultural counselling models. The current models of multicultural counsellor competency address knowledge, attitudes, and skills that are commonly accepted to influence effective work with diverse populations (Chao, Wei, Good, & Flores, 2011). However, missing from the multicultural models is specific content that enhances work with both sexual minority clients and other nondominant groups. This content includes a counsellor's knowledge of sexual minority sociopolitical history, bias in assessment instruments, bias in the delivery of mental health services, diversity within identified groups, and identity development.

The third factor that impacts counsellor competency with sexual minority individuals is the academic training that counselling students receive. According to Alderson (2004), the sexual minority training currently provided to graduate students is minimal and inadequate. In addition, Alderson stated that graduates were found to feel unprepared to work competently with sexual minority individuals.

In summary, the counselling profession continues to produce significant advances in work with ethnic minorities. However, counsellor competency with sexual minorities remains underdeveloped, specifically in the area of work with SMIPVVs. Further research into establishing specific factors important for enhancing counsellor competency with SMIPVVs 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.

<div align="center">METHOD</div>

Participants

The participants were 10 mental health professionals who self-identified as having currently or previously worked with SMIPVVs. The participants were recruited via snowball and convenience sampling methods. Of the 10 participants, 2 were male and 8 were female. The ages of the participants ranged from 30 to 60+ (an age that was 60 or above was not further quantified), with a modal age of 30–39 years old. The educational level of the participants included 7 master's-level counsellors and 3 doctoral-level counsellors. Two participants self-identified as African American, 2 participants self-identified as Jewish, and 6 participants self-identified as Caucasian. Seven participants self-identified as heterosexual, 2 participants self-identified as gay/lesbian, and 1 participant self-identified as bisexual. The length of time working with intimate partner violence ranged from 1 to 27 years, with an average length of 7 years. The number of sexual minority intimate partner violence individuals counselled ranged from 1 to 300, with an average of 57.2.

Regarding their professional training, 6 participants had studied counselling, 2 psychology, 1 social work, and 1 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 5 licensed professional counsellors, 1 licensed clinical social worker, 2 licensed clinical psychologists, 1 licensed marriage and family therapist, and 1 national certified counsellor. Pseudonyms were used in place of their actual names.

Procedures

A qualitative study from a queer theory perspective was conducted utilizing grounded theory methods. The goal was to gain a better understanding of the study participants' experiences with counselling SMIPVVs. 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 interview. For the initial interviews, the author met with the 10 participants, all of whom 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 counsellors become more competent in counselling sexual minority domestic violence victims?" The interview questions were found to be valid and credible by the panel of counselling experts, three counsellor educators with doctoral degrees in counselling-related fields.

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 counselling intimate partner violence victims?", (b) "What similarities and differences, if any, are there between counselling sexual minority and heterosexual intimate partner violence victims?", (c) "What are some important attitudes and beliefs that counsellors need to possess when counselling sexual minority intimate partner violence victims?", and (d) "What kind of training or experiences could best benefit counsellors 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.

Follow-up interview. 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 counsellor competency with SMIPVVs. 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.

Data analysis. Data analysis was conducted after each round of data collection. The interviews were converted from audio recordings to transcripts for all participants. Two counselling doctoral students also coded the initial interviews. Both doctoral student co-coders were in the second year of their program of study and had taken a qualitative research design course. I instructed each co-coder to read through the transcripts 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 marginal notes that captured initial impressions. We organized the themes into groups of related topics. Initially, we identified several preliminary themes; upon further analysis the themes were organized according to four general topics: counselling across sexuality, training, counsellor characteristics, and experience.

In order to facilitate the development of categories and related components in accordance with grounded theory procedures, we 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. We 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.

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.

<div align="center">RESULTS</div>

Several positive counsellor characteristics or aptitudes when working with intimate partner violence victims were identified. It is important to note that all of the participants verbalized that the counsellor characteristics noted were the same that would be needed with any intimate partner violence client. This is significant in that a similar approach to SMIPVVs and heterosexual IPVVs expresses a fundamental conviction related to equality and the removal of bias against sexual minority IPV couples. Matthews et al. (2005) state that affirming attitudes and behaviours include a counsellor's view of the importance of education on sexual minority issues, his or her demonstrating nonpathologizing attitudes, and the counsellor being proactive in addressing issues relating to sexual orientation. Within the broader theme of counsellor characteristics, seven common distinct traits were found: empathy, groundedness, openness, cognitive complexity, personal bias awareness, resourcefulness, and unconditional positive regard. One participant, Starr, verbalized her own understanding of 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, "Again, that's not different from what you are normally doing in counselling anyway."

Empathy

The first delineated theme was empathy, understood to be the counsellor characteristic of being sensitive to the experiences and emotions of others. Donna provided her explanation of empathy and how counsellors use empathy in their practice when she stated, "I think the basic qualities of being a good counsellor, being empathic … by having that passion to sit with that person and helping them work through that, you become empathic." She went on to comment on how she felt that empathy is a big part of counselling:

> [T]hat 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 with this education and this knowledge that provides perspective of it and being able to facilitate it with the client.

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 counselling. Donna went on to explain another way that she views empathy, this time from the viewpoint of her peers. Donna commented, "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 counsellor 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 counselling community's understanding of empathy in practice. This advanced empathy transcends our normal empathy and brings into perspective the sexual minority experience in society.

Advanced empathy is effective in that it recognizes the struggles that sexual minority clients may have that do not typically exist in heterosexual clients. Along with advanced empathy comes compassion. Compassion was understood to be the capacity to understand another person's experience and feel their pain as if it were your own (Saslow et al., 2013). 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.

This comment is significant in that the ability to be compassionate by "sitting with the client" allows the therapist to show compassion through a nonverbal action. This understanding of the expression of compassion in both verbal and nonverbal forms is significant.

Groundedness

The next theme for counsellor characteristics and traits was groundedness, which I defined, based on participant responses, as the condition of being emotionally and psychologically stable. For the study participants, this ability was seen as essential because 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 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.

He went on to elaborate, "The ability to be centred, to put that aside a little bit and be more engaged and focused with the client. I think that's a huge skill."

As Adam stated, the traumatic events that intimate partner violence victims speak about sometimes stun or surprise counsellors. This ability to be grounded is

essential to minimize the possibility of retraumatizing 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 anchor [rely upon] on because they are reeling when they come in here.

Groundedness is an important counsellor characteristic that helps to stabilize the client by providing consistency. This assists the client to begin the process of individual growth.

Openness

Openness is another counsellor characteristic or trait that was found to be valuable in an intimate partner violence counsellor, and 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 counsellor 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 counsellor 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 who regularly cut herself. She was in session with the client and was feeling stuck:

> At some point 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 honesty that I gave her … was more valuable to her than me constantly reaching back into a tool bag to give her something else.

The client appreciated the counsellor's honesty and said that just being there was helping. The counsellor was then able to relax more and provide what the client needed.

Donna's story illustrates the powerful impact openness can have on a client. The preceding perceptions support the idea that counsellor 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 every day 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 the problems is common in beginning counsellors. This characteristic was verbalized by several of the counsellors due to the intense nature of intimate partner violence counselling. Starr introduced this concept when she said, "I think it's really important that the counsellor 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 counsellor 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. 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." Although 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 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 counsellor. 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.

Kayla had a similar understanding of cognitive complexity, as evidenced by her statement:

[A]ctive 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.

Although Donna's conceptualization of cognitive complexity was similar to the examples above, she focused specifically on diagnosing. She related that cognitive complexity to her was being able to "sit with them despite that they might not present in the way the book says they are going to present." She clarifies this statement by saying that mental health disorders can present in many ways, which can be confusing to new counsellors who look for only the classic manifestations of the disorders.

Donna's explanation illustrates the struggles that new counsellors face as they begin their professional careers and begin to develop more knowledge of client behaviour and treatment. Donna went on to provide a case example from one of her recent clients, who had difficulties with cutting, that helped to further illustrate her recent cognitive development within counselling. At the beginning of the treatment, the client would sleep in a closet because of the molestation that she previously went through. Donna explained, "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 description shows the development of cognitive complexity in that, through her experiences with her client, she realizes two important lessons. First, it was vital that she let the client set the therapy goals, instead of projecting goals onto the client. Second, Donna learned that a client will not progress toward his or her goal until 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 counselling profession.

Starr framed cognitive complexity in a risk-of-harm perspective. She thought of the term as meaning

> 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 … most people automatically go to "are they gonna harm themselves," but these people are at a real continued threat to themselves.

Thus cognitive complexity is an important counsellor characteristic that was believed by the study participants to develop as one is exposed to clients in clinical practice.

Personal Bias Awareness

Awareness of personal bias was another important counsellor characteristic that emerged from the participant interviews. Personal bias, for the purpose of this study, was defined as the recognition of one's unfavourable attitudes and

beliefs about a certain group of people. For this counsellor characteristic, multi-cultural 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 toward work-ing with sexual minority intimate partner violence clients: "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 orienta-tions, according to her, helped her to be open to a wider diversity of clients. Kelly explained her philosophy toward her open attitude in counselling 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 counsellor personal bias. The idea of treating all clients with the same dignity and respect is essential to Kayla's ability to overcome any personal bias. This ability to treat everyone the same represents a respect of differences. 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 differ-ences. 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 toward focusing on the relationship dynamics instead of the individual client differences was another important strategy for minimizing counsellor personal bias.

While some participants spoke about 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 counselling, that it isn't their problem, it's our problem. It's our reactions to them, that's the prob-lem … you need to know yourself and know your bias." This focus on reflecting upon one's own reaction was vital to changing one's personal biases, according to Camilla. 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, verbalized by the study participants as the ability to provide noncounselling 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 was essential, according to Starr.

Starr further emphasized the importance of resourcefulness when she discussed that a counsellor 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 counsellor should go beyond simply providing a list of resources. Starr also provided perspective on why intimate partner violence counsellors need this ability, stating, "This is a specific population that has these extra needs."

Sally provided her own perspective on the importance of resourcefulness in the provision of counselling:

> So, I think you have to be prepared every day 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 aids an understanding that a mental health professional has to have the capacity to handle a variety of clients, who may require difference resources and services than non-intimate partner violence clients. An effective intimate partner violence counsellor 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" counsellor.

Unconditional Positive Regard

Unconditional positive regard is the last counsellor characteristic or trait that was examined. It 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 counsellor relationship with SMIPVV clients. In her 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." In this view, unconditional positive regard is the basis for the entire therapeutic relationship.

Starr framed unconditional positive regard as being nonjudgemental toward intimate partner violence victims in general: "I think the most crucial component would be not to be judgemental 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 nonjudgemental 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 nonjudgemental as a part of unconditional positive regard. She stated that "you definitely have to be nonjudgemental and just try to meet them where they are." Camilla framed unconditional positive regard in a different way. She emphasized that regular empathy was not enough—counsellors 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 nonjudgemental are essential parts of providing unconditional positive regard for these participants.

Kayla provided a perspective on the issues faced by clients when entering counselling and how being nonjudgemental and utilizing unconditional positive regard is beneficial. She stated that in general it was hard enough for someone to come into counselling and to build trust. It was also difficult, Kayla stated, for the client to then come to understand that a good counsellor was not going to judge you. According to Kelly, it is the responsibility of the counsellor to then try to help the client. Kelly stated that one of the main difficulties when counselling intimate partner violence victims was that their natural fear drive kicks in when they are asked to let down their emotional barriers. She stated that "people already have that fear instilled in them … 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."

Often, a counsellor's first reaction shows a client if the counsellor is accepting of the client's lifestyle or life choices. Kayla explained how a counsellor's first reaction can be damaging to clients:

I think that if people don't get used to hearing [about homosexuality] and aren't exposed to that, then they could have that knee-jerk reaction … Then they could dissuade someone into counselling or think that all counsellors are bad or they are going to judge me or whatever.

Kayla's example provided insight into how internal judgements can sometimes be revealed unintentionally through external reactions. Donna also contributed to this discussion by encouraging counsellors 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?" Donna stated that doing this helps the counsellor to step back and fol-
low the client's goals without the counsellor's personal judgement getting in the
way. As shown in the examples above, it was found that unconditional positive
regard is an essential counsellor trait that is needed with all clients, regardless of
their sexual orientation.

In sum, many counsellor characteristics were found to be important to the
study participants for building counsellor competency with SMIPVVs. The
study participants provided many examples regarding their own beliefs about the
importance of various personal and professional counsellor characteristics when
counselling the target group.

DISCUSSION

The purpose of this study was to examine factors in counsellor competency in
counselling both sexual minority and majority intimate partner violence victims.
However, 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 in general. More particularly, there is virtually
no research on counsellors' clinical abilities when counselling sexual minority
individuals who are victims of intimate partner violence.

The participants provided a multitude of traits that they believed to be ben-
eficial when working with the target population, as well as with the intimate
partner violence population in general. Through a process of coding and con-
sensus checking, those traits were narrowed down to the traits discussed above.
The majority of the participants confirmed that their perceived competency
with sexual minority intimate partner violence victims stemmed, in part, from
their development of the key positive counsellor characteristics. They stated that
although some traits were natural to their personalities, some of the develop-
ment of these characteristics was the product of their pregraduate, graduate, and
postgraduate training.

The participants emphasized that academic course work provided information
that enhanced their awareness of themselves and of minority populations. They
also added that they wished academic programs would expand their inclusion of
SMIPVVs in the curricula. Participants also stated that more experiential learn-
ing opportunities, such as working with victims during skills class, practicum, or
internship, would be beneficial to the future development of positive character-
istics for some counsellors. The experiential learning of participants was believed
to have reinforced the coursework and allowed participants to clearly understand
their roles in and expectations for recognizing and responding to sexual minority
intimate partner violence victim issues.

Graduate training prepared them with the basic skills and traits needed to
function in their postgraduate counselling positions. However, it did not prepare
them to work with SMIPVVs. The participants stated that the additional specific
knowledge about recognizing and responding to SMIPVVs was instead learned on

the job, if it was learned at all. They used professional experiences such as learning from others (e.g., peer mentors), workshops/conferences, and reading/researching on their own to overcome the limitations in their training.

In addition, a connection can be made between the queer theory framework of the study and the results of the study, particularly given the significant emphasis on an egalitarian approach for working with SMIPVVs taken by the expert participants. The participant responses demonstrate one of the basic tenets of queer theory, which is respect for all persons without regard to sexual orientation. In addition, the participants' responses provide a framework to understand queer theory put into clinical practice through recognition of the similarities and differences in counselling sexual minority and sexual majority clients.

Implications

Implications for academic programs. It was found that the knowledge and experiential activities that counselling students receive during their academic programs are vital to the development of their competency with SMIPVVs. The academic programs provide the basic training and skills building for professional counselling practice.

In regard to counsellor education, the study can assist in the improvement of pedagogical practices for educating counselling students. This improvement lies in the modification of current and future courses. In particular, experiential classes such as internship and practicum should be examined. As the participants stated, they believed 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 learning include providing exposure to intimate partner violence victims during multicultural and practicum classes. This expansion could be accomplished through community service projects or an interview assignment with a member of this population. In addition, multicultural counselling classes could include information on the sexual minority intimate partner violence population.

Implications for supervision. This research indicates that a competent counsellor working with the SMIPVV population should have the characteristics of empathy, groundedness, openness, cognitive complexity, personal bias awareness, resourcefulness, and unconditional positive regard (Skovholt & Ronnestad, 1992). While these general characteristics should be required of all counsellors, it is important that they are addressed within the scope of treating SMIPVVs. The desirable counsellor characteristics for working with this population can be emphasized in supervision sessions.

Empathy can be explored in supervision, as the counsellor is better able to identify with the client's emotions and experiences without feeling sympathy for the client. Counsellors' empathy can be found to increase as they have more exposure to clients, as evidenced by the data collected. Groundedness can be explored as many counsellors begin their professional work with anxiety (Skovholt & Ronnestad, 1992). Openness and personal bias awareness can be facilitated through

continuous reflection by the counsellor regarding his or her personal and clinical experiences. Unconditional positive regard can also be explored by reflecting on the counsellor's personal and clinical experiences. Reflective journaling and supervision can provide counsellors with better awareness 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 counsellors gain more experience and their "cognitive map" changes (Skovholt & Ronnestad, 1992). They would move from relying on the expertise of others to relying upon their own clinical judgement and experiences as they weigh multiple perspectives in unclear clinical decisions.

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

Implications for in-service seminars. Another implication that can be gleaned from the data is the need for improvement of continuing education programs and seminars. Based on participants' responses, significant additions need to be made to include topics related to sexual minorities and related intimate partner violence victims. The participants stated that the seminars that they have attended primarily provided basic information on sexual minorities, which they felt was not helpful enough for enhancing their competency in counselling SMIPVVs. Suggested seminar topics include those introducing and developing the positive counsellor characteristics discussed.

Limitations

This study provides insight into the lived experiences of the study participants and their beliefs about factors impacting counsellor competency when working with sexual minority intimate partner violence victims. However, limitations exist in this study due to the qualitative nature of the research, as well as the use of queer theory (Lincoln & Guba, 1985). In particular, specific limitations include issues related to researcher bias and participant selection.

Researcher bias. The first limitation of the study is the primary researcher himself, who self-identifies as a white gay male counsellor and educator. Since I am 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 was easier. Sexuality-related barriers might have been lessened, as I was able to relate to the research partici-

pants better, thereby lessening the possibility of feelings of stigma by the research participants.

Participant selection. Selection of participants was limited to counsellors within geographic proximity to the researcher, which included southeastern Virginia and northwestern Louisiana. A small sample size is another limitation of the study. Although a large sample size is not required in qualitative research, the use of only 10 study participants limits the generalizability of the study (Creswell, 1998). The small sample size combined with the variety of disciplines of the participants, including social work, counselling, art therapy, and psychology, also limited 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.

These factors can place limits on the transferability of the findings from this study. Another limitation is that the themes were not confirmed and expanded upon in the follow-up interviews in order to get greater support for the themes generated.

CONCLUSION

The purpose of this study was to explore counsellor competency with sexual minority intimate partner violence victims. Using a queer theory approach and grounded theory methods, this study allowed counsellors to share their perceptions of and experiences in their training and personal growth regarding treatment of sexual minority intimate partner violence victims. Based on the information that the participants provided, several ways for counsellors to develop competency with sexual minority intimate partner violence victims were suggested.

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