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LESBIAN MOTHERS' COUNSELING EXPERIENCES IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE

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Intimate partner violence (IPV) is a significant concern for some lesbian households with children. Yet we know of only one study that has examined lesbian mothers' experiences with IPV. In the current study we analyzed the counseling experiences of participants in our prior study. Interviews with 24 lesbian mothers (12 Black, 9 White, and 3 Latina) 23 to 54 years of age ($M = 39.5$) were coded using thematic analysis. Overall, lesbian mothers experiencing IPV did seek help from counselors ($n = 15$, 63%), typically after reaching a breaking point. Counselors were most helpful when addressing the abuse and promoting self-empowerment, and least helpful when victim-blaming or ignoring the abuse and/or the same-sex relationship. Lesbian mothers' perceptions that mental health professionals were sometimes ineffective have implications for provider training. In order to work effectively with this population, providers should attempt to eliminate or correct personal biases or prejudices with self-exploration and education. By becoming more aware and knowledgeable of the nuances, struggles, and strengths of the lesbian community, providers can gain competency in providing therapeutic services to such clients. Mental health professionals can also adopt an advocacy stance to assist in spreading cultural awareness to others and support policy or institutional changes to include same-sex IPV. Competencies can be assessed through future studies that identify the knowledge and skills gap among mental health professionals who frequently work with the lesbian population.

Intimate partner violence (IPV) against women has been acknowledged as a growing public policy and health concern because of its impact on mental, sexual, and reproductive health (World Health Organization, 2005). Heterosexual relationships have been the primary focus of the IPV literature (Elliot, 1996). In the past two decades, however, research has documented the existence of IPV in same-sex relationships and begun to explore the dynamics of IPV in the lives of lesbians (Renzetti, 1992). Despite this growing attention to lesbians and IPV, we know of only one study that has utilized a sample of lesbian *mothers* (Hardesty, Oswald, Khaw, Fonseca, & Chung, 2008). It is vital to examine the experiences of lesbian mothers because both mothers and their children may be impacted by the IPV. The lack of research involving this population needs to be remedied so that our knowledge is more comprehensive and our interventions are more effective. Thus, the purpose of our study is to examine the counseling experiences of abused lesbian mothers. More specifically, a secondary analysis of in-depth interview data from Hardesty et al. (2008) is used to investigate lesbian mothers' decisions about counseling within a context of perceived barriers to and facilitators of counseling as well as the perceived quality of services received.

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Lesbian Mothers and IPV

In our study, lesbian IPV is defined as a "pattern of violent or coercive behavior whereby a lesbian seeks to control the thoughts, beliefs, or conduct of her intimate partner or to punish the intimate partner for resisting the perpetrator's control" (Hart, 1986, p. 173). Many IPV scholars report that the rates of same-sex IPV are similar to those of heterosexual couples (e.g., Owen & Burke, 2004); however, prevalence data on same-sex IPV are limited. Different sampling methods, definitions, and measurement techniques have resulted in a wide degree of prevalence estimates (Hassouneh & Glass, 2008). Findings from the population-based National Violence Against Women Survey (NVAWS) indicate that, among same-sex cohabiting women,

30.4% reported having been raped and/or physically assaulted by a male partner compared to 11.4% who reported victimization by a female partner. Furthermore, same-sex cohabiting women were less likely to report victimization by a female partner than were heterosexual cohabiting women by a male partner (11.4% vs. 20.3%) (Tjaden, Thoennes, & Allison, 1999). Also using the NVAWS, Tjaden and Thoennes (2000) found that all women who were raped since age 18 were raped by a man; 91.9% of women who were physically assaulted since age 18 were assaulted by a man; and 97.2% of women who were stalked since age 18 were stalked by a man. Although female same-sex IPV may be less common than male-perpetrated IPV, it is no less serious for those victimized (Hassouneh & Glass, 2008).

As with heterosexual relationships, power appears to be a central element in the dynamics of lesbian IPV. Eaton et al. (2008) found that lesbians with a history of IPV reported more inequity in power and less control over decisions than lesbians with no history of IPV. Other factors, such as substance abuse, personality disorders, and relationship dependency, also correlated with IPV in both same- and other-sex relationships (Eaton et al., 2008; West, 2002).

There are also unique dynamics related to IPV in same-sex relationships that stem from the heterosexist social context. Social service responses to IPV in the lesbian, gay, bisexual, and transgender (LGBT) community have been framed in a heteronormative structure that is tailored to heterosexual abused women but that stigmatizes abused lesbians through gender-role stereotyping, heterosexism, and homophobia (Brown, 2008; Hassouneh & Glass, 2008). Therefore, there may be a lack of lesbian-affirming resources to which the survivor can turn for assistance or support (Eaton et al., 2008). Lesbian survivors of IPV may struggle with internalized homophobia, a lack of social validation, actual or feared discrimination (West, 2002), minority stress (Balsam & Szymanski, 2005), and the inability to define their own experiences as IPV because of the dominant heterosexist discourse on IPV that depicts women as nonviolent (Hassouneh & Glass, 2008). Further, the abuser may threaten to "out" her partner if she leaves (Elliot, 1996) or to manipulate the situation if law enforcement is involved to where the perpetrator will play the victim (Hassouneh & Glass, 2008). Beyond these issues shared by abused lesbians, those who are mothers may have additional concerns.

Lesbian mothers are increasingly visible in the United States. For example, the 2000 U.S. Census counted approximately 300,000 female same-sex partner households, residing in 97% of all U.S. counties, and with over 30% of these households including children under 18 (Simmons & O'Connell, 2003). Despite the growing visibility of lesbian mothers and their children, we know very little about IPV in these households. Renzetti (1988) documented that 35 of the 100 battered lesbians in her sample lived with their own or their partners' children. Of those 35 women, 10 reported that their partner also abused the children, and 7 mentioned they had been physically abused in front of the children. Additional documentation can be found in the National Coalition of Anti-Violence Program's report (2004) of same-sex IPV, which mentions children in the personal narrative composites.

The legal vulnerability of lesbian mothers must be taken into account as a potential barrier to help seeking (Eaton et al., 2008). Lesbian mothers may lack legal rights to their children and/or fear losing their children if lesbianism and/or IPV are revealed (Browning, Reynolds, & Dworkin, 1991; Coleman, 2003; Grover, 1990). Historically, the U.S. courts have not taken lesbian IPV seriously (Robeson, 1996), and there is a history of case law demonstrating the willingness of courts to remove children from lesbian-headed homes for reasons of prejudice rather than child welfare (Zavos, 1995). Not only do lesbians potentially face obstacles within the legal system, but lesbian mothers may also feel more pressure to be the "ideal" parents because there is a portion of society that is waiting to see them fail as parents (Williams, 2002). This additional stressor can prohibit a lesbian abuse survivor from seeking help because she may struggle to maintain the image of a perfect family. To take all of these factors into further consideration regarding lesbian mothering and IPV, Hardesty et al. (2008) interviewed 24 lesbian/bisexual mothers who were abused by a female partner while they were also parenting.

Hardesty and colleagues (2008) explored variations in the types of violence experienced (i.e., intimate terrorism, situational couple violence, and mutual terrorism; Johnson & Ferraro, 2000) as well as in the quality of relationships between mothers and abusers, mothers and their own children, and abusers and mothers' children. To summarize, we found that mother and abuser dynamics followed one of three patterns: "ongoing sagas," whereby the lesbian mother made several attempts to leave the relationship; "worked it out," whereby the relationship was salvaged and the mother remained in contact with the abuser; or "clean break," whereby the mother eliminated all contact with the abuser. Mother and child dynamics that emerged in the original study highlighted lesbian mothers' communication styles, which included "hiding," "minimizing," or "openly communicating" about the abuse with their children. Intersections of race and class appeared central to these variations, with low-income Black and Latina mothers being more likely than White mothers to hide IPV from their children.

Further, in Hardesty et al. (2008), we identified four patterns of dynamics between the abuser and the mother's children: "nonparental," such that the abuser was not involved in the children's lives at all; "coparental," where the abuser shared parental responsibilities equally with the mother; acting as an "abusive parent" to the child (i.e., coparenting in a negative way); or being a "playmate" by engaging in recreational activities but not taking on a parental role. Mothers were better able to manage IPV when abusers had clearly defined parental or nonparental relationships with the mothers' children as opposed to the abusers who had

a superficial involvement in the children's lives. We will return to Hardesty et al. (2008) in the method section, where we describe how our current study's focus on counseling builds upon the internal family dynamic focus that we identified previously.

Lesbians and Counseling

White lesbians have been found to have more positive attitudes toward counseling than heterosexual women, even if they have not obtained it (Morgan, 1992). Further, lesbians may turn to counseling at higher rates than heterosexual women. For example, Balsam, Beauchaine, Mickey, and Rothblum (2005) found that 83% of lesbian and 85% of bisexual women reported current or previous therapy, compared to 55% of their heterosexual counterparts. Regarding IPV, counselors were the second most sought out service providers in Renzetti's (1988) sample of lesbian survivors of IPV. Also Ristock's (2002) study of lesbian survivors of IPV found that over half the women interviewed received counseling.

Counseling may have unique importance to lesbians if they are closeted or disapproved of by their relatives and/or friends (Renzetti, 1993). In these cases, the therapeutic relationship offers an opportunity for validation and affirmation. Lesbians are not, however, likely to meet with a counselor unless they believe that the person is, or could be, affirming of their sexuality (Browning et al., 1991; Ristock, 2002). A therapist's social identities (e.g., gender, sexual orientation, age, socioeconomic status, and religion) can negatively influence his or her worldview when working with an LGBT client (Morrow, 2000), and lesbians may seek information about these views before or while seeking help. For example, McClennen, Summers, and Vaughan's (2002) study of gay men and IPV found that male survivors sought help from friends rather than from formal helpers when they perceived helpers to be prejudiced. This finding may be reasonably extended to lesbians.

Most frequently, lesbian and gay clients want their counselors to discuss sexual identity issues with them (Malley & Tasker, 2007). Commonly, abused lesbians wish for counselors to focus on improving their self-esteem, to identify their experiences as abuse, and to avoid victim-blaming (Renzetti, 1992). Unfortunately, therapists often neglect to recognize same-sex IPV by ignoring or minimizing the abuse (Hansen, Harway, & Cervantes, 1991). For example, Wise and Bowman (1997) found that counselors-in-training rated heterosexual IPV as more extreme than lesbian IPV.

Counseling Approaches

Effective counseling approaches for working with abused lesbians have been explored in the literature. Peterman and Dixon (2003) provide some counseling recommendations that would be useful in working with same-sex IPV issues. Counselors are encouraged to understand the cross-cultural implications of IPV and remain nonjudgmental about the client's decisions regarding the abusive relationship. Clients experiencing same-sex IPV may be more reluctant to disclose the abuse or same-sex relationship, thus highlighting the importance of a counselor to remain "patient, empathetic, [and] understanding" (Peterman & Dixon, p. 45). This approach would encourage self-disclosure by the client and build upon a trusting therapeutic alliance. Counselors should provide the necessary resources for clients to draw their own options, decisions, and solutions, encouraging self-empowerment. Self-empowerment is crucial for abuse survivors because oftentimes they have been stripped of their own personal power (Walker, 2000).

Seeing a couple in session can assist a provider in defining the abusive situation but should only take place at the request of the survivor, and the provider should address her safety. Istar (1996) suggests having a couples' systems approach for the initial assessment to get a complete view of the couple dynamic. Examples of behaviors that can be noted are levels of fusion, relational roles, power balance, type of abuse, and boundaries. Dudley, McCloskey, and Kustron (2008) noted that over 40% of mental health professionals stated that they would utilize couples' therapy in addition to, or in place of, crisis intervention. However, dialogue in the IPV assessment literature suggests that enhancing safety for all involved is a top priority, and separating partners during couple or family therapy is essential (McCloskey & Grigsby, 2005; Rathus & Feindler, 2004). Incidents of additional IPV may follow after disclosure of abuse in session with the perpetrator; therefore, clinicians should always be mindful of such risks during initial and subsequent contacts (McCloskey & Grigsby, 2005).

In terms of crisis intervention with abuse survivors, it is important to assess the abuse fully within the relationship, create a safety plan if necessary, and view assessment as a continual process (Peterman & Dixon, 2003). One study noted that 45% of mental health professionals recommended crisis intervention regarding a case vignette of an abusive heterosexual relationship (Hansen et al., 1991). A recent replication of that study found an increase to 68% who mentioned crisis intervention in their responses, such as recommending going to a shelter, having the abused women call the police, or filing a restraining/protection order (Dudley et al., 2008). Therapists now appear to be more aware and knowledgeable about how to respond to IPV. However, in past research, Harway and Hansen (1993) found that 46% of therapists suggested ineffective interventions, which also could have increased the risk of IPV. Also, none of the providers had predicted possible lethality in the aforementioned study, and only one therapist in the recent study noted potential lethal outcomes in a high-risk vignette (Dudley et al., 2008).

This growing literature documents the significance of counseling for lesbians experiencing IPV and issues related to the quality of the counseling experience. It does not, however, inform us about the counseling experiences of

lesbian mothers. For this extension, we turn to the present study.

Research Questions

In summary, lesbian survivors of IPV are known to use counseling and often perceive it as helpful. It is not known, however, whether lesbian mothers experiencing IPV seek counseling, find it helpful, or experience barriers to their help seeking. Therefore, the purpose of our study is to examine lesbian mothers' counseling experiences in the context of IPV through secondary analysis of in-depth interview data. Data analysis was guided by the following questions: What individual characteristics and family dynamics related to IPV distinguish the lesbian mothers who received counseling from those who did not? What motivated lesbian mothers to seek counseling? What barriers and facilitators affected their help seeking? What types of counseling were obtained? How was counseling perceived?

METHOD

Participants

Our sample comprised 22 lesbian and 2 bisexual mothers who ranged in age from 23 to 54 years old ($M = 39.5$, $SD = 8.9$). Twelve participants identified themselves as Black, nine as White, and three as Latina. Nineteen mothers (79%) were completely "out" with their sexual orientation. Median level of education was an associate's degree. Thirteen (54%) mothers were employed during the abuse; those who were employed held either service ($n = 8$) or professional ($n = 5$) positions. Mothers in the sample had from one to three children ($M = 2.0$). The majority of children (83%) were from previous heterosexual relationships; thus most families were stepfamilies. Oldest or solo children averaged 9 years old ($SD = 7.6$) when the mother's relationship with the abuser started, and the youngest children in families with more than one child averaged 6 years old ($SD = 6.5$). At the time of data collection, 15 mothers had ended their relationship with the abuser after an average of 4.7 years ($SD = 3.1$). Nine mothers remained in a relationship with the abuser, and these relationships had lasted from 3 to 22 years ($M = 7.4$, $SD = 5.8$). At the time of data collection, 16 mothers were living in Illinois; 2 in New York; and 1 each in Georgia, Massachusetts, North Carolina, Wisconsin, Oregon, and California.

Design and Procedure

Existing data from the "Lesbian Mothering in the Context of IPV" project (Hardesty et al., 2008) were used. The data consisted of in-depth interviews lasting 1–2 hours covering the mother's story of her relationship with the abuser as well as probes for community context, effects on children, and help-seeking behaviors. The 24 lesbian/bisexual mothers were recruited by sending research announcements to all LGBT and domestic violence (DV) organizations in Illinois, as well as other national LGBT and DV groups and Internet listservs. The announcements displayed a toll-free number that potential participants contacted. Women met the criteria to participate if they reported a former or current physically abusive same-sex relationship while also raising children. This project received approval from the University of Illinois's Institutional Review Board prior to data collection, and informed consent was obtained from each participant before interviews commenced. Participants were paid $25 for their time and given a list of resources.

Data Analysis

Secondary data analysis refers to the use of existing data collected for the purposes of the original study in order to pursue research questions that are distinct from the original work (Szabo & Strang, 1997). The purpose of the original study was to explore the internal family dynamics of lesbian mothers affected by IPV (Hardesty et al., 2008). Transcripts, audiotapes, theoretical memos, and diagrams from the original study were readily available for secondary analysis. Pseudonyms were used to protect the confidentiality of the participants. In-depth interviews used for the present analysis were conducted in a manner that allowed for the women to actively tell their story and experiences (Holstein & Gubrium, 1995). Mothers were probed for information about help seeking, including counseling experiences, which are the focus of the current study. Therefore, the interviews provided a rich source of information for secondary analysis.

Descriptive thematic analysis (Boyatzis, 1998) was used to gain an understanding of abused lesbian mothers' counseling experiences. Thematic analysis involves identifying themes that emerge from the data as being important to the description of the phenomenon (Daly, Kellehear, & Gliksman, 1997). Analysis involves "pattern recognition within the data, where emerging themes become the categories for analysis" (Fereday & Muir-Cochrane, 2006, p. 4). For the purposes of the current study, a theme was defined as a pattern in the data that "describes and organizes the possible observations" (Boyatzis, 1998, p. 161). In other words, a theme is an event or feature in the data that serves as a unifying element. Thematic analysis is distinct from content analysis in that the former method does not involve counting the frequency of textual comments to determine their importance. Instead, all pieces of data related to the research questions are considered important, whether mentioned by one or all participants (Fereday & Muir-Cochrane, 2006).

In the current study, the authors separately first read each transcript and extracted data related specifically to the research questions. Second, the extracted data from each interview were then read multiple times by the authors and then discussed in a group to identify ways in which the data could be reduced, or sorted, into thematically related groups. For example, data related to why

Table 1
Comparison of Lesbian Mothers Who Obtained Counseling Versus Those Who Did Not

Variable	*Obtained Counseling (n = 15) % or M (SD)*	*Did Not Obtain Counseling (n = 9) % or M (SD)*	*t or V*
Mother Black or Latina	7 (47%)	7 (78%)	.24
Mother out as lesbian	12 (80%)	7 (78%)	.03
Mother's number of children	2.6 (1.5)	1.6 (0.5)	−2.1*
Age of mother's oldest or solo child when relationship started	4.0 yrs (3.0)	13.0 yrs (10.0)	−.07*
Mother's employment status			
Unemployed vs. other types	6 (40%)	5 (56%)	.15
Service sector vs. other types	4 (27%)	4 (44%)	.18
Professional vs. other types	5 (33%)	0	.40*
Mother self-reported own mental health concerns	13 (87%)	4 (44%)	.45*
Mother–abuser relationship dynamic			
Ongoing saga vs. other types	11 (73%)	6 (67%)	.07
Clean break vs. other types	0	3 (33%)	.49*
Worked it out vs. other types	4 (27%)	0	.35
Abuser–mother's child dynamic			
Nonparent vs. other types	2 (13%)	3 (33%)	.24
Coparent vs. other types	5 (33%)	2 (22%)	.12
Playmate vs. other types	5 (33%)	1 (11%)	.25
Abusive parent vs. other types	3 (20%)	3 (33%)	.15
Mother–own child dynamic			
Hiders vs. other types	7 (47%)	4 (44%)	.02
Minimizers vs. other types	3 (20%)	3 (33%)	.15
Communicators vs. other types	5 (33%)	1 (11%)	.25

*$p < .05$.

women sought counseling were grouped together and labeled "motivations toward counseling." Likewise, data related to why women did not seek or receive counseling were grouped together and labeled "barriers toward counseling." In addition, participants' quotes were identified as evidence of each theme. Thus, the grouping of related data was done using a "bottom-up procedure" (Anderson & Felsenfeld, 2003, p. 247) in that themes were induced from the data themselves. Team consensus was used to verify a compelling match between data and researcher-labeled themes. Meetings also allowed researchers to question each other's assumptions to further ensure trustworthiness (Krippendorff, 1980). Themes were documented by the second author, who compiled memos for each of the 24 participants, noting whether they had received counseling, antecedent and subsequent events related to seeking counseling, and any related issues (Szabo & Strang, 1997). For example, memos were used to document participant-described mental health concerns. Next, specific analytic steps are outlined.

To answer the first research question, mothers were sorted into two groups: those who received counseling (coded 1) and those who did not (coded 0). The "received counseling" dummy variable was then used to assess whether the demographics or internal family dynamics of mothers who received counseling were different from those who did not using the codes that were developed for Hardesty et al. (2008) (see Table 1). For example, mother's employment status was coded as an orthogonal set: 1 (*unemployed*), 0 (*other*); 1 (*service sector*), 0 (*other*); and 1 (*professional*), 0 (*other*). Also, mother-abuser relationship dynamics were coded similarly: 1 (*ongoing saga*), 0 (*other*); 1 (*clean break*), 0 (*other*); and 1 (*worked it out*), 0 (*other*). The quantitizing of qualitative data is a valid technique for assessing relationships between themes (Creswell & Clark, 2007). In the present study, this technique enabled us to investigate connections between distinct analyses within the same overall research program (i.e., the current analysis with Hardesty et al., 2008).

To answer the second research question, interview transcripts were read for statements about why the women sought counseling. These motivating factors were then grouped into emergent themes (e.g., "reaching a breaking point" vs. "counseling accessible for non-IPV reasons"). Interview data corresponding to these themes were then summarized. Further, the type of counseling that participants indicated receiving was noted, including individual ($n = 13$), couples' ($n = 4$), and support/group counseling ($n = 3$). Overlap was present in four narratives where women obtained more than one type of counseling.

Findings related to the third research question (barriers and facilitators toward seeking counseling) were established by compiling a list of relevant statements made by each participant (e.g., "when I said I was going to counseling she said she would put me out"). Using research team consensus, these statements regarding barriers were grouped into three themes: feelings of shame, anticipated negative consequences, and a lack of known resources. Statements regarding facilitators were grouped into two themes: secure parental rights and their own knowledge of counseling services.

Finally, each mother's evaluation of counseling received was grouped under the themes of "very helpful," "somewhat helpful," or "not helpful," and narrative data for each theme were summarized. We also examined the strategies of counseling that were used as reported by the participants. Key words were then used to label the type of intervention. For example, one participant reported that the mental health professional was "very empowering," so the strategy was coded as *empowering the client*.

RESULTS

Who Obtained Counseling?

Fifteen participants (63%) received counseling during the abusive same-sex relationship, and nine (37%) did not. Table 1 reports demographic and family dynamic comparisons between these groups. Lesbian mothers who received counseling were more likely to be professionally employed and have self-reported mental health issues; we thus infer that they had financial resources and a perceived personal need for help. Regarding their families, lesbian mothers who received counseling had more children, had younger children, and had not made a "clean break" from the abuser. The ongoing relationship was playing a significant role in the help-seekers' lives, perhaps contributing to their perceived need for help. Furthermore, the number and age of children may have indicated more intense parental responsibilities; having younger and more children suggested that the parent had to dedicate more attention to parenting. For example, Mary, a mother of two children, ages 2 and 7, during the start of the abusive relationship, explained how the abuse affected her parenting by not allowing her to give her children the attention they needed: "Whenever things would go bad I'd be depressed and not being able to take care of my kids like I should be. You know, not playful, not as nurturing. That type of thing."

Motivations Toward Counseling

There were two patterns in the data regarding why women sought counseling. In the first pattern, nine lesbian mothers reported seeking help after reaching a breaking point. They described this point as "snapping" (Emily), "anxiety attacks" and "repeated meltdowns" (Angela) and "crying all the time" (Kate) where they "just really had enough" (Francine, Laurie) or were "so sick of this shit" (Kaylee). For example, Francine, a mother of three, described her breaking point that preceded seeking counseling:

> I could no longer take it anymore. I felt like killing myself. I felt like I was isolated. I felt that I couldn't do anything, that my life was just governed by her and uh, it set me back for a while because stress was really, really, really . . . I got so small. I wasn't eating [or] taking my medication. Oh! I was stressed out.

In the second pattern, six lesbian mothers sought counseling because the services were readily accessible to them (e.g., in a prison or shelter), even though they had not yet reached a "breaking point." These mothers accessed help for IPV indirectly by seeking counseling for related (e.g., concerns about their children) or unrelated issues (e.g., coping with the death of a sibling). April, a mother of two daughters, reported seeking counseling for her severe depression that was not directly related to abuse but rather resulted from a traumatic event where she lost several family members. Emily, a mother of two, had also experienced a point in time where she sought help because of the indirect impact of IPV on her daughter. She found "the fact that she [the abuser] had challenged" her daughter to a physical fight intolerable. She did not want "to take the chance of her touching my daughter." Emily's distressing situation with the abuser influenced her to go "to the hospital and [talk] to the counselor there to kind of mediate . . . um [to] convince [the abuser] to move out."

Barriers Toward Seeking Counseling

Barriers to seeking counseling were divided into three categories: feelings of shame, anticipated negative consequences, and a lack of known resources. Regarding shame, seven women felt ashamed about the abuse itself and/or the fact that a woman was perpetrating the abuse. For example, Kaylee, who had a son, was mortified to admit, "Here I am with a female . . . and all my life I've been dealing with abusive men and then I turn right around and I get with an abusive female." Shame also stemmed from not being able to "recognize it," which prevented them from seeking counseling to address the IPV.

Anticipated negative consequences that may be experienced by seeking counseling included: fear of losing custody, encountering prejudiced service providers, fear of retaliation from or toward the abuser, job loss leading to financial dependence, and stigma related to the abuse or being in a same-sex relationship. Six lesbian mothers were fearful of losing custody if a provider discovered the abuse and/or same-sex relationship. For example, Kate, a mother of two, felt she was battling against the odds regarding her legal vulnerability with her children: "I don't feel like I would really have a leg to stand on. I'm a lesbian. I left my

husband, and I'm in an abusive relationship. I think if he challenged me for custody, he could get it. And that's not what I want." Six women feared or had experienced prejudice from mental health providers that prevented them from requesting help a second time. Francine believed that "maybe if the system had not enough quote, un-quote, prejudice . . . if they would've been more supportive, maybe I would've reached out to them quite often."

Three women feared some type of retaliation from the abuser (e.g., more abuse, property damage, or leaving the relationship) should a mental health provider discover the abuse. Kate's abuser told her directly: "If you go to a counselor, you're crazy and then you're going to be telling people about me, and I don't want you telling anybody about me, so if you go to a counselor I'm going to leave you." Two women were afraid to disclose the abuse to providers because of possible consequences for the abuser. For example, Sheila did not want her abuser sent to jail. Finally, in one instance, the abuse survivor had a criminal record, which prevented her from seeking counseling for fear that the abuse would be reported to the authorities.

These lesbian mothers avoided the stigma of being in an abusive same-sex relationship by minimizing or denying the abuse, remaining in the closet regarding their sexual orientation, disconnecting from the LGBT community, or refusing to stay at a domestic violence shelter. Minimizing the extent of the abuse was a barrier toward seeking counseling because "If I wasn't bleeding all the time or if I didn't have the big welts or the big bruises, then it wasn't abuse" (Emily). Emily reported that by not acknowledging her injuries as serious, she would avoid the stigma of being labeled an abuse victim. Jessica viewed her bisexuality apart from the gay community as a protective measure from prejudice and stigma: "Isn't that sad how people's minds think? Because to me, you know, I'm offended. I'm offended when people say you're gay. No I'm not gay. I just like to . . . have different sex." She also attributed her denial to cultural norms because "African Americans . . . have a problem of hiding." This cultural phenomenon of hiding acted as a barrier for Jessica to not seek counseling in order to feel safe in her racial community.

Turning to lack of resources, three lesbian mothers perceived their communities as not having counseling services for lesbian survivors of IPV or described their own ignorance about existing services. Veronica, for example, said, "[when] I don't know what's out there. I don't know what's available. So I don't know what to ask for." In cases where services were known, three women believed that shelters were unsafe, dirty, and an inappropriate environment for children, and one did not know "how they were set up" (Emily) for accessibility for disabilities.

Facilitators Toward Seeking Counseling

Lesbian mothers reported two factors that encouraged them to seek counseling: secure parental rights and their own knowledge of counseling services. Four women were not worried about losing custody of their children if they saw a mental health professional because either the biological fathers were not present or they had an understanding of shared custody with their abuser. After being asked if she had custody concerns, April replied, "Oh no, not at all. We [biological parents] kind of have that type of understanding, but as far as him [the father] wanting to have complete custody, he would never win in court. So that was never an issue for me."

Three lesbian mothers had worked in the domestic violence field. They were aware of resources, services, and the dynamics of abuse. Linda, a mother of three adopted daughters, had worked "over 20 years ago . . . on the other end of all this and I was a counselor in the domestic violence field," which provided her with information on possible counseling services for IPV. Working in the field also meant she "knew all the warning signs of [IPV]."

Types of Counseling Received

Thirteen participants received individual counseling. Four participants attended couples' counseling, including three of the lesbian mothers who also received individual services. Three participated in group counseling, two of whom also received individual and/or couple services. Group counseling was only briefly noted by these participants, therefore the data on this topic are not rich enough to analyze. Not all women explicitly sought counseling because of the abuse and not all told the mental health professional about the abuse.

Individual counseling. The narratives described how mental health professionals worked with the women and whether these clients found it helpful. Counseling strategies included explicit rule setting with abusers, indirect exploration of the abuse, and empowering clients to leave the abusive relationship.

Seven of the 13 lesbian mothers who received individual counseling reported that their mental health professional openly knew of the abuse or believed that the mental health professional was aware of the abuse in their same-sex relationship. Mental health professionals were described as most helpful when they explicitly acknowledged the abuse, encouraged mothers to see that the relationship "was unhealthy" (April) and guided rather than directed the mothers to seek a solution. For example, Angela, a mother of two sons, felt her mental health provider was "very empowering. She didn't try to solve it for me. You know she just gave me some of the tools and just let me sit with it for a week or two weeks, however long our [time between] sessions would be."

Mental health professionals were described as least helpful when they ignored or minimized the abuse or when they treated it as a negotiable relationship problem. For example, even when mental health professionals were gay

or gay affirming, they did not necessarily "get that there was real domestic violence going on" (Emily). Even when presented with evidence of IPV, some mental health professionals reportedly minimized it. For example, Kate felt that her provider was not responsive to her needs:

> He [the counselor] only encouraged me to do whatever, he just says, "Well, what do you want to do?" or "How do you feel about that?" (*laughs*) You know, he never tells me like you can go to the shelter . . . but I think I told him already that I don't want to go to a shelter. So he knows. And you know, he just, no, he doesn't really mention what I can do about the violence. One time I came and I had a really, really, really bad bruise on my arm and I told him what happened and he said, "I think you should go to the hospital." And, but that was it. He never said anything else.

Interventions that minimized the abuse sometimes enabled the abuse to continue. For example, one mental health professional who provided services to Emily and was aware of the abuse reportedly worked with her to establish a dating rather than cohabiting relationship with her abusive partner. On one of their dates, Emily said that "she um . . . beat me up really bad in the parking lot [of the restaurant where they went for dinner]." In this instance, the mental health professional worked with Emily to renegotiate the relationship by setting up dating rules, rather than assessing the abuse extensively and offering direct recommendations for social services based on the severity.

Couples' counseling. None of the mothers solely received couples' counseling. These interventions were either concurrent with individual counseling or obtained after individual counseling had been concluded. Mental health professionals were reportedly aware of the abuse in all four cases of couples' counseling. Similar to the individual counseling that emphasized relationship negotiation rather than intervention for IPV, couples' counselors reportedly emphasized ownership of behaviors as well as setting boundaries and rules. For example, Linda reported that her provider used the approach of mutual responsibility and blame during sessions by emphasizing, "In a couple, you know, everybody has a responsibility." Sandra, a mother of three, experienced a power imbalance after the mental health professional instructed her and her partner to reenact an argument—Sandra found herself "in the corner, and I'm huddled down and she's towering above me."

Perceptions of Counseling

Fourteen of the 15 lesbian mothers who sought counseling reported whether counseling was very, somewhat, or not helpful at all. Half perceived their counseling as "very helpful." The two most important factors in how helpful these women perceived their counseling involved whether the mental health professional addressed the dynamics of their same-sex relationship and their experiences with IPV. For example, Elizabeth, a mother of two, felt that her provider "got it all" and that "she was always there. She always treated it [the relationship] completely." Additionally, most of these women had mental health professionals who explicitly acknowledged the abuse. Five participants felt that their mental health provider was "somewhat helpful" by providing some support but "he really couldn't support me on it [relationship concerns] because . . . he was a male" (Laurie). Some of these professionals reportedly treated the situation "normally," by regarding the couple as heterosexual and/or by not identifying the severity of the abuse.

Finally, two women believed their mental health professionals were not helpful at all. For example, despite one provider's reported effort to be gay-friendly, "on hindsight, he just absolutely did not get that there was real domestic violence going on here" (Emily). Other unhelpful providers failed to attend agreed upon meetings or did not recognize instances of "power imbalances" and manipulation techniques used by an abuser in session. For example, Linda explained: "the first two sessions, you know, she [the abuser] was remorseful—wanted to work on it—and the third session was how it was all about me and my fault." That prompted Linda to "not go back to therapy" because the mental health provider "didn't catch that or nip that in the bud." Not only were difficulties experienced in session, but the two lesbian mothers also experienced initial barriers toward seeking counseling.

DISCUSSION

The help-seeking behaviors of abused lesbian mothers were examined under conditions of barriers and facilitators, particularly focusing on their decisions to seek counseling. Most lesbian mothers in the sample did obtain counseling, whether it was for the abuse specifically or for other types of distress. Characteristics were noted among those women who obtained counseling compared to those who did not. Women who obtained counseling tended to remain involved in an intimate relationship with the abuser, and they were more likely to hold a professional occupation, report mental health concerns, have more demanding parental responsibilities, and have reached a breaking point that motivated them to seek counseling than women who did not obtain counseling. These factors highlight how the added stress of other concerns can exacerbate the abusive situation, thus motivating women to seek and receive counseling. They also suggest that social class may influence help-seeking given that women who did not obtain counseling were more likely to be unemployed or in a service occupation.

In the current study, lesbian mothers reported barriers that prevented them from seeking counseling. Some of these barriers, such as fears related to their children,

are consistent with those reported by heterosexual mothers (DeVoe & Smith, 2003). Barriers unique to this sample of lesbian mothers were feelings of shame related to same-sex IPV, anticipation of negative consequences from service providers associated with being a sexual minority, and lack of lesbian-specific resources. Eaton and colleagues (2008) found that lesbians with a history of IPV endorsed items reflecting a fear of being treated unfairly by law enforcement and courts. Indeed, the lesbian mothers in this sample were afraid of losing custody to the children's fathers, not the abusers, if the abuse were revealed. Legal vulnerability regarding custody of their children is highly unique to this population and should be addressed as a leading barrier to help seeking for counseling.

Legal vulnerability can result from two different forms of discrimination: being in a same-sex relationship and experiencing IPV. This fear of losing custody seems to be of concern if the mother had hostile relations with the father or if her living situation was more economically distressed than that of the father. However, mental health professionals in most states are mandated reporters of a wide range of abuse (e.g., child and adult abuse and suicidality). Given these requirements, some women may have intentionally chosen not to reveal IPV, which may explain why some mental health professionals reportedly were unaware of the violence during treatment. Providers should assess whether fear of losing custody is a concern for lesbian mothers or whether children were affected by the IPV to better serve the needs of lesbian mothers and their children. Inquiring about the children can reduce their invisibility in the abusive household; however, as noted before, such questioning may also act as a barrier driven by fear of the abuse being reported.

In the current study, counseling was perceived as "very helpful" when the mental health professional identified the abusive situation and built awareness of abuse tactics that helped the lesbian mother manage and resolve the situation. In these instances, participants described their providers as effectively addressing both same-sex and abusive relationship issues, which is in accordance with competency guidelines established by the American Psychological Association (APA, 2000). Mental health professionals working in the area of same-sex IPV should educate themselves about same-sex relationship dynamics and same-sex IPV. In addition to knowing about these dynamics, providers should be able to identify the strengths of same-sex relationships and incorporate these strengths into treatment plans. The next step beyond empowering an individual client would be to promote social justice and advocate for change in the therapeutic community to ensure that the needs of abused lesbian mothers are being met, which is in accordance with the advocacy model that Morrow and Hawxhurst (1989) outlined.

Lesbian mothers perceived counseling as "somewhat" or "not at all helpful" when one of these two relationships aspects (i.e., same-sex relationship or IPV) was ignored or minimized, for example, by treating the abuse as a negotiable relationship problem. Mental health professionals should practice only within their area of expertise (APA, 2002). If same-sex relationships are not part of their expertise, providers have an obligation to obtain proper training or make appropriate referrals. Although better able than a decade ago to identify heterosexual IPV (Dudley et al., 2008), therapists may require specialized training to more effectively identify and respond to IPV in same-sex relationships.

For most women (13 of 15), individual counseling was received, with four instances of couples' counseling preceding or accompanying individual counseling. Couples' counseling is seen as questionable with IPV in the literature because of power imbalances and safety concerns (McCloskey & Grigsby, 2005; Rathus & Feindler, 2004). Yet, in our study, one of the mental health professionals reportedly was able to clearly see the power dynamics of the abusive relationship during a couple's session and began safety planning, which was identified as a useful assessment strategy by Istar (1996). However, couples' counseling involving IPV needs to be approached with caution because the costs may outweigh the benefits. An example of costs reported by the participants included the abusers enacting manipulation and intimidation techniques in session. The safety of the client and of any children involved should be the top priority of mental health professionals. Because four women reported engaging in couples' counseling, perhaps mental health professionals were not as quick to recognize the signs of IPV as they might have been in heterosexual relationships. Also, if indicators of abuse were apparent, whether stated by the client or seen through the couple's interaction, crisis intervention efforts should have taken place between the mental health professional and the client by enacting a safety plan as suggested by Peterman and Dixon (2003).

The lack of awareness some mental health professionals may have exhibited regarding abusive and/or same-sex relationships indicates a disservice to a population in need, such as lesbian mothers. McCloskey and Grigsby (2005) suggest that perhaps mental health professionals feel they lack power to influence an abusive situation or might be less willing to modify interventions. However, mental health professionals "are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through continuing education, training, supervision, and consultation" to remain competent in working with LGB clients (APA, 2000, p. 1447). Therefore, through such means of professional development, mental health professionals can build their skills set in working with abused lesbian mothers.

Some lesbian mothers' perceptions of the lack of effective responses and treatment on the part of providers can possibly be due to personal beliefs on the part of mental health professionals. In order to work effectively with this population, providers should attempt to eliminate or

correct personal biases or prejudices with self-exploration and education. By becoming more aware and knowledgeable of the nuances, struggles, and strengths of the LBGT community, providers can gain competency in providing therapeutic services to such clients. There is a need for treatment programs to become more culturally sensitive about the populations they serve and place less emphasis on heteronormative perspectives that can inhibit individuals from seeking services (Bailey, 1996). Mental health professionals can also adopt an advocacy stance to assist in spreading cultural awareness to others and support policy or institutional changes to include same-sex IPV. Our study serves to illustrate the complexity of the lived experiences of these lesbian mothers in an abusive relationship. It not only is a matter of same-sex IPV, but also portrays the intersectionality of parenting responsibilities and issues related to perceived legal vulnerability.

Using secondary data was a limitation of this study because there was no opportunity to re-interview participants for more detailed explanations about their counseling experiences. Nonetheless, our study begins an important discussion for clinicians about abused lesbian mothers' counseling-seeking behaviors. Our study may also serve as an exemplar for students learning how to conduct secondary thematic analyses of qualitative data. Findings from this analysis can be incorporated into graduate/professional training and IPV training for continuing education workshops for mental health providers.

Future research can build upon our illustration of the lives of abused lesbian mothers and their experiences related to counseling. The influence of intersecting cultural identities may be explored further to examine how these shape the experiences of these women and how they affect their decision-making processes. Counseling competencies for working with IPV in the LGBT community can be formulated and incorporated into practice guidelines for mental health professionals. Mental health professionals should also be interviewed regarding the topic of lesbian mothers and IPV. Competencies can then be assessed through future studies that identify the knowledge and skills gap among mental health professionals who frequently work with the LGBT population. Client satisfaction can also be assessed to see whether IPV competencies with same-sex relationships are considered effective. In sum, the literature on IPV and with lesbian mothers needs to be expanded to better serve the needs of this vulnerable population.

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REFERENCES

American Psychological Association. (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, *55*, 1440–1451.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, *57*, 1060–1073.

Anderson, T. K., & Felsenfeld, S. (2003). A thematic analysis of late recovery from stuttering. *American Journal of Speech-Language Pathology*, *12*, 243–253.

Bailey, J. M. (1996). Gender identity. In R. C. Savin-Williams & K. M. Cohen (Eds.), *The lives of lesbians, gays, and bisexuals: Children to adults* (pp. 71–93). Fort Worth, TX: Harcourt Brace.

Balsam, K. F., Beauchaine, T. P., Mickey, R. M., & Rothblum, E. D. (2005). Mental health of lesbian, gay, bisexual, and heterosexual siblings: Effects of gender, sexual orientation, and family. *Journal of Abnormal Psychology*, *114*, 471–476.

Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, *29*, 258–269.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.

Bradford, J., Ryan, C., & Rothblum, E. D. (1994). National lesbian health care survey: Implications for mental health care. *Journal of Consulting and Clinical Psychology*, *62*, 228–242.

Brown, C. (2008). Gender-role implications on same-sex intimate partner abuse. *Journal of Family Violence*, *23*, 457–462.

Browning, C., Reynolds, A. L., & Dworkin, S. H. (1991). Affirmative psychotherapy for lesbian women. *The Counseling Psychologist*, *19*, 177–196.

Coleman, V. E. (2003). Treating the lesbian batterer: Theoretical and clinical considerations—A contemporary psychoanalytic perspective. *Journal of Aggression, Maltreatment, and Trauma*, *7*, 159–205.

Creswell, J. W., & Plano Clark, V. L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.

Daly, J., Kellehear, A., & Gliksman, M. (1997). *The public health researcher: A methodological approach*. Melbourne, Australia: Oxford University.

DeVoe, E. R., & Smith, E. L. (2003). Don't take my kids: Barriers to service delivery for battered mothers and their young children. *Journal of Emotional Abuse*, *3*, 277–294.

Dudley, D. R., McCloskey, K., & Kustron, D. A. (2008). Therapist perceptions of intimate partner violence: A replication of Harway and Hansen's study after more than a decade. *Journal of Aggression, Maltreatment and Trauma*, *17*, 80–102.

Eaton, L., Kaufman, M., Fuhrel, A., Cain, D., Cherry, C., Pope, H., et al. (2008). Examining factors co-existing with interpersonal violence in lesbian relationships. *Journal of Family Violence*, *23*, 697–705.

Elliot, P. (1996). Shattering illusions: Same-sex domestic violence. *Journal of Gay and Lesbian Social Services*, *4*, 1–8.

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, *5*, 1–11. Retrieved November 1, 2009, from www.ualberta. ca/~ iiqm/backissues/5_1/pdf/fereday.pdf

Grover, J. (1990). Children from violent lesbian homes. In P. Elliott (Ed.), *Confronting lesbian battering*

(pp. 42–43). St. Paul, MN: Minnesota Coalition for Battered Women.

Hansen, M., Harway, M., & Cervantes, N. (1991). Therapists' perceptions of severity in cases of family violence. *Violence and Victims*, *6*, 225–235.

Hardesty, J. L., Oswald, R. F., Khaw, L., Fonseca, C., & Chung, G. H. (2008). Lesbian mothering in the context of intimate partner violence. *Journal of Lesbian Studies*, *12*, 191–210.

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

Harway, M., & Hansen, M. (1993). Therapist perceptions of family violence. In M. Hansen & M. Harway (Eds.), *Battering and family therapy: A feminist perspective* (pp. 42–53). Newbury Park, CA: Sage.

Hassouneh, D., & Glass, N. (2008). The influence of gender role stereotyping on women's experiences of female same-sex intimate partner violence. *Violence Against Women*, *14*, 310–325.

Holstein, J. A., & Gubrium, J. (1995). *The active interview*. Thousand Oaks, CA: Sage.

Istar, A. (1996). Couple assessment: Identifying and intervening in domestic violence in lesbian relationships. *Journal of Gay and Lesbian Social Services*, *4*, 93–106.

Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and Family*, *62*, 948–963.

Krippendorff, K. (1980). *Content analysis: An introduction to its methodology*. Newbury Park, CA: Sage.

Malley, M., & Tasker, F. (2007). "The difference that makes the difference": What matters to lesbian and gay men in psychotherapy. *Journal of Gay and Lesbian Psychotherapy*, *1/2*, 93–109.

McClennen, J. C., Summers, B., & Vaughan, C. (2002). Gay men's domestic violence: Dynamics, help-seeking behaviors, and correlates. *Journal of Gay and Lesbian Social Services*, *14*, 23–49.

McCloskey, K., & Grigsby, N. (2005). The ubiquitous clinical problem of adult intimate partner violence: The need for routine assessment. *Professional Psychology: Research and Practice*, *36*, 264–275.

Morgan, K. S. (1992). Caucasian lesbians' use of psychotherapy. *Psychology of Women Quarterly*, *16*, 127–130.

Morrow, S. L. (2000). First do no harm: Therapist issues in psychotherapy with lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 137–156). Washington, DC: American Psychological Association.

Morrow, S. L., & Hawxhurst, D. M. (1989). Lesbian partner abuse: Implications for therapists. *Journal of Counseling and Development*, *68*, 58–62.

National Coalition of Anti-Violence Programs. (2004). *National advocacy for local LGBT communities*. New York: Author.

Owen, S. S., & Burke, T. W. (2004). An exploration of prevalence of domestic violence in same-sex relationships. *Psychological Reports*, *95*, 129–132.

Peterman, L. M., & Dixon, C. G. (2003). Domestic violence between same-sex partners: Implications for counseling. *Journal of Counseling and Development*, *81*, 40–47.

Rathus, J. H., & Feindler, E. L. (2004). *Assessment of partner violence: A handbook for researchers and practitioners*. Washington, DC: American Psychological Association.

Renzetti, C. M. (1988). Violence in lesbian relationships: A preliminary analysis of causal factors. *Journal of Interpersonal Violence*, *2*, 381–399.

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

Renzetti, C. M. (1993). Violence in lesbian relationships. In M. Hansen & M. Harway (Eds.), *Battering and family therapy: A feminist perspective* (pp. 188–199). Thousand Oaks, CA: Sage.

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

Robeson, R. (1996). Lavender bruises: Intra-lesbian violence, law, and lesbian legal theory. In D. K. Weisberg (Ed.), *Applications of feminist legal theory to women's lives: Sex, violence, work, and reproduction* (pp. 378–387). Philadelphia: Temple University.

Simmons, T., & O'Connell, M. (2003, February). *Married-couple and unmarried-partner households: 2000*. Washington, DC: U.S. Census Bureau. Retrieved June 1, 2006, from http://www.census.gov/prod/2003pubs/censr-5.pdf

Szabo, V., & Strang, V. R. (1997). Secondary analysis of qualitative data. *Advances in Nursing Science*, *20*, 66–74.

Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey* [NCJ 183781]. Washington, DC: National Institute of Justice and the Centers for Disease Control and Prevention.

Tjaden, P., Thoennes, N., & Allison, C. (1999). Comparing violence over the lifespan in samples of same-sex and opposite-sex cohabitants. *Violence and Victims*, *14*, 413–425.

Walker, L. E. (2000). *Battered woman syndrome*. New York: Springer.

West, C. M. (2002). Lesbian intimate partner violence: Prevalence and dynamics. *Journal of Lesbian Studies*, *6*, 121–127.

Williams, J. (2002). Parenting in a fishbowl: Gay parents feel pressure to be perfect. *Lesbian News*, *28*(4), 30–31.

Wise, A. J., & Bowman, S. L. (1997). Comparison of beginning counselors' responses to lesbian vs. heterosexual partner abuse. *Violence and Victims*, *12*, 127–135.

World Health Organization. (2005). *Intimate partner violence and alcohol fact sheet*. Retrieved November, 11, 2006, from http://www.who.int/gender/violence/who_mu1lticountry_study/summary_report/en/index.html

Zavos, M. A. (1995). Sexual orientation law in the 1990s. *Trial*, *31*(8), 27–35.