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Intersectionality and Community-Based Counseling: Experience of African American Female Sexual Minority Youth

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This is to certify that the doctoral study by

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Abstract

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MSW, Washington University in St. Louis, 2013

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The social problem examined in this qualitative analysis is the limited available knowledge on the experience of ethnic minorities who are also sexual minority youth. Sexual minority youth are at increased risk of experiencing mental health disparities compared to their heterosexual peers. Due to the increased risk for psychosocial stressors such as substance use, suicidal ideation, suicidal attempts, homelessness, and trauma, clinicians should be aware of the intersectionality of identifying as a sexual minority youth who is also an ethnic minority. The purpose of this qualitative study was to understand the experiences of African American sexual minority female youth ages 18 to 24 who have participated in community-based counseling in central Florida. Crenshaw's intersectionality theory was the theoretical framework. Data collection involved individual interviews facilitated online and via telephone. The sample consisted of five African American sexual minority women between the ages of 18 and 24 who had engaged in community-based counseling. Using thematic analysis, three themes were identified: (a) the need to feel accepted, (b) the importance of normalizing the experience of sexual minority youth of color, and (c) counseling should be accessible and affordable for everyone. The findings from this study can be used to understand the experience of sexual minority women of color and prompt social workers to become culturally competent as it relates to work with this population. Furthermore, this understanding could result in positive social change by prompting further research on sexual minorities of color and potentially developing programs designed to meet their needs.

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Table of Contents

iii

List of Tables

Section 1: Foundation of the Study and Literature Review

Introduction

Data collected by the Centers for Disease Control and Prevention (CDC) suggest significant health disparities existed amongst approximately 2.6 million sexual minority youth in 2017 (CDC, 2019). The health disparities included an increased risk for HIV infections in addition to other sexually transmitted diseases. LGBTQ group also experience some form of disparities in accessing primary healthcare. Despite LGBTQ youth only accounting for 7 to 9% of the nation's population, the youth make up 13 to 15% of the individuals in the juvenile justice system (American Civil Liberties Union [ACLU], 2018).

Sexual minority youth are also at increased risk of experiencing mental health disparities compared to their heterosexual peers (Puckett et al., 2017). The term sexual minority youth include lesbian, gay, and bisexual youth (Wilson et al., 2017). Lesbian, gay, and bisexual youth are more likely to be diagnosed with mental health disorders such as anxiety, depression, and substance abuse (Puckett et al., 2017). Stigmatization, marginalization, and rejection are commonly experienced by sexual minority youth and are likely connected to the mental health disparity amongst the population (Puckett et al., 2017). The youth are also more likely to report suicidal ideations (Bostwick et al., 2014). Research suggests sexual minority youth are twice as likely to contemplate suicide and two to seven times more likely to attempt suicide compared to their heterosexual peers (Bostwick et al., 2014).

There is an additional layer of issues for sexual minority youth who are also ethnic minorities. Sexual minority youth of color are at increased risk of experiencing victimization: sex trafficking, homelessness, substance abuse, suicidality, and exposure to sexually transmitted diseases (Murphy & Hardaway, 2017). These youth are often victims of hate crimes while also experiencing discrimination from their ethnic community (Murphy & Hardaway, 2017).

Research on sexual minority youth of color tends to be limited and often focuses on Black and Latino sexual minority youth (Toomey et al., 2017). Furthermore, the available research tends to focus on negative aspects such as mental health problems, sexual risk, and substance use (Toomey et al., 2017). In practice, there are no research guided frameworks that outline culturally sensitive approaches that may be used to provide the needed support on the sexual minority youth (Toomey et al., 2017). Furthermore, the limited research on sexual minority youth of color provides little to no understanding of culturally informed prevention or protective factors for working with the population (Toomey et al., 2017). This section provides a detailed explanation of the problem statement, purpose, research question, nature of the project, significance, theoretical framework, values and ethics, a review of the literature, and a summary.

Problem Statement

In this study, I sought to address the social problem relating to poor mental health among sexual minority youth, as characterized by lack of access to counseling that is sensitive to their sexual identity. According to Murphy and Hardaway (2017), sexual minority youth who are also ethnic minorities tend to experience discrimination,

harassment, or marginalization. The research surrounding sexual minority youth of color tends to focus on men and ignore the experience of women (Toomey et al., 2017). Due to the increased risk for psychosocial stressors such as substance use, suicidal ideation, suicidal attempts, homelessness, and trauma, clinicians should be aware of the intersectionality of identifying as a sexual minority youth who is also an ethnic minority (Murphy & Hardaway, 2017). A recent study revealed that sexual minority youths continue to experience higher prevalence of suicidal thoughts (1.2 times) and are 1.5 times higher probability of exhibiting depression and anxiety disorders in the period preceding 12 months (Clevenger et al., 2018). Research suggests clinicians should be able to provide resources that mitigate the risk factors (Murphy & Hardaway, 2017). Without a resolution, sexual minority youth who are also ethnic minorities will continue to demonstrate the increased prevalence and risk rates (Toomey et al., 2017). Resolution for sexual minority youth of color means culturally informing existing services to address ethnic minority status and simultaneous sexual minority youth status. This problem is aggravated by the limited available knowledge on the experience of ethnic minorities who are also sexual minority youth (Bostwick et al., 2014). This study provides an understanding of the experiences of American sexual minority female youths in regard to their access to community support programs.

Purpose Statement and Research Questions

The purpose of this qualitative study is to understand the experiences of African American sexual minority female youth ages 18 to 24 who are participating in

community-based counseling in central Florida. Sexual minorities continue to experience problems relating to poor mental health, which is significantly impacted by lack of access to counseling that is sensitive to their sexual identity, and the services that they get tend to be subpar or inadequate (Craig et al., 2015). Moreover, there is limited research on sexual minority women (Baptiste-Roberts et al., 2017). Sexual minority youth who are ethnic minorities experience psychological stressors at increased rates (Murphy & Hardaway, 2017). Through this study, I sought to understand how African American female sexual minority youth describe their experience of community-based counseling in central Florida and deduce their views regarding the most appropriate methods of resolving this problem.

This study focused on the following research questions:

RQ1: How do African American sexual minority female youth, ages 18 to 24, describe their experiences related to addressing intersectionality while participating in community-based counseling in central Florida?

RQ2: What are the appropriate approaches to address intersectionality for African American sexual minority female youth aged 18 to 24 while participating in community-based counseling in central Florida?

Nature of the Doctoral Project

This study used a basic qualitative research design with interviews to understand the experience of African American female sexual minority youth who are participating in community-based counseling in central Florida. The interviews consisted of approximately 10 African American female youth, ages 18 to 24. By using qualitative

methods such as interviews, participants were able to construct the truth about their natural experiences. In addition, interviews that encompass open ended questions helped me to provide unrestrained responses, which are useful in providing an in-depth understanding of the phenomena under perspective. The choice of 10 participants was based on the fact such was adequate to attain data saturation for the study. Indeed, Fusch and Ness (2015) found that in a study, data saturation can be attained with a small sample size as small as 10 participants.

Significance of the Study

As it currently stands, there is a gap in the literature as it relates to ethnic minorities who identify as sexual minority female youth, which depicts insufficiency in practice among counselors and the community that provides support to this unique population. Indeed, the current services and treatments do not appear to meet the needs of sexual minority youth of color. Completing research on the experience of African American sexual minority youth shed light on details of their current experience with social services such as community-based counseling. Further, the findings from this study have the capacity to influence practice in treatment of mental wellbeing among sexual minority youths for better outcome. On the same note, it may also influence formulation of policies by relevant agencies that would help to increase access to services and treatment in line with the principle of health for all. Ultimately, the insight gained may be used to develop policies and services tailored to the needs of this seemingly invisible population.

Theoretical/Conceptual Framework

Intersectionality was the chosen theory to guide this study. Intersectionality is an analytical framework that is applied to create an understanding of how a person's social and political identities are combined to create modes of discrimination or privilege (Abrams et al., 2020). This theory was later developed and coined by Kimberle Williams Crenshaw in 1989, who identified multiple factors that could be used as an advantage or disadvantage to a person (Crenshaw et al., 2013). The factors include gender, sexual orientation, social class, sexuality, religion, and physical appearance (Crenshaw et al., 2013). These intersecting and overlapping social identities could be oppressing, especially when they point at the minority groups.

Ethnicity is a significant component of what impacts the experience of sexual minority youth of color and their service needs (Murphy & Hardaway, 2017). To understand intersectionality, one must acknowledge the multiple components of an individual's identity and experience (Greene & Flasch, 2019). To neglect ethnicity is to denounce or become oblivious to a component of a person's identity. Attention to intersectionality encourages professionals to view ethnicity, gender, class, and sexuality as interconnected variables that shape an individual's experiences (Garcia, 2019). Therefore, intersectionality provided a lens through which to analyze how ethnicity, age, and sexual orientation shape the experiences of African American female sexual minority youth. Moreover, intersectionality engages in a similar manner as triple oppression, which is a form of discrimination for more than two components of person's identity

(Greene & Flasch, 2019). For instance, one may be discriminated against for belonging to a certain race, ascribing to a certain religion, and maintaining a certain sexual orientation.

Intersectionality has been applied in studies to explore different facets of social identities in the community. For instance, Fehrenbacher and Patel (2020) applied the intersectionality theory in primary research as a framework to provide an understanding of the experiences of populations that are situated in multiple forms of oppressions including discrimination. Furthermore, Evans (2019) applied the intersectionality theory as a framework to provide a prominence regarding health and social inequities across intersectional groups. Similarly, Harari and Lee (2021) applied the intersectionality theory to explore the health disparities in research as increasingly being employed intersectionally as a tool to investigate how social characteristics intersect for the generation of health equality. Harari and Lee concluded that if the goal of health equality is to be achieved across intersectional groups, there is need for further research on ways of overcoming limitations.

Intersectionality was chosen as the appropriate theory for this study as it provides an understanding on how the different components of social identity could be explored to understand the experiences of sexual minority, Black Americans in relation to access to mental health support. On this note, sexual minority, Black Americans are social identities that could be discriminated against as suggested by Evans (2019), Harari and Lee (2021), and Fehrenbacher and Patel (2020), hence the choice for this theory that aided in understanding this phenomenon.

Values and Ethics

This study aligns with the National Association of Social Workers (NASW) Code of Ethics (2017) value related to the dignity and worth of the person. The ethical principle aims to ensure social workers are aware and mindful of cultural and ethnic diversity (NASW, 2017). This value promotes learning and an inquisitive mindset amongst social workers. The push and call to continue learning to allow social workers the opportunity to expand their knowledge of various cultures and ethnicities in hopes of being better equipped to provide services to people of various backgrounds. Knowledge and awareness of various backgrounds provide a foundation for social workers to better understand how the varying components of a person intersect and present themselves in a client's behavior. The Code of Ethics guided this study by providing a framework to examine how sexual orientation, gender, and race intersect and impact the provision of services to female sexual minority youth.

Review of the Professional and Academic Literature

The review of the literature for this study focuses on the experience of sexual minority youth as it relates to mental health, stress, treatment, and support. The literature review identifies the current or available interventions and programs for sexual minority youth and briefly discusses training for service providers working with sexual minority youth.

Psychological Risk of Sexual Minorities

Sexual minority youth are at increased risk for psychological issues and experiencing discrimination. Price-Feeney et al. (2019) investigated whether the

intersectionality of being lesbian, gay, bisexual, and other sexual minority youth (LGB+) is associated with adversaries and poor psychological health. LGBT are faced with challenges that are not common among the heterosexuals (Price-Feeney et al., 2019). In addition, sexual minority youth, whether male and female are more likely to have used a substance and develop depressive symptomatology, have low self-esteem, and report high chances of being bullied in comparison with the heterosexual youth (Price-Feeney et al., 2019). Findings by Price-Feeney et al. are in agreement with those by Semlyen et al. (2016), who noted that minority homosexuals are faced with higher cases of low mental wellbeing. According to Semlyen et al., psychological problems are characterized by absence of mental disorder including life satisfaction, poor psychological functioning, and self-realization, a common problem among the sexual minority groups. Indeed, scholars have documented the psychological wellbeing among sexual minority youths, a problem that is associated with the identification by people based on their sexual orientation.

Identification of minority youths based on their sexual orientation aggravates the poor psychological wellbeing. According to Lowry et al. (2017) the identity of youth based on their sexual orientation negatively affects the psychological wellbeing. The common form of identification is broadly categorized as either same sex or non-heterosexual. The findings by Lowry et al. correspond to those by Everett (2015) who noted that discrimination is a cause for psychological problems among youth who are considered as same sex. On the same note, sexual orientation identity may also change with time, which might also affect the mental wellbeing of the youth (Lowry et al., 2017).

Indeed, Lowry et al. noted that the effect of sexual identity on the psychological wellbeing was affected by numerous factors including age, sex, ethnicity, educational attainment among others. Identification of young people as homosexual is more significant than those heterosexuals (Bendixen et al., 2018). Indeed, non-heterosexual population are more vulnerable than others hence the greater psychological effect on their wellbeing than the heterosexuals (Bendixen et al., 2018). Psychological problems as caused by sexual orientations among people are characterized by numerous symptoms.

Mental Health & Stressors of Sexual Minority Youth

Research from various studies has found that sexual minority youth are at increased risk for psychological issues including depression, suicidal attempts, substance abuse, and self-harm (Price-Feeney et al., 2019; Bostwick et al., 2014; Baiden et al., 2020). The chronic stress associated with identifying as a sexual minority youth is likely the root of the increased mental health issues (Price-Feeney et al., 2019). Sexual minority youth are more likely to be in physical fights, be victims of dating violence, and be forced to participate in sexual intercourse compared to their heterosexual peers (Price-Feeney et al., 2019). These youth are also victims of discrimination due to their sexual minority status (Price-Feeney et al., 2019). Poor mental health of sexual minority among the youth is caused by numerous stressors, which has also been covered by scholars in their respective studies.

Sexuality and gender identities among the youth elevate psychological issues and promote mental stress among the youth. According to Fulginiti et al. (2021), there is a relationship between minority stress and mental health symptoms. In the study, Fulginiti

et al. investigated the relationship between sexuality and mental health mechanism as characterized by different suicidal experienced such as suicidal ideation and suicide attempts. From the study, nearly 30% of the participants being transgender, gender queer, or questioning while 24.3% were identified as gay, 17.1% as pansexual, 16.8% as bisexual, and 15.2% as lesbian a structural equation modeling were used as associated with suicidal ideation and suicide attempts (Fulginiti et al., 2021). This study reveals that sexuality and gender identities were associated with psychological and mental stress. The findings Fulginiti et al. are consistent with those by Kittiteerasack et al. (2020) that in the US and other Western Countries, lesbian, gay, bisexual, and transgender (LGBT) [populations are at an elevated risk of having suicidal thoughts and suicidal ideations. On the same note, Keum et al. (2018) found that suicidality among LGBT individuals in Thailand is also associated with suicide thoughts. The findings by Fulginiti et al.; Keum et al.; Kittiteerasack et al. demonstrates the significant relationship between LGBT personalities and suicidal thoughts and ideations.

The research on mental health or stressors for sexual minority youth varies when ethnicity is included (Bostwick et al., 2014). A recent study by Baiden et al. (2020), found that ethnic minorities who are also sexual minority youth consistently have higher odds of attempting suicide compared to their White peers. However, Native Americans were one of the only races to have higher odds of suicidal ideations when compared to their White counterparts (Baiden et al., 2020). Older research by Bostwick et al. (2014), suggests Black and Asian sexual minority youth have lower odds of certain outcomes such as suicidal ideation, planning suicide, and self-harm. Native Americans, Pacific

Islanders, Latinos, and Multiracial groups were found to have higher odds of feeling sad and attempting suicide within the past year (Bostwick et al., 2014). The inconsistencies in findings suggest further research is necessary to understand the impact of ethnicity on sexual minority youth (Bostwick et al., 2014). Studies have also examined the common stressors to mental health.

Scholarly findings suggest that stress and loneliness are primary general stressors for the minority group. According to Fish et al. (2021), despite the fact that stress and loneliness is more prevalent as a general stressor in the general population, it is more elevated among sexual minorities. Indeed, Johnson et al. (2019) found that it is predictor of suicidal ideation among the sexual minorities. In addition, stress and loneliness are aggravated by the fact that the number of sexual minorities in the society is low, which depicts that there are limited chances of sexual minorities engaging with their partners (Kim & Fredriksen-Goldsen, 2016). The problem of loneliness and stress is aggravated by the fact sexual minorities are stigmatized despite the existence of laws that prohibit this (Kim & Fredriksen-Goldsen, 2016). Kim and Fredriksen-Goldsen explored the interrelationship between loneliness as mediated by living arrangement among the lesbian, gay, and bisexual (LGB) older adults, while also considering social resources and personal constraints. From the study, the living arrangement of most LGBT is characterized by living alone, which increases chances of loneliness compared to heterosexuals (Kim & Fredriksen-Goldsen, 2016). Indeed, living arrangement could be a cause for loneliness, a factor that is related to homelessness among sexual minorities.

Homelessness among sexual minorities is also potential general stressors among the population. According to Rhoades et al. (2019), from a nationwide sample of the LGBT youth who were recruited for confidential online survey, nearly a third of them stated to have experienced homelessness (Rhoades et al., 2019). In addition, a significant number of them disclosed that due to their LBBTQ identity, their parents or guardians had rejected them due to their sexual orientation thereby increasing rate of homelessness (Rhoades et al., 2019). Youth with homelessness experienced more symptoms of several mental health disorders and higher rates of suicidality, a problem that is directly correlated to homelessness. The assertions by Rhoades et al. correspond to that by Semborski et al. (2021) who investigated suicidality and homelessness among the LGBTQ youth. According to Semborski et al., the social network of the LBTQ, disclosure of identity may lead to perceived burdensomeness and thwarted belonging for individuals who are homeless. Semborski et al. concluded that disclosure of status, network composition affected homelessness among the LGBTQ. Indeed, youth who never disclosed their sexual orientation to the parents were less likely to be homeless compared to those who reported. Furthermore, there were higher chances of burdensomeness among the LGBTQ youths who disclosed their sexual orientations and thwarted belongings compared to those who never reported (Semborski et al., 2021). On the same note, Ecker (2019) found that homeless LGBTQ adults experience unique physical and mental health challenges. In particular, transgender and gender non-conforming adults experience homelessness get challenged on their safety and gender-

affirming supports. In essence, homelessness is one of the common stressors among LGBTQ youths and minorities.

Studies have also explored lack of support as a possible stressor among the sexual minority youth. Concerning this, Poštuvan et al. (2019) investigated the effects of acceptance and support as possible risk factors or protective actors for the suicidal behavior among the sexual-minority youth. The researcher contextualized their content and support at three levels (societal, social, and individual) and then integrated such into a model. From the review, Poštuvan et al. concluded that inadequate support within the closest social network, questioning of the support movements contributed to development of suicidality among the young people. On the same dimensions Tsai and Papachristos (2015) found that unsupportive reactions could be internalized and manifested homophobic, biphobic, and transphobic patterns among the youths. Similarly, Frost et al. (2016) indicated that social support is an important resource that helps in alleviating different forms of stress that people encounter in their lives. Social support is manifested in the form of day-to-day emotional support, which allows people to share their worries, companionship, and informational support for the decision-making advice on how to cope with chronic strains in life (Frost et al., 2016). Social support is particularly required more for sexual minority youths and lack of it could lead to stress and mental issues.

Lack of support causes more problems among the LGBT as it plays a unique role in comparison to the heterosexuals. According to McDonald (2018), LGBT individuals have unique challenges that can cause burden on their social stress, which commonly stems from stigma and prejudice. However, lack of the social support aggravates their

pain and leads to mental problems because they are exposed to more stress (McDonald, 2018). The assertion is supported by Frost et al. (2016) who elucidates on the relationship between lack of support on the LGBT and social stress theory. Frost et al. explains that developers and proponents of social stress theory posits that individuals who are member of marginalized social groups are exposed to more stress and are faced with fewer resources to cope with the problem, which puts them at a disadvantaged position and greater risk of negative mental health outcome. On the same dimension, Holman (2018) and McConnell et al. (2018) also confirm the findings by (McDonald, 2018) by applying the minority stress theory. The three sources contend that minority stress theory is an extension of the social stress theory, whose proponents posits that minority social groups such as LGBT experience unique form of stress due to a direct occurrence of discrimination, hyper-vigilance, and expectation of rejection. Indeed, they LGBT carry the cognitive burden that is related on the need to manage their visibility on their sexual identity, which is coupled by the application of the negative social attitude towards themselves (McConnell et al., 2018). The ultimate effect of the minority stress is poor mental and physical health as exhibited by disparities in the mental health outcome between the LGBT and heterosexual populations (Holman, 2018; McConnell et al., 2018). In concise, scholars have explored on the need of social support for LGBT and lack of it may lead to poor mental health.

Race and ethnicity are also explored by researchers as a potential stressor that is associated with poor mental health. According to Burns et al. (2015), LGBT people of color may experience greater discrimination level based on their race or ethnicity as well

as their sexual orientation. On the same note, studies suggest that Latino LGBT adults are

more likely to experience discrimination as a stressor than the white participants

(Toomey et al., 2017). However, studies suggest that black LGBT are less likely to be

diagnosed with anxiety, depressive, and substance use disorders in relation to their white

LGBT adults (Bostwick et al., 2015). On the converse, racial and ethnic minority LGBT

individuals are more resilient to minority stress in comparison to the white LGBT

counterparts (Bostwick et al., 2015). Furthermore, LGBT people of color learn easily on

strategies for coping with racism just as the heterosexuals of color do, they exhibit greater

flexibility by downplaying their sexual identities depending on the demands of the social

context, and they easily draw upon the different social communities such as people of

faith and religious groups (Bostwick et al., 2015). As such, scholars have illustrated that

race and ethnic identity could be a cause for LBGT stress.

     Retrogressive political climate is a cause for stressor among sexual minorities.

According to Saewyc et al. (2020) the political climate in the country or region is a

predictor of the level of suicidal ideation among the sexual minority groups. The role of

political climate was evidenced by a significant reduction in the self-harm behavior

among and reduction of suicidal ideation by a significance level of (aOR = 0.89, 95% CI

[0.78, 1.02]) (aOR = 0.87, 95% CI [0.77, 0.99]) respectively (Saewyc et al., 2020). The

findings by Saewyc et al. (2020) were consistent with those by Newcomb et al. (2020),

who investigated then disparities of access to healthcare as mediated by the prevailing

political climate on the topic. Newcomb et al. (2020) concluded that a majority of the

Adolescent sexual minority men reported to having no sexual health care experiences in

the past 12 months, while a large proportion reported to having low to moderate

perceived access to such services amid the politics that related to the topic on sexuality.

This relates to the position by Bränström et al. (2020) who found that retrogressive

politics in some regions, which were characterized by outright discrimination of sexual

minorities by politicians contributed to limited integration of LGBT and subsequently

lack of access to care. Indeed, prevailing politics may twist the political environment and

act as a stressor to sexual minority groups.

Symptoms of Poor Mental Health Among Sexual Minorities

Scholars have explored numerous symptoms of poor mental health among sexual

minorities. According to Schulman and Erickson-Schroth (2017) poor mental health is

not having positive mental health. On the same note, anxiety and depression and low

wellbeing are common symptoms of poor mental health among sexual minorities. Indeed,

the study noted that lesbians, gays, and bisexuals are at higher risk of experiencing

anxiety and depression than heterosexuals (Zhao et al., 2020). Depression is a risk factor

for poor mental health among the sexual minority groups, a problem that is aggravated by

failure to adhere to medication and recommended practices (Zhao et al., 2020). Despite

the fact that there is increasing endorsement of protection of the minority groups,

including sexual minorities, increased stigmatization and self-identities have been

associated with increased depression and anxiety.

Suicidality and self-harm are also a common symptom among the sexual minority

youth. Fish et al. (2019) conducted a study to examine the intersection of sexual

orientation and race/ ethnicity on suicidal ideation and attempts. In particular, the

researcher hypothesized that there is an interaction effect between sexual identity/orientation on suicidal behaviors and ideation. From the study, it was evident that Hispanic lesbians and gay adolescents showed 1.7 times higher probability of suicide attempts. On the same note, Black American bisexual adolescents showed 1.2 times higher chances of suicidal thoughts while American Indians bisexuals adolescents had 2.44 times higher chances of suicide attempts. From a meta-analysis study by Wolford-Clevenger et al. (2018) also revealed that LGBT were around as twice as likely to attempt suicide in their lifetime and have 1.5 times higher probability of exhibiting depression and anxiety disorders in the period preceding 12 months. On the same note, scholars such as Frey et al. (2018); Nydegger et al. (2020) noted that other predictors of suicidal behaviors among sexual minorities included bullying, depression, substance abuse, misuse of prescription, and alcoholism. Liu et al. (2020) although suicidal thoughts and behavior have significantly declined among sexual minority youth, the prevalence remains high and is consistently elevated. Indeed, suicidal thoughts and ideation has been explored as a common symptom among sexual minority group.

Substance abuse is also studied as a probable cause variable or denominator in poor mental wellbeing among sexual minority group. Watson et al. (2018) analyzed data from Massachusetts from 1999 to 2013, investigating trends and disparities in substance abuse: tobacco, alcohol, and cannabis use for heterosexual youth and SMY. Trends in substance use change over time with the patterns showing a worsening situation among females. Furthermore, there were striking disparities in substance use between heterosexual youth and all other sexual minority groups, which is an indicator that the

latter group tends to use substance more a problem that the researcher attributed to stress and depression. Indeed, Watson et al. recommended the need to address the needs of the LGBT population to avert possible substance abuse. Rosner et al. (2021) furthered the research on the topic of substance abuse among the sexual minorities with the intent of determining the relationship between sexual minorities' youth and mental health. According to Rosner et al., all Sexual minority bisexual men showed higher odds of the past month in drinking in relation to heterosexuals. Bisexual women showed higher odds for the use of all analyzed substances in relation to heterosexual women. Furthermore, urbanity and unmet mental health needs were associated with significantly higher odds of substance abuse such as Chemsex drug use and binge drinking. Similarly, Mereish (2019) established a link between drug abuse and mental health indicators as mediated by higher drug abuse.

Low wellbeing score is also a symptom of poor mental health among sexual minority youths. According to Austin et al. (2017), minority sexual youths recorded lower wellbeing score, which was associated with bullying victimization, and low subjective social status, and health-related quality of life compared to complete heterosexuals. Indeed, there was a significance difference in the score among the heterosexuals and sexual minorities at p-values <0.05 (Austin et al., 2017). The level of difference between the two groups elevated substantially when bullying and subjective social status was included in the multivariate analysis (Austin et al., 2017). Semlyen et al. (2019) also contended to the assertions by Austin et al. (2017) noting that sexual minorities recorded the lowest Warwick-Edinburgh Mental Wellbeing Scale

(WEMWBS) in the analytic sample used in the study. Low WEMWBS is an indication that that they fell in the lower sex-specific quartile score compared to the heterosexuals (Semlyen et al., 2019). WEMWBS has been validated as a measure of the positive mental health, which covers a diverse range of concepts including absence of mental disorder, subjective happiness, satisfaction in life, proper psychological functioning as well as self-realization (Semlyen et al., 2019).

Research on Sexual Minority Women

As previously mentioned, research on sexual minorities tends to focus on men (Toomey et al., 2017; Baptiste-Roberts, Oranuba, Werts, & Edwards, 2017). Research on the health of both women and transgender populations is limited (Baptiste-Roberts et al., 2017). The available research suggests sexual minority women appear to be experiencing a health disparity (Baptiste-Roberts et al., 2017). These women report poorer mental and physical health compared to sexual minority men (Baptiste-Roberts et al., 2017). Sexual minority women also report less access to health care which results in less utilization of health care (Baptiste-Roberts et al., 2017). On the same note, Schulman et al. (2017) concluded that although sexual minority in women and transgender women is increasingly becoming visible in the recent past, they continue to face significant levels of discrimination, stigma, and physical violence. Similarly, Toomey et al. indicated that sexual minority group continues to face a wide range of variety health disparities including mental illnesses as well as substance abuse disorders, without appropriate social support being provided. In relation to this, Seelman (2019) concluded that both sexual minority women and transgender women show higher rates of mood disorders,

anxiety, and suicidality than the heterosexual counterparts. Schulman et al. and Seelman recommends further work on sexual minority and transgender women because there exists a gap on having a culturally informed services for sexual minority women, culturally informed training for health care workers, and research to identify culturally informed interventions (Baptiste-Roberts et al., 2017).

Research on Remedies to Sexual Minority Mental Health

Scholars have explored different approaches that can be applied to promote mental wellbeing of sexual minority youths. The concepts may include social support, family and community support, programs and services, community-Based educational interventions for service providers.

Social Network Support

The concept of social support has been operationalized in the past decades in providing solution to different problems in various ways. Bowling et al. (2018) perceived that social support is the degree to which a person anticipates that support of some kind will be available to him or her when it will be needed. Stojanovski et al. (2020) expounded on the general construct of the anticipated support being manifested in the social scientific exploration of people's social support network. Social support network may reflect structural support in the documentation of the people's connection with providers of the support, the different roles they have in the network as well as the types of support that they provide (Stojanovski et al., 2020).

Scholars have explored the importance of social support to the sexual minority youths. According to Qi et al. (2020) there is a positive association between perceived

support and indicators of mental wellbeing and sexual health. LGBT adolescents report lower quality of their social relationship than their heterosexual counterparts, which accounts for mental health disparities that are observed between the two groups (Hu et al., 2020). As such, social support from peers, whether LGBT counterparts or heterosexuals, parents, and other adults are essential in enhancing their mental health, education outcome, and psychological wellbeing (Hu et al., 2020). LGBT peers have shown that they can provide more support to deal with minority stress compared to parents and heterosexual peers. In agreement to Qi et al. (2020) noted that sexuality related social support buffers the negative aspects of minority stress on emotional distress.

The special characteristics of sexual minority coping with the life suffer a unique role that is played by non-familial support from others who are considered as LGBT. For instance, when individuals who have concealable stigma in presence of others, especially heterosexuals, it enables them to share their stigmatized identity, and their psychological well-being gets better (Stojanovski et al., 2020). The findings are in line with the minority stress theory that suggests that social support from people with similar identity helps to elevate the self-esteem (Stojanovski et al., 2020). However, research is not comprehensive about the degree to which LGBTs seek social support from members of their sexual minority communities. Classic research has demonstrated that LGBTs often face rejection from their biological families, and through the concept of the social support, they resort to their "chosen families", which includes their social networks (Hu et al., 2020). The chosen families help the sexual minority groups to have strong familial-

like bonds with similar others who share the same sexual orientation, and therefore they can understand each other and contend with the environment that is free from rejection and negative perceptions.

Social networks could be formed on the basis of various intersections of race, gender, and sexual orientation. However, Perales and Campbell (2020) noted that variability may exist at the intersections of race, gender, or sexual intersections. For instance, studies revealed that there is smaller social support network when LGBTs coalesce on different racial identities (McDonald, 2018). In addition, black Americans and Latino LGBTs may experience more rejection from their families as well as same race peers due to their heightened religiosity among the two communities (McDonald, 2018). The intersections of the race/ethnicity, gender, and sexual orientations reveal important differences in support from their LGBT individuals. Indeed, there are disparities in the accessing of the resources, which translate to differentiated quality of social support (Perales & Campbell, 2020). Women report less community participation in comparison to men while racial minorities report less participation in social networks than whites (Perales & Campbell, 2020). With the understanding on the intersectional differences in presence of both the family and LGBTs in individual social support network is necessary as it gives the importance of familial connections (Perales & Campbell, 2020). Indeed, scholars have illustrated that social network support creates a familial connection that allows sexual minorities to share their thoughts and concerns to colleagues and hence promote their mental, physical, and psychological wellbeing.

Family and Community Support for Sexual Minority Youth of Color

Sexual minority youth of color challenge the heterosexual norms associated with ethnic minority communities (Swendener & Woodell, 2017). The presence of homophobia in ethnic communities has a significant impact on the experience of sexual minority youth of color (Swendener& Woodell, 2017; Pastrana, 2016). The homophobia in ethnic communities forces sexual minorities to learn to navigate relationships amongst their ethnicity due to stigma associated with their sexual identity (Swendener& Woodell, 2017). Sexual minorities of color may shy away from coming out to their families due to fear of being shunned by the family and community they depend on while seeking refuge from racism in the outside world (Pastrana, 2016). Therefore, material and emotional support are viewed as valuable resources for sexual minorities (Swendener& Woodell, 2017). Research findings suggest perceived family support and GLBTQ community involvement are positively linked to psychological wellbeing for sexual minorities of color (Kavanaugh et al., 2020). Furthermore, community involvement in the GLBTQ community empowers sexual minorities of color by providing healthy coping mechanisms (Kavanaugh et al., 2020).

Researchers have also noted that there is need to provide necessary support for the sexual minority groups to solve the issue of disclosure to family members. According to McElvaney and Nixon (2020), Black and Latino youths were less likely to share their sexual orientation to their parents in comparison to their white counterparts. In addition, Grafsky et al. (2018), found that racial and ethnic differences in the level of disclosure were evident. Across the racial-ethnic groups, youths cited fear of disclosure as a

potential cause for rejection, and their reactions (Mitrani et al., 2017). On the same dimension, there are racial differences in the level of perceived family support, which depicts parental acceptance or rejection across this social group. Indeed, from a study conducted by Bauer and Scheim, (2019), only one group reported higher levels of parental support for the white youths. The level of acceptance and rejection also varied between genders (Toomey et al., 2017).

Current Programs and Services for Sexual Minority Youth

Despite the need for services and support for sexual minority youths, the services offered tend to be subpar or inadequate (Craig et al., 2015). Sexual minority youth report experiencing discrimination and having negative experiences when they do receive services from health care and social service providers (Craig et al., 2015). There is a clear need to educate service providers and identify culturally sensitive and informed interventions for sexual minority youths (Craig et al., 2015).

Some research suggests using a family systems approach when working with sexual minority youth and their families (Doyle, 2018). A family systems approach allows the youth and family to examine patterns of emotional functioning and differentiation (Doyle, 2018). During the process families will identify family patterns, examine factors associated with birth order, use genograms, process family trauma, learn healthy communication and boundaries, participate in conflict resolution, and establish an understanding of appropriate emotional intimacy (Doyle, 2018). A family systems approach is recommended because it does not focus on changing one person but instead

promotes the development of healthy emotional interactions amongst the family (Doyle, 2018).

Strengths-based approaches have been examined as well. A strengths-based approach allows the client to identify current strengths and use them to achieve future goals or success (Craig & Furman, 2018). Two strengths-based programs were studied by Craig and Furman: Affirmative Supportive Safe and Empowering Talk (ASSET) is a school-based group intervention, and Strengths First (SF) is a one-on-one care coordination intervention (Craig & Furman, 2018). Both programs were used with sexual minority youth. Participants from both programs reported program satisfaction, improved quality of life, and learning better ways to deal with their problems (Craig & Furman, 2018).

Community-based educational interventions (CBEI) is a model that was studied and used to examine professional training designed to improve competence for service providers working with sexual minority youth (Craig et al., 2015). CBEI is an educational training delivered by a community-based organization (Craig et al., 2015). The goal of the training model is to equip service providers with the necessary knowledge and skills to work with a specific population such as sexual minority youth (Craig et al., 2015). Results from the study found that service providers' level of knowledge increased after participating in the CBEI training focused on sexual minority youth (Craig et al., 2015). The increase in knowledge was positively associated with improving the attitude and commitment to work with sexual minority youth (Craig et al., 2015).

Community based organization have also been viewed as a critical source of support for the sexual minority youth. However, the findings indicated that there were disparities in access to the services based on ethnical or racial grounds. Indeed, according to Chan et al. (2021), the experiences in the CBO services varied across subgroups of the youth. For instance, found that attachment to the LGBTQ community did not reduce the risk behaviors among the Latinos and Black Sexual minority groups. On a contrasting view, Fish et al. (2019) concluded that CBO was helpful in mitigating against sexual harassment among the black lesbians. Furthermore, another study indicated that CBO that focused on Black female youth helped to foster agency to identify exploration of this population. CBO are not accessible to all youths. In a study, it emerged that only a few black lesbian adolescents participated in seeking support, a problem that was attributed to insufficiency of the undertakings (Fisher et al., 2012). On the same note, Latino youth felts uncomfortable seeking medical care for the HIV positive sexual minorities in comparison to the white counterpart. (Fisher et al., 2012). The findings indicate that despite the availability of the CBO as source of support for the groups, they may be inadequate in their content or approach for sexual minority youths.

Summary

The current research on sexual minority youth has several gaps. The research reviewed here has a limited focus on sexual minorities of color and even less on females. Female sexual minority youth of color are a specific subgroup of sexual minority youth who may require specific support and treatment from social service providers. Without additional research to examine the intersections of gender, race, and sexual orientation, I

fear female sexual minority youth will receive inadequate support and treatment from social service providers. Section 2 is a discussion of the research design, methodology, data analysis, and ethical procedures.

Section 2: Research Design and Data Collection

Introduction

Currently, there is limited available knowledge on the experience of ethnic minorities who are also sexual minority youth in regard to their mental wellbeing and access to services and treatment (Bostwick et al, 2014). This qualitative study addressed the experiences of African American sexual minority female youth ages 18 to 24 who have participated in community-based counseling in central Florida. Section 2 details the research design, method for data collection, data analysis, and ethical procedures. The section is concluded with a summary.

Research Design

The purpose of this qualitative study is to understand the experience of African American sexual minority female youth. This study used a basic qualitative research design with interviews to understand the experience of African American female sexual minority youth who are participating in community-based counseling in central Florida. Ten African American female youth, ages 18 to 24, were interviewed. By using qualitative methods such as interviews, participants were able to construct the truth about their natural experience. For this study, the term sexual minority youth included lesbian, gay, and bisexual youth (Wilson et al., 2017).

I applied a qualitative research approach to provide an understanding of the topic and provide answers to the research questions. The qualitative research method entails collection and analysis of non-numerical data including text, video, and audio in a manner that helps to unveil common and divergent themes and opinions regarding

experiences of sexual minority female youth (Weil, 2017). The qualitative research method allows an in-depth understanding of the topic, as it is based on unrestricted views and responses from participants who share their experiences (Weil, 2017). Weil (2017) notes that the qualitative research method is the most appropriate when participants are required to share their personal lived experiences for greater insight and in-depth understanding. As such, through the use of the qualitative research method, I gained an understanding of the experiences of the sexual minority youths in Florida.

The quantitative research design was not appropriate for this study. According to Queirós et al. (2017), quantitative research is most appropriate for studies that are objective and deductive in nature. Quantitative studies entail collection of data that can be converted into numerical for subsequent statistical analysis and test hypotheses. However, the current study was designed to provide answers to the research questions and not to test hypotheses. On the same note, using a mixed research method was not appropriate for this study as it encompasses use of both qualitative and quantitative research approaches.

I used a phenomenological research design. A phenomenological research design is used when the researcher is collecting qualitative research data with a focus on the lived experiences of the participants (Moustakas, 1994). I intended to provide a detailed description of the phenomena of study, which is experiences of sexual minority youths, an objective that could be well attained by the use of the phenomenological research design. Therefore, this research design becomes more appropriate when conducting qualitative studies. Indeed, Korstjens and Moser (2017) explained that the

phenomenological research design collects qualitative data and information with the use of interviews, which allows researchers to share their experiences for a deeper insight regarding the phenomenon of the study. Using the data collected from participants, the researcher can interpret the findings to get meaningful information that would provide answers to the research questions. Korstjens and Moser further merits this research design as it allows for an exploration and description of the phenomenon under study, collection of data based on personal voices, exploration of the significance, and interpretation of the data.

Methodology

The data collection method for this study was individual interviews. I used a semi-structured interview format. An interview instrument was developed to ensure all participants were asked the same questions (see Appendix A). However, the semi-structured format allowed me to ask questions consistent with the flow of the conversation and probe as necessary throughout the interview. Each interview audio was recorded with permission from the participants. The interview guide or questions were designed to understand the experience of African American female sexual minority youth with community-based counseling and how support and treatment from community-based counseling could be implemented in a way that is culturally competent and sensitive.

Semi-structured questionnaires were chosen as the research instrument as it allows generation of deeper insights concerning the phenomenon, while still remaining within the scope of the study. Furthermore, semi-structured interviews also grant the

researcher some degree of flexibility to probe further on the issues that arise during the interview (DeJonckheere & Vaughn, 2019). To enhance validity of the research instrument, I conducted a pilot study using a few colleagues, who scrutinized the relevance of the questions, detected flaws at an early stage, and identified potential problems that necessitated some form of adjustments and alignment to the objective of the study. More importantly, the research instrument was developed while understanding the participants were youth, and hence the questions were not lengthy to avoid boredom and enhance reliability of the responses.

Participants

In this study, the target populations were community-based counseling agencies in Florida. From hundreds of community-based counseling agencies, different categories of clients can get treatment and counseling, including sexual minority youths. However, I sought to determine whether the sexual minority female youths were getting adequate support that is sufficient and up to the needed standards. Two local community-based counseling agencies were identified as community resources for the LGBT community. The agencies provide weekly support groups for LGBT youth, group counseling, and individual counseling. Therefore, the agencies and their clientele served as great resources for obtaining participants. Fliers were created and placed at the facilities. Social workers and other helping professionals working at the facilities were asked to refer clients for the study.

Sampling

I applied a snowball sampling technique. The snowball sampling technique is a referral sampling non-probabilistic technique that allows the researcher to access sample participants with specific traits that are rare to find. Using this method, I relied on referrals from social workers and other helping professionals working at the facilities. The snowball sampling technique was the most appropriate, as I was interested in working with sexual minority female youth, African Americans, who have sought counseling from the community support agencies. This was a category of people who are rare to find, and hence it was not easy to assemble them as samples for research. It was more productive to rely on referrals from people with information about them. Five participants were interviewed. I never saw the faces of any of the participants. All Zoom interviews were recorded without video to decrease concerns around confidentiality and recording of the interviews. Each interview took 30-45 minutes.

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Data Analysis

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For this qualitative research, I used a thematic analysis method. Under this analytical method, the following steps were followed: familiarization with the data, coding, generation of themes, review of themes, re-defining and naming themes, and compiling the findings report. During the familiarization stage, I transcribed the data using computer aided software OTranscribe to get it in textual form. The next process was coding the data, which involved the use of NVIVO 10 software to convert the data from the initial large volume texts to (codes) that represented the huge textual content. The third step in analysis involved identification and highlighting of the most relevant

themes, which encompassed identification of the phrases and sentences that match the emergent themes.

Identifying codes and themes requires several readings or reviews of the transcripts. Computer programs including digital spreadsheets were used to organize the data. I implemented perspective triangulation to enhance validity of this qualitative study. The fourth step entailed a comprehensive review of the themes in order to ensure that they created data that were useful and accurately represented to provide answers to the research question. In this case, some of the themes were removed, while some codes were made into complete separate themes. In the fifth step, I defined and renamed the themes to come up with succinct and easy to understand themes to provide answers to the research questions.

I was keen also to conduct a perspective triangulation, which involves intentionally seeking participants with various perspectives in hopes of there being nuance and range in the data set (Ravitch & Carl, 2016). I also implemented participation validation strategies or member checks. Member checks allowed me to check-in with the participants and allowed the participants to challenge the interpretation of the data and/or accuracy of the transcripts (Ravitch & Carl, 2016).

Ethical Procedures

I had numerous ethical concerns that needed to be addressed to protect the rights of the participants as well as allow them to provide relevant and accurate response that would provide answers to the research questions. First, there was a concern about the protection and privacy of human subjects. Secondly, I was aware that some of the

questions may make the participants feel anxious or shameful. In addition, the issue of confidentiality was a primary concern for participants, which needed to be addressed through relevant approaches.

Before conducting the study, I obtained approval from the Institutional Review Board (IRB of Walden University approval number: 12-15-20-0986037). In regard to the anxiety concerns, I adhered to the IRB's ethical principles, which call for respect for all people. In addition, I adhered to the ethical principle which emphasizes minimizing risks to participants and maximizing benefits to the participants and society. Once approval was granted, participants completed informed consent and confidentiality forms. The informed consent acted as a guarantee to the participants that their rights were protected, while also informing them of their right to withdraw from the study at any point. On the same note, to ensure privacy, names and contact information were not included in the study. Releases identifying how the recordings will be stored and used were provided for each participant. All forms and recordings will be saved and stored in a locked file cabinet in my home office for 5 years before being destroyed.

Summary

Section 2 includes a review of the research design, methodology, data analysis, and ethical procedures. I interviewed five African American female sexual minority youth who have engaged in community-based counseling. The interviews were recorded, transcribed, and then coded. All necessary consent and release forms were provided to ensure the study is aligned with the ethical procedures of the IRB. Section 3 presents the findings from the qualitative study.

Section 3: Presentation of the Findings

Introduction

The purpose of this qualitative analysis was to understand the experience of African American female sexual minority youth who are participating in community-based counseling in central Florida. The research question was: How do African American sexual minority female youth, ages 18 to 24, describe their experiences related to addressing intersectionality while participating in community-based counseling in central Florida?

A qualitative study was conducted using a semi-structured interview guide with five participants who volunteered to participate in the study and matched the participant criteria. Nonprobability purposeful sampling was used to ensure the chosen participants were members of the target population, had experience with counseling, and were willing and able to participate. Inductive coding processes were deemed appropriate for this study due to the desire for the study to be more descriptive and provide understanding (Ravitch & Carl, 2016). The data from participants were audio-recorded and then transcribed by Rev, a transcription service. Once all transcriptions were received, the data were entered into an Excel spreadsheet for coding, analysis, and synthesis. Codes were drawn from the raw data. Categories were identified to summarize the meaning of the data and to allow themes to emerge.

In Section 3, I present the data collection, analysis process, and techniques that were used to answer the research question. Section 3 includes a description and summary of the findings, along with emerging themes.

Data Analysis Techniques

The Walden University IRB gave approval for the study on December 12, 2020. After receiving the approval, the recruitment phase of the study began. Two local community-based agencies located in central Florida were provided flyers to assist in the recruitment efforts. The study was also listed as part of the Walden University participant pool. Five participants who met inclusion criteria responded via email and agreed to participate in the study. After reviewing the consent form, which was also provided via email, all five participants gave consent. The five participants were interviewed via telephone or Zoom and audio recorded with their consent. As previously mentioned, the interviews were semi-structured. Each interview lasted approximately 30 minutes. Each participant was given a pseudonym to avoid issues with confidentiality for the data collection and analysis. Furthermore, the participants and I never saw one another.

All interviews were started by reviewing the informed consent information that each participant had previously consented to, identifying the purpose of the study, the number of questions and approximate duration, the member checking process, and confirmation of consent to record. The member check consisted of the transcript being sent to the participant via email and the participant having the opportunity to review their transcript and make clarifications if necessary. During the Zoom interviews, the audio was recorded via the Zoom application. Phone interviews were recorded using an audio recorder, and the voice recorder on my laptop was used for backup purposes. All recordings were password protected and saved to my password-protected laptop. I also wrote in a notebook that was used to take notes during each interview.

The semi-structured interview consisted of 11 questions (see Appendix A). Eight of the questions were open-ended, and three were close ended. The semi-structured format allowed me to ask follow-up questions when necessary. I also responded with summaries of the participants' responses to ensure I accurately understood what they were saying. At the end of the interview, participants were asked if they had any comments, questions, or concerns. The interviews were concluded by thanking each participant and ensuring that they would receive the promised compensation, a $5 Amazon gift card, via email.

Data triangulation was used, as evidenced by the use of multiple sources for data collection and analysis (Ravitch & Carl, 2016). Five participants were interviewed using the same semi-structured interview guide. Upon completion of each interview, the audio recordings were uploaded to Rev and transcribed for a fee. During recordings, participants' names were not said, and therefore, their identity was not revealed. Once all transcripts were received, each participant was emailed a copy of the transcript for the member check. The participants were able to review the transcripts to ensure the information was an accurate reflection of their views.

Inductive data analysis was used to analyze the data. Inductive coding prompts researchers to stay close to the data, meaning codes pulled from the data may be literal words stated by the participants (Ravitch & Carl, 2016). After organizing the data, the first round of coding took place. During the first round, I familiarized myself with data and identified repetitive words, phrases, and concepts. During the second round of coding, I reread the data and summarized and condensed the data into categories. The

categories then led to the development of themes. Themes consist of concepts that

represent generalizations from the data set (Ravitch & Carl, 2016). All documentation of

this study, including notes, audio recordings, and drafts, are required to be kept for a

minimum of 5 years in accordance with Walden University's IRB.

Limitations

There were two limitations present in the study. Due to the ongoing pandemic,

participant recruitment was difficult. The recruitment method consisted of flyers being

shared in community-based agencies. Due to the pandemic, many agencies were limited

to providing telehealth services. Consequently, the flyers were not seen by many, and the

bare minimum of participants volunteered for the study.

Secondly, the interviews for the study were conducted via Zoom or telephone,

depending on the participant's preference. Due to the pandemic, face-to-face in-person

interviews were not an option. As a clinician, I prefer to be able to observe body

language. The inability to interact with clients in person and observe body language may

have resulted in missed opportunities to gain more detail or insight into participant

responses.

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Findings

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Sexual minority youth, regardless of race or gender, share several similarities

when it comes to both risk factors and protective factors. Counselors or therapists

working with sexual minority youth have the chance to provide culturally competent care

(Craig et al., 2015). Support, affordability, and access were the three main themes that

emerged from the interviews. There appears to be a need and desire for counselors to

create a welcoming environment that allows clients to explore and discover their true selves without fear of judgment and normalize their experience. The services must be more affordable and easily accessible.

The sample for this study was composed of five African American women, ages 18 to 24, who identified as sexual minority youth. The mean age of the participants is 23.2. Two of the participants identified as lesbian, and three identified as bisexual. Three of the women identified as middle class, and the class or socioeconomic status of the other two participants is unknown. Lastly, all the participants were African American women (See Table 1). Participants were given the pseudonyms of P1, P2, P3, P4, and P5 to protect their identity. Participants are quoted to provide support for each of the identified themes.

Table 1

Breakdown of the Participants' Demographic Information

	Age	Sexual orientation
Participant 1	24 years old	Lesbian
Participant 2	22 years old	Lesbian
Participant 3	23 years old	Bisexual
Participant 4	24 years old	Bisexual
Participant 5	23 years old	Bisexual

The main research question is as follows:

RQ1: How do African American sexual minority female youth, ages 18 to 24, describe their experiences related to addressing intersectionality while participating in community-based counseling in central Florida?

With the thematic analysis of the interviews with the five participants of the study, I generated 17 themes in response to the main research question. In this research, the themes with the greatest number of references were considered as the major themes of the study or the most significant data. The major themes were followed by minor themes or the other important themes with fewer references. Subthemes were also added to provide explanations and detailed examples under the parent themes as deemed needed. Table 2 contains the breakdown of the number of themes generated from the analysis.

Table 2

Breakdown of the Number of Themes

Thematic category	Major themes	Minor themes	Subthemes	Total
TC1. Experiences of community-based counseling	5	2	5	12
TC2. Recommendations to improve community-based counseling	1	4	0	5
	6	6	5	17

During the analysis, I found the need to include thematic categories to better explain or answer the research question. The themes were divided into two thematic categories or the overall experiences of community-based counseling, and the

recommendations of the participants to improve the community-based counseling based on the perceptions and experiences of the participants. Table 3 contains the breakdown of the actual themes of the research study.

Table 3

Breakdown of the Actual Themes

Thematic category	Themes	Number of themes	Percentage of themes
TC1. Experiences of community-based counseling	Accepting and understanding oneself over time	4	80%
	Having initial issues with coming out, but counselling helped them accept and understand their true selves	4	80%
	Becoming more open to other individuals and socialization	4	80%
	Developing preferences when choosing counselor *Those who can relate and connect with them *Those who are part of the LGBT community and are African American *Those who can reassure them of privacy and confidentiality *Having the perception that women counsellors are more understanding *Needing the counselor to have a high sense of professionalism	4	80%
	Understanding the factor of social class in accessing counselors	4	80%
	Seeking support and guidance from mentors	1	20%
	No preference on race or gender of counselor	1	20%

TC2. Recommendations to improve community-based counseling	Needing counselling to become more affordable and accessible for the younger generation	4	80%
	Needing increased awareness of the value and importance of community-based counseling	1	20%
	Teaching the younger generation the importance of making own decisions	1	20%
	Creating community-based counseling programs targeted to the LGBT community's issues and needs	1	20%

Note: Subtheme/s

Thematic Category 1: Experiences of Community-Based Counseling

The first thematic category of the study explored the actual experiences of the participants on community-based counseling. Four of the interviewed participants successfully accepted and understood themselves over time. Further, four of the participants also admitted that they had initial issues with coming out, but counseling assisted them in their journey. Another four of the participants shared that becoming open to other individuals and socializing were improved with counseling. Meanwhile, four of the participants also had their own preferences when choosing a counselor. Subsequently, three participants noted that they were aware that social class was a factor in seeking help or counseling. Two other minor themes received just one reference, respectively, which may need further research to solidify their trustworthiness; these were the experiences of seeking support and guidance from mentors and having no preference on race or gender of the counselor.

Major Theme 1: Accepting and Understanding Oneself Over Time

The first major theme of the study discussed four of the participants' acceptance and understanding of themselves as they matured and grew older. Participant 1 shared how she became more mature over time concerning her sexuality and other life issues. This participant emphasized that this improvement in her life was a positive influence of counseling, saying:

It has enabled me to reason out maturely. Because as time goes, you know I'm 24 now I'm more mature not like in the person I was around 18. So, my level of thinking is very different, and also, the things that I can address in my counseling sessions are matured things. Not the little small things that one experiences when he or she is coming out. I'm able to even deal with issues in a mature way and to like talk out my problems in a better way and in a more involved manner where I'm involving many people who can support me. Not only many people but people who are supportive and who has value in my life.

Participant 2 echoed that indeed, being older makes one feel more at ease and comfortable with oneself. She admitted that she got better over time, commenting:

As I got older, it was way better. People didn't even see me as, because I was in high school, and everybody was young. In middle school, elementary, everybody just considered me as, I was an outcast, a tomboy, out of all the girls. As I got older, I want to say around 11th, 12th grade year, that's when everybody seemed more comfortable with it. Wasn't seeing me as the gay girl, more so just [name], or me.

Furthermore, Participant 3 highlighted that age is a big factor in understanding self and knowing what to fight for in life. This participant also pointed out the role of receiving the right services to achieve this mindset and condition, saying:

> My age, my age has made me realize that as time progresses, you get to know what to advocate for. Like you're able to stand for yourself and, you know, already, if you're having challenges, you can go to someone and address them and just being a Black doesn't make you less. And you have a right as long as the services are there. Yeah.

Finally, Participant 5 echoed that age allowed her to mature and understand herself better. She shared how with age, she was able to gain more confidence and make more informed decisions in life. The participant narrated:

> My age is, I think that period from around 17 to 24, it has made me discover myself more. It just made me realize that as time goes, you get to know more about yourself. You get to gain more confidence, as long as you associate yourself with the right people, as long as you choose not to make yourself feel less. Also, as long as you make sure that you address all your problems to the counselor, making your friends, have someone to talk to any time you feel like you're not okay.

Major Theme 2: Having Initial Issues on Coming out, but Counseling Helped Them Accept and Understand Their True Selves

The second major theme of the study focused on the challenging experiences of the participants before counseling and how the service helped them accept and

understand their true selves. Participant 1 admitted that her journey was initially filled with challenges. However, she was fortunate that she was able to seek support from those who understood her and build the right skills to manage her psychological and emotional struggles. The participant narrated:

> My experience in the first like before coming out it was a bit of a challenge. Also, when I decided to come out, I also experienced some challenges. But with time I was able to adjust and seek support. So, that one was very necessary and just associating myself with people who accepted me for who I am was very, very important.

> I will say it is not a very easy one, especially when one is trying to come out. So, that time when you are struggling to come out, there is that psychological torture whether to do it or not, how people will take it, how people will handle you, how people will view you, how your family will be there or not. So, it is not very easy in the initial stages. But as you progress, you get to learn that you are normal. It's just a cycle of life that anyone else can undergo, and you don't need to be judged whatsoever. You also need to have your right.

Participant 3 indicated how it was initially difficult for her to share her sexual orientation and make others understand her. However, with the right help and services, she became more open, and her life became easier in general:

> My experience in the first school, in the first instances, as I was telling you, it was not very good because I kind of felt like they kind of had this, some misjudgment about me. I like; I also wasn't very open to telling me what was really going on in

my life. So, I didn't have that disclosure full disclosure with, with first one. Now I

opted for another one who really came into my life as a very great support and I

would totally recommend or talk to anyone anyway.

As a black woman, I will say I have not experienced racism, and I feel like

I have gotten the services, just like any other person.

Consequently, Participant 4 described the community-based counseling service as

"wonderful" as this has assisted her in many ways. Through counseling, she was able to

understand the problems and issues present within and around her, saying:

I have attended community-based counseling and it has been wonderful as it has

assisted me so much. It has enabled me to accept myself the way I am and also to

know that there's also other people who undergo the same, and they get to be

happy at the end of the day because most of this counseling is as a result of things

that you're undergoing that you need help with.

Finally, Participant 5 defined the experience as "amazing" in terms of allowing and

appreciating oneself. She shared how the counselor allowed her to realize that she has

the right to live and be happy, saying:

It has been an amazing one. Because the help I needed was given to me, and I

have been made aware of my sexuality more, and I actually know myself even

better, and I accept and appreciate myself the way I am.

My counselor has made me realize that I also have a life to live. Despite

the fact that I'm black and I'm bisexual, it doesn't make me less. I have a right and

entitlement to feel happy and to enjoy life just as anyone else. Our sexuality is just

an option that one chooses. No one imposes to you or who to fall in love with. In case I'm having challenges, she has contributed a lot to me solving them and to me exploring myself better and gaining more self-esteem and gaining confidence for myself.

Major Theme 3: Becoming More Open to Other Individuals and Socialization

The third major theme of the study focused on how counseling permitted them to become more open to others and understand socialization and relationships are integral parts of life. Again, four of the five participants shared this major study theme. Participant 1 stated that counseling helped her understand the differences between individuals and become more open. During the interview, Participant 1 narrated her personal experiences and how much of her improvement today was from the continued support from her counselor, saying:

In counseling, I will say the initial stages, I think I was falling to some sort of depression because I will just make it so seriously about what people would say about me. People would just be saying things like, you feel like they are so unacceptable, and you are so offended. So, you wonder, why are people like this? But I came to realize now after entering counseling is that everyone is entitled to his or her opinion. My counselor was very supportive in that he encouraged me to disclose everything that was going around me. How I felt, he made me feel like I didn't need to hide my emotion. If I needed to cry, let me cry and let that pass. But that didn't hold me down. He encouraged me so much. I would call him even at home, and he was quite supportive of me also.

Participant 3 echoed that counseling has indeed encouraged her to become more open in a positive manner. The participant explained that the service had motivated her to become more socially aware and active, saying:

> I think it has impacted me in a positive way. Like I have become socially active with other people, and I don't really, I don't really feel misjudged either way. And economically, I don't know, it didn't really matter. Like the personnel offers services to anyone.

As for Participant 4, her counselor is the instrument in making her understand the choices and actions of people toward her. She also noted how her counselor made her realize that she is not the only Black individual faced with constant issues and struggles, stating:

> The counselor makes me know that it was not a mistake to choose my way. Because in this society you'll find people are against it so much and this could lead you to suffer some stigmatization and harassment, which could lead you to being depressed. So, the counselor comes in handy in times like these, when you feel like you have none, absolutely, talk to. So that way is how he has enabled me to maneuver my way to want to discover myself more, to want to have a social life by myself, and to just live a satisfied life.

> My experience has made me know more people who are black, who are also facing similar problems like me. And it has made me feel like I did not make a mistake. This is a decision I have to make about my life, and it's my own happiness. So, I have chosen to embrace myself the way I am and to be happy for

who I am, and to just do whatever it takes, no matter the conflicts or whatever that

may come across to put me down.

Since then, Participant 4 became more confident and was able to build relationships with

others. The participant added the following examples of the theme, saying:

It has made me grow and develop in a person who is very self-confident about

everything pertaining to my life. It has made me to develop relationships with

other people and to just embrace the fact that I'm a black woman who has just

chosen her ways.

Finally, Participant 5 was also guided by her counselor on how to accept her unique self

as well as the problems and issues that surround her. The following examples were

narrated during the interview:

It has impacted my experience in that I have interacted with those other people

who are black. I've gotten to know them. I've also discovered that we share the

same problems, that my problems are not very unique. They share them, and I can

make a good life out of what I have and without being exposed to judgmental

people or minding what people say. He tells me that I'm accepted in this society

anyway and no need to feel sorry for myself.

Major Theme 4: Developing preferences when choosing a counselor

Under the fourth major theme of the study, four of the five participants reported

how they were also able to realize the importance of developing or having preferences

when choosing a counselor, which they believe could positively improve the influence

and effectiveness in the long run. Five subthemes also emerged, providing a breakdown of the participants' preferences based on their experiences:

Subtheme 1: Those who can relate and connect with them. The first preference was the ability of the counselors to show that they can relate and connect with the participants. According to Participant 1, the factors of connection and relatability as Black individuals are crucial. These areas were important for the participant as they make her feel safe and protected, saying:

> Being black made me feel like, I also it gives me a sense of belonging because first, the person I was with was in my shoes. He was able to put himself in my shoes. He knew so much that the people the blacks were undergoing because many blacks have been going to him. It felt like he could relate. So, it created a safe haven for me I would say. It made me feel safe, like my problem cannot be close either way. Whether I just leave and not return, he will never disclose them, and the help that he is giving me is very important and very necessary. And I'm not the only one undergoing this. The fact that he is dealing with also other people who are just the same, it made me feel, this is not a problem that I'm facing alone, people have faced it, and they have managed to come out strong. Not let this thing put you down. People make you feel like you're being discriminated, such things.

For Participant 2, her preference is to be assigned to women counselors as she believes that they are more understanding as compared to male counselors. With this, the participant also shared that they are good communicators and listeners, saying:

I've been to like multiple people, because I moved around, so it was pretty good

for me. The ones that I've been to wasn't conservative, or judgmental, so it has

been good with me.

Yeah, I definitely had a preference, because it's more so again, I look for

somebody that's not conservative. I do try to lean towards more of the women

because they're more understanding than a guy. I prefer women. If I could, I know

it's not always common to get an African American counselor, so I always just go

for anybody that's open to hear, and not conservative, understanding. Even if they

don't understand, they can try to understand me, without just, "Oh, well, you just

shouldn't do this, you just shouldn't do that." It's just more so hearing me out as an

individual.

Subtheme 2: Those who are part of the LGBT and are African American.

Another two of the participants believed that the gender and ethnicity of the counselors

should be considered. Participant 1 simply noted that her preference for a counselor who

is a part of the LGBT and Black will allow her to understand her personal issues and

experiences, saying:

I think I felt like I needed someone who could relate to my situation so far. He

had to be part of LGBT. And also, he would be black. He would be like someone

who can relate. When you have someone, who has undergone and has other

clients who are dealing with such is quite easier.

Participant 4 added her preference of a counselor who is from the LGBT community and with the same ethnicity as there is a higher probability of reaching a common understanding based on their background and experiences, saying:

> I prefer a person who is bisexual and who is actually from the same ethnicity. Because this is a person who can relate to what you will be telling him or her. Probably he or she could have undergone the same in his or her earlier life. Yeah.

Subtheme 3: Those who can reassure them of privacy and confidentiality. One participant also emphasized that it is valuable to have counselors who can constantly reassure them that their identities and issues are kept private at all times. Participant 1 reported the importance of receiving assurance in terms of confidentiality, saying:

> First, he made me feel like I belong. He is also part of the LGBT. He made me comfortable. He assured me of confidentiality of each and everything that I would say in the counseling sessions. And he also encouraged me to call like anytime I felt like I needed help; help was there. I would just call him. He encouraged me to talk out. Talk out my problem. Be in a support group that is full of people that can help me, who can understand me, who can know what I'm undergoing. That really made things better for me.

Subtheme 4: Having the perception that women counselors are more understanding. As briefly touched on in the previous experience, one participant believed that a women's counselor is more effective for her. Participant 2 again noted her preference for women counselors, commenting: "I do try to lean towards more of the women because they're more understanding than a guy. I prefer women."

Subtheme 5: Needing the counselor to have a high sense of professionalism.

The fifth subtheme is the need for counselors to be able to demonstrate professionalism with their clients. Participant 3 shared the importance of the following traits and characteristics: a counselor she can relate with, a good personality, and a high sense of professionalism. The participant stated:

> The challenge is why in the first sessions when I was going there, it was like they, that atmosphere wasn't like so friendly, so actually had to change. So that is how, I mean, but after getting someone who I relate with quite well, it got better and I felt comfortable.

Major Theme 5: Understanding the Factor of Social Class in Accessing Counselors

The fifth major theme of the study is the participants' understanding that, indeed, social class or status indeed impacts the accessibility of counselors to those in need. The theme was shared by four of the five participants. For Participant 1, affordability was not an issue as she had the resources to seek help; for this participant, the desire for guidance was more valuable:

> My social-economic status, let's stay in the case of social wellbeing like I'm able to interact with lots of people. So, this social people that I'm interacting with they can connect you to good counselors, and also, for them, they can be good mentors to me. So, the economic status outstate I chose quite some affordable counselor. I just think it was within my budget, and it kind of feels like I can't continue with him, and it's something that is very important. You even don't look at finances so much when you are looking for help.

Participant 2 added that her school provided her access to counseling. She also admitted that affordability is indeed the main issue and could be traced as the main reason as to why she could not gain access and help at an earlier time or age. The participant narrated:

> If I was not in school, I feel like it would be hard to get counseling because it's pretty expensive without being a student. At my school, we offer free counseling services. I went to university and a community college, so without it, I probably wouldn't even go. That's probably the number one reason why I didn't really go when I was younger, is because I couldn't afford it, or my family couldn't afford it either.

Participant 4 was fortunate that she has the ability to afford a counselor of her preference and one that could effectively help her, saying:

> I think with the finances that I have; I've been able to afford a counselor who will understand me and who will fit my preference. So, that is how my financial status has enabled me to have access to such a kind of person that I would want to help me in therapy. Yeah. Middle-class. It's just middle-class.

Finally, Participant 5 described herself as a part of the middle-class with the capacity to afford services as needed, stating: "For me, let's say I'm just them at the middle. I feel like I have been able to afford the services that I need, and it has been amazing and something I can't resist doing. Yeah."

Thematic Category 2: Recommendations to Improve Community-Based Counselling

The second thematic category discusses the recommendations of the participants on how the services could be improved going forward. Under this thematic category, only one major theme and three minor themes were formed. Four of the five participants recommended the need for counseling to become more affordable and accessible for the younger generation. Meanwhile, the suggestions of needing increased awareness on the value and importance of community-based counseling, teaching the younger generation the importance of making own decisions, and creating community-based counseling programs targeted to LGBT issues requires further research. This is due to each of these themes receiving just one reference respectively.

Major Theme 6: Needing Counseling to Become More Affordable and Accessible for the Younger Generation

The sixth major theme of the study was the call for counseling to become accessible, especially to those in the lower economic levels and the younger generation who do not have the resources to seek help. Participant 2 shared her desire to make counseling more affordable for the younger generation, saying:

I know everybody has to make a living, but it's just finding ways to make it more affordable or easier to access without having to worry about not being able to afford it, so therefore, you can't go or get the help you need. But again, at the same time, I understand that people have to make their money, a living. I guess

having some way to help us find an access to get it done, or at least a week of it, or a discounted rate, something.

Furthermore, Participant 3 echoed the need for counseling to be more affordable and accessible, commenting: "It could be made a bit affordable? It should be made accessible, especially for example, as in this time with the pandemic, it could be done via online sessions." As for Participant 4 counseling must be transformed in the following manners: to be more accessible, available, and affordable:

I would say that the necessary counseling services should be made affordable, made more available. They should be made to be very open. One should come and be who you are during the counseling sessions. Not that they should hinder one from expressing him or herself in the way she or he is. So, they should be embracing a lot of open-mindedness, and they should allow a lot of... They should know that there are a wide range of people who have different perspectives about sexuality.

Finally, Participant 5 also highlighted the need for counseling to become more affordable and targeted to the LGBT, saying:

Make it affordable, make it more involving, especially for people who are LGBT or people who are LGBT who will not seek counseling. Many people do not do that because they want to shy away. Maybe you could specify that this type of counseling is for mainly the LGBT and make it more inclusive from that and make sure that the professionalism and lack of judgmental attitudes of the counselors is not there. Just make more awareness of this.

Summary

The purpose of this qualitative study was to understand the experience of young African American sexual minority women as it relates to community-based counseling in central Florida. The five participants were able to openly discuss their journeys and experiences with counseling. The women were able to identify how various components of their identity intersected and impacted their experiences as sexual minority youth of color through the study of 17 study themes generated from the analysis. Section 4 will provide a more in-depth discussion of the themes along with the applicability to professional ethics in social work practice, recommendations for social work practice based on findings, implications for social change, study limitations, and plans for dissemination.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

This qualitative research study was performed to understand the experiences of young sexual minority women of color as it relates to community-based counseling in central Florida. The findings of the study provide insight into the phenomenon while simultaneously calling for suggestions for change that could be implemented within community-based counseling programs. The five participants provided detailed feedback regarding how their sexual orientation, class or socioeconomic status, age, and ethnicity impacted their experience. The study's findings revealed that the interviewed social minority women need time to accept and understand themselves. They highlighted how they initially encountered issues coming out, but counseling helped them accept and understand their true selves. Through counseling, they became more open to other individuals and socialization, given their enhanced confidence and self-assurance. The analysis also uncovered that participants developed their own preferences when choosing their counselors in terms of ethnicity, gender, traits, and professionalism. As the participants understood the social class factor in accessing counselors from experience, they then recommended the need for counseling to become more affordable and accessible for everyone.

In Section 4 of the research study, I describe the application of professional ethics in social work practice. The recommendations for the field of social work will also be presented based on the results from the analysis. Further, the implications for social change, limitations of the study, dissemination plans, and a summary are discussed.

Application to Professional Ethics in Social Work Practice

This qualitative analysis is an example of research that contributes to the development of knowledge that can be used as evidence for intervention within the professional practice for work with sexual minority youth of color (NASW, 2017). In line with the findings of the current research study, social workers who are providing counseling services to the target population can work to empower young female sexual minority youth of color by equipping them with the ability to understand themselves fully and build their self-confidence and self-assurance. As evidenced in the results through the interviews, community-based counseling has been effective in developing the female sexual minority youth of color's knowledge, acceptance, and awareness of life in general. Hence, these key findings could be useful for social workers to structure their programs and services based on the unique needs and issues of said group. These findings are in corroboration with the statement that as social workers, there is an obligation to be culturally competent and knowledgeable of the clients' culture (NASW, 2017). Regardless of one's sexual orientation, ethnicity, or income, social workers have an obligation to remain competent and provide relevant services for their clients.

Service is a social work principle that was identified within the current study. This ethical principle requires social workers to use their knowledge and skills to help people and to volunteer some of their efforts without the expectation of receiving a significant financial return (NASW, 2017). All participants of the study understood how social-economic status affects one's ability to seek and access such services. They then recommended the need for services to be more affordable and accessible. As

professionals who are trying to make a living, services can sometimes be costly for clients. Some potential clients desire and need services but may be hesitant to seek them due to the inability to afford the professional fees of such services. Clients, especially those in dire need of support and guidance given their conditions, should not be denied services due to the inability to pay for services. For social workers and members of groups and organizations, such challenges could be mitigated by bringing the programs closer to communities and reaching out to them. By doing so, the notion that counseling is only for those who have the financial capacity to pay could be reduced or eliminated, encouraging minorities to seek care and assistance not only when they can but when needed.

The importance of human relationships is another principle that was identified in the current study. This value prompts social workers to find strategies and ways in which they can better connect with and relate to their clients. By doing so, they are able to gain the trust and confidence of the clients leading to improved counselor-client relationships. Social workers must value the relationship between client and counselor because it is an important part of the healing or helping the process of their clients. In the study, four participants mentioned the need to feel comfortable with their counselors, along with the benefit of having counselors who could relate to some part of their identity, whether it was sexual orientation or ethnicity. This principle also aligns with the need for the young female sexual minority youth of color to feel accepted and normal. Establishing healthy working relationships with counselors could promote acceptance and self-love as desired by the clients.

Recommendations for Social Work Practice

Based on the findings of this qualitative research, I recommend social workers who predominantly provide counseling to educate themselves on the background and culture of the sexual minority youth of color. Education or knowledge building around the population should be sought to ensure competency but also warrant that the social worker can develop a healthy therapeutic relationship with the client. Furthermore, social workers should immerse themselves in various cultures in hopes of having a more personal experience and knowledge base that is not solely based on academia. It is crucial for social workers to have many hands-on experiences with minorities and diverse groups in order to develop a more solid understanding of their needs, struggles, and issues and determine the best possible approaches and strategies to better assist them. Immersions must be advocated, which would allow social workers to have an opportunity to better understand and empathize with sexual minority youth of color.

Accessibility and affordability were two concepts that all five interviewed participants reported. Based on this finding, it could be suggested that social workers make themselves more visible by reaching out to their respective communities. Often, services may be available, but people do not have the right knowledge or awareness of where to look to gain access to the services. Increased visibility using the available materials and platforms such as flyers, social media postings, and community outreach could influence more sexual minority youth of color to seek assistance through the services. Lastly, community-based counseling organizations should assess the cost of their services. Again, in light of the constant reiteration of the participants on the

affordability of counseling services, key policy and decision-makers must identify a way to make counseling more affordable for clients while simultaneously ensuring social workers or counselors are not poorly compensated.

Recommendations for Future Research

As it relates to future research, the findings shed light on two critical areas. First, additional research that is focused on the experiences and needs of sexual minority youth of color must be explored further. The majority of the participants spoke about facing challenges in their personal journeys that were due to their identity as sexual minority women of color. Previous research shows sexual minority youth of color are at increased risk for attempting suicide compared to their White peers (Baiden et al., 2020). Further research is necessary to better understand the background, needs, feelings, and overall experiences of sexual minority youth of color and how to simultaneously improve the quality of services provided to the population. A study by Craig et al. (2015) found a need to educate service providers and identify culturally competent interventions for sexual minority youth. Given both the recommendation in the current research and that of previous scholars, it would be helpful to bridge the gap on the lack of adequate knowledge and understanding of the needs of the sexual minority youth.

Secondly, this study is one of a few that is solely focused on sexual minority women as opposed to men. According to Baptiste-Roberts et al. (2017), sexual minority women are facing a health disparity. Participants from this study mentioned the need for increased access to various services that could assist them in their personal needs and struggles caused by various and unresolved issues. Research suggests women report

poorer mental and physical health in addition to less access to health care (Baptiste-Roberts et al., 2017). Furthermore, sexual minority women seem to be an invisible population. Therefore, it is necessary for more research to be done that is focused on sexual minority women to increase the awareness of their plights and provide assistance and guidance that could improve and uplift the lives of numerous individuals in the future.

Unexpected Finding

Based on the generated themes of the study, there was only one unexpected finding that emerged. A major component of the study centered around the specific intersections of ethnicity and sexual orientation and how these aspects of women's identities impact their counseling experience. Although it was already assumed that participants would have their preferences as they choose their counselors, it was surprising that they had several reasons and partialities in doing so. The majority of the participants felt it was important to have a counselor whom they could relate and connect to, whether it was through sexual orientation, ethnicity, or a combination of the two. Only a few felt that their ethnicities and sexual orientation must match their counselors'. Some of the participants also valued the quality or skill of their counselors as opposed to the affordability of the service.

Personal Application

The findings of this qualitative study have influenced my role as a social work practitioner in various ways. I currently work as a school social worker in a high school while simultaneously opening my private practice. As an African American woman, I

have found that many of my private practice clients have chosen to work with me due to my ethnicity as well as the inability to find many counselors who look like them and presumably can relate to their experience. In both the school setting and private practice, many of my clients have financial circumstances that impact their ability to obtain services as desired and needed. The findings of the study have provided crucial insights into the experiences of sexual minority youth of color and prompted me to become more aware of how I work with said population. Furthermore, I have become more considerate of the cost of services for clients and how I can maintain a successful private practice given the financial abilities of the different groups of society.

Transferability

Findings from this qualitative study to clinical social work practice would be transferable as I was able to clearly present the data collection and analysis processes. I also discussed the sources of the themes and how they were formed, complete with the verbatim responses of the participants. In this way, future researchers may expand upon the currently presented and explored phenomenon. Along with the future researchers, the stakeholders themselves, such as the female sexual minority youth of color living within central Florida and the counselors as social workers, could also benefit from the themes generated.

The findings from this study could increase understanding of the experiences of female sexual minority youth of color living within central Florida concerning their need for improved care and assistance as they continue to face their life struggles and issues. The study provides insight into the desired changes related to accessibility and

affordability of services. Lastly, the study increases knowledge around the various intersections of the identity of sexual minority youth of color as it relates to community-based counseling in central Florida.

Limitations

The participant criteria excluded males and only included African American women. The findings may not be transferable to male sexual minority youth nor sexual minority youth of other minority ethnicities. The research focused on women to begin filling the gap in research as it relates to sexual minority women. Furthermore, the study may have been limited in light of the small number of participants and the use of just one source of data or the interviews. To address these issues, I attempted to maximize the interviews with the five participants and asked as many relevant and meaningful questions as possible. As a result, 17 themes were formed to address the main research question of the study.

Dissemination

I will present the findings from this research study to the Equality Florida Organization. Equity Florida is a political advocacy group that works on behalf of lesbian, gay, bisexual, transgender, and queer persons who reside in Florida. Further dissemination could be to present the findings to local community-based counseling agencies to increase knowledge around work with female sexual minority youth of color. As mentioned in the personal application above, I also plan to practice and advocate (with much consideration of the ethical principles and standards and with no mention of any name or identifying information of the participants) the improvement of knowledge

and understanding in my own practice, which could hopefully impact other social workers and counselors within the community about the plights and needs of the target minority group of the study.

Implications for Social Change

The findings from this study can create social change within the micro, mezzo, and macro levels of this profession. On the micro-level, social workers can use the findings of this study to change and improve how they provide counseling services to female sexual minority youth of color. The research can be used to develop courses or training for clinicians and students in the field of social work. Developing training or coursework focused on the provision of services for sexual minority youth could result in the youth having a more positive experience with social services. As previously mentioned, sexual minority youth have described services as inadequate (Craig et al., 2015). The training could result in direct and immediate changes as it relates to the individual work done with clients.

Social change on the mezzo level could include designing a program tailored to the needs of sexual minority youth of color in one's local community. The insight gained from this study could be combined with previous research findings that suggest both family systems and strength-based approaches have positive benefits for sexual minority youth (Craig & Furman, 2018; Doyle, 2018). Developing a program specific to the needs of the population could greatly improve protective factors for sexual minority youth in one's local community.

On the macro level, social workers can apply for grants to fund further research related to sexual minority youth of color and their counseling experience. As previously mentioned, research on sexual minority populations tends to focus on men (Baptiste-Roberts et al., 2017; Toomey et al., 2017). Therefore, it is strongly recommended that additional research specific to sexual minority women be completed to continue filling the gap in the research.

Summary

In summary, this qualitative research study sought to understand the experiences of African American sexual minority women as it relates to the intersections of their identity and community-based counseling. The participants' interviews provided unique insights into their views of the overall counseling experience while also exploring their opinions on affordability and accessibility of services. The participants voiced the effectiveness of counseling along with the desire for their experience to be normalized and for them to be continuously understood and accepted by others and themselves. Furthermore, the study identified a need for services to be accessible and affordable. The participants constantly highlighted that socioeconomic status should not interfere with clients' abilities to receive services from culturally competent, skilled, and knowledgeable clinicians. This study serves as one of many steps towards closing the gap in the literature as it relates to female sexual minority youth.

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Appendix: Individual Interview Question Guide

1. How old are you?

2. How do you identify (Lesbian, gay, bisexual)?

3. How would you describe your experience with community-based counseling?

4. What are your preferences as it relates to choosing therapists or counselors to work with? (ethnicity, gender, sexual orientation, etc.)

5. Does the counselor you work with meet those qualifications?

6. How does your counselor address your identity as a black woman as it relates to your sexual orientation?

7. How would you describe your experience as a black woman who identifies as LGB?

8. How does your age and sexual orientation impact your experience with community-based counseling?

9. How does your class or socio-economic status and sexual orientation impact your experience with community-based counseling?

10. How does being Black and identifying as lesbian, gay, or bisexual impact your experience with community-based counseling?

11. How can counseling be improved for young Black women who identify as LGB?