2023

The Counselor's Perspective: Exploring the Influence of the Strong Black Woman Identity on Sexually Traumatized Female Adolescents

Jillian Mahatha
Walden University

Walden University

College of Social and Behavioral Health

This is to certify that the doctoral dissertation by

Jillian Mahatha

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Sadohl Jones, Committee Chairperson, Counselor Education and Supervision Faculty
Dr. Victoria Sepulveda, Committee Member, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

The Counselor's Perspective: Exploring the Influence of the Strong Black Woman Identity on Sexually Traumatized Female Adolescents

by

Jillian Mahatha

MS, Capella University, 2012

BS, Kaplan University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2023

Abstract

The need for researching the strong Black woman (SBW) identity is evident, as to date, merely two studies have specifically addressed counselors' experiences with multiple cultural identities. This implies that counselors may lack awareness of this identity. The purpose of this qualitative comparative method multiple case study was to explore, describe, and answer what knowledge and understanding licensed professional counselors have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents 10 to 19 years of age, using the foundational theories and concepts of the SBW cultural identity theory and intersectionality. Data collection and analysis procedures included, but were not limited to, (a) conducting in-depth, semistructured interviews; (b) writing digital notes and memos; (c) transcribing and coding data; (d) reading case data using cross-analysis and linking; (e) analyzing, interpreting, and organizing themes; and (f) thick and rich description and triangulation. Key results include the following: (a) only the two participants who identified as Black were familiar with SBW identity; (b) the most prevalent symptoms were fear, guardedness, shame, weakness, and post traumatic stress disorder; and (c) Black mothers teach and model the SBW identity with phrases like "push through the pain" and "keep going." Counselors can benefit from this research by increasing understanding and awareness of the SBW cultural identity, and counselor educators may prepare graduate students in clinical mental health counseling programs for the ever-evolving cultural needs of marginalized racial and ethnic minorities, particularly Black female adolescents.

The Counselor's Perspective: Exploring the Influence of the Strong Black Woman Identity on Sexually Traumatized Female Adolescents

by

Jillian Mahatha

MS, Capella University, 2012

BS, Kaplan University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision]

Walden University

November 2023

Dedication

This dissertation is dedicated to my three Miracles, Raven, Jillian, and Miles. Completing this dissertation would not have been possible without your prayers, love, patience, understanding, support, and humor. All of this was for and because of you! Thank you for being you. Thank you for being my gifts from God. I could not have asked God for bigger or better blessings! Love always to my Miracles.

Acknowledgments

First, I want to acknowledge and thank God for keeping me, being my guide, and giving me the wisdom and knowledge to complete my dissertation. I also gratefully acknowledge each instructor I have had during my doctoral journey. Uniquely, you poured into me and assisted me in getting where I am today. I am also grateful to my chair, Dr. S. Jones, who accepted the call to be my dissertation chair, was present, believed in my ability, and encouraged me during one of the challenging times.

Next, I would like to express my deepest appreciation and gratitude to my methodologist, Dr. V. Sepulveda, for her insightful feedback, encouragement, support, and immense patience. She was always there when I needed her most. Her vote of confidence and guidance cannot be overstated.

Lastly, I would like to acknowledge the never-ending support my three Miracles and two closest friends (LY and LH) provided. We made it y'all! I look forward to celebrating with all of you.

Table of Contents

Chapter 1: Introduction to the Study

Introduction

Description of the Topic

Sexually and physically abused children have more significant clinical mental health issues than those who experienced other forms of abuse (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016; Vrolijk-Bosschaart et al., 2018). More pointedly, researchers have discovered that Black female children suffer more severe symptoms from child sexual abuse (CSA) than Latina and White females (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). Despite these findings, there is a lack of empirical data in the scope of how sexual trauma affects Black children and adolescents (Ruiz, 2016). While several researchers have mentioned the importance of investigating race and ethnicity in diverse populations of sexually abused children, there is the proclivity to overlook research that addresses the more focused topics of race and trauma symptoms (Anderson, 2010; Ruiz, 2016).

Moreover, Black females share salient complex aspects of cultural identity, including race, gender, faith, and a history of cultural marginalization. Considering this, counselors should attend to and understand intersectionality and multiple cultural identities (Anders et al., 2020). Neglecting to evolve in understanding and cultural competence in this area increases counselors' unintentional eradication of cultural humility, resulting in missed opportunities to adequately address and honor clients' intersectional and cultural identities (Owen et al., 2016).

Previews of Major Sections of the Chapter

This chapter's major sections include an introduction to the problem and a problem statement. This chapter includes the research question and the study's purpose. I then will expound on the strong Black woman (SBW) theory and intersectionality conceptual frameworks chosen for the study. I also will describe my reasons for using the chosen frameworks, detail the study's nature, and provide definitions and assumptions while mentioning scope and delimitations. Lastly, I will state my study's limitations and significance and summarize related literature while describing the topic's knowledge and relevancy gap.

Background

Study results have revealed that Black females suffer more trauma symptoms than Latina females and that age and gender significantly impact sexual trauma symptoms (Ruiz, 2016). CSA seriously damages the child and their soul and hinders their developmental growth, thereby increasing the risk of mental and physical problems well into adulthood (Moore et al., 2015). Due to the increased risk of mental health problems in child and adolescent survivors of sexual trauma, licensed professional counselors (LPCs) must be culturally responsive, competent, and well prepared to work with Black adolescent survivors of sexual trauma. Finkelhor et al. (2007) claimed a lack of knowledge on behalf of the professional community regarding the influence culture has on children's and adolescents' sexual abuse and trauma symptoms. The authors postulated that the professional community must be informed of the best approaches when working with culturally diverse adolescent survivors of sexual abuse.

Not only should LPCs be culturally responsive and informed of the best practices, but they should also acknowledge and attend to their clients' multiple cultural identities. Anders et al. (2020) investigated the significance of attending to clients' multiple cultural identities and postulated how clients' cultural identities impact the therapeutic process, thus also therapeutic outcomes. Considering cultural identities, Black female clients have multiple cultural identities that might influence sexual trauma symptoms due to the SBW cultural identity. The SBW identity conditions females to restrain their emotions and be resilient and self-sacrificing, among other cultural principles (Belgrave et al., 2016; Nelson et al., 2016).

In addition to acknowledging the SBW cultural identity, counselors should grasp how Black females share other salient complex aspects of cultural identity, including race, gender, faith, and a history of cultural marginalization. Considering this, counselors must acknowledge, address, attend to, and appreciate intersectionality and multiple cultural identities (Anders et al., 2020). The significance of recognizing, addressing, attending to, and appreciating multiple cultural identities lies in previously conducted research. Andrews et al.'s (2015) quantitative analysis revealed significant racial disparities in trauma related symptoms, including post traumatic stress disorder and depression. They postulated that poly-victimization appeared to cause inequality in racial and ethnic trauma symptoms in Black and Hispanic children and adolescents. Donavan and West's (2015) qualitative study explored how the SBW identity's endorsement impacts stress related anxiety and depression symptoms. Later, Nelson et al. (2016) revealed five characteristics and themes related to the SBW cultural identity through

thematic data analysis: independence, hardworking and high achieving, emotionally contained, caring for family and others, and overcoming adversity. Next, in their quantitative study, Oshin and Milan (2019) thoroughly analyzed the SBW identity. They studied 194 women and daughters, finding that SBW cultural identity values are critical in Black families. Further, they addressed how the attributes of SBW might influence the symptoms of CSA and sexual trauma.

Knowledge Gap

Much of what is known about multicultural counseling, cultural humility, and cultural competence focuses on a single cultural aspect or identity and derives from investigating populations themselves. My study is needed as, to date, merely two studies specifically address counselors' experiences with multiple cultural identities or counselors' knowledge as it relates to SBW, sexual trauma, and multiple cultural identities (Adames et al., 2018; Thompson et al., 2019).

Why Is This Study Needed?

This study is needed because several researchers have called for more focused research on gender differences in sexual trauma (Collin-Vezina, 2017; Finkelhor et al., 2007; Ruiz, 2016) and how cultural identity impacts therapeutic processes (Anders et al., 2020), how the SBW identity impacts anxiety and depressive symptoms (Donovan & West, 2015), and the need for counselors to see clients as whole persons instead of addressing singular pieces of cultural identity (Anders et al., 2020). Further, there is a need for greater awareness and understanding of the complexities of the SBW cultural

identity and the intersecting identities of Black females (Nelson, 2016). Research regarding these issues and themes is scarce.

Problem Statement

Black female children and adolescents who have experienced sexual and physical abuse have more significant clinical mental health issues than males and females from other races and ethnicities who have suffered other forms of abuse (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016), and because Black females share salient complex aspects of cultural identity, including race, gender, faith, and a history of cultural marginalization, counselors must attend to and understand intersectionality and multiple cultural identities (Anders et al., 2020). Without such awareness, understanding, and competence, counselors unknowingly overlook the chance to acknowledge and honor the client's intersectional and cultural identities (Owen et al., 2016).

Due to a dearth in the literature and despite several calls for further research acknowledging complex and multiple cultural identities and having a high cultural humility in the therapeutic relationship (Anders et al., 2020; Davis et al., 2018; Hooks et al., 2013; Owen et al., 2016; Sue et al., 1992), it is known that counselors are underprepared to work with multiple and complex cultural identities, including the SBW identity (Bowleg, 2013; Collins, 2000; Grzanka, 2014; Sajnani, 2013; Talwar, 2010; Warner & Shields, 2013; Watts-Jones, 2010). This lack of knowledge prevents counselors from seeing clients as whole persons; thus, they continue to address singular pieces of clients' cultural identities (Anders et al., 2020), which adversely impacts the

client–counselor alliance (Adames et al., 2018; Anders et al., 2020; Thompson, 2019). Overlooking research that explicitly addresses counselors' perspectives on how the SBW cultural identity might influence Black female adolescents' sexual trauma symptoms inhibits counselors' abilities to understand intersectionality's saliency. It impedes culturally responsive care (Anders et al., 2020).

In the current literature, much of what is known about multicultural counseling, cultural humility, and cultural competence focuses on a single cultural aspect or identity and involves investigating a population. My study addressed this void by answering the call of several researchers to examine multiple cultural identities through the lens of intersectionality (Anders, 2020; Bowleg, 2013; Collins, 2000; Grzanka, 2014; Sajnani, 2013; Sue et al., 1992; Talwar, 2010; Warner & Shields, 2013; Watts-Jones, 2010). Lastly, as previously stated, only two studies specifically addressed the perspectives of counselors' experiences with multiple cultural identities (Adames et al., 2018; Thompson et al., 2019).

Purpose of the Study

Considering the gap in current literature, the purpose of my qualitative multiple case study was to explore and describe what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years. Black females experience more severe symptoms due to CSA than males and other races and ethnicities (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). This topic is significant among research scholars (Allen et al., 2015; Anderson, 2010; Brumfield &

Christensen, 2011; Ruiz, 2016). Such research expands counselors' knowledge and helps them identify multiple cultural and intersectional factors that impact or influence symptomology, potentially leading to more effective treatment. In this research study, I explored and described what knowledge six LPCs had about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents. Additionally, through this study, I aimed to understand the perceptions, opinions, and experiences of six LPCs who worked with Black female CSA survivors. Lastly, this research aimed to provide greater insight into the phenomenon and reveal areas of need, growth, competence, and training to increase knowledge in intersectionality's saliency, cultural humility, cultural competence, and cultural responsiveness.

Research Question

What knowledge and understanding do LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents 10 to 19 years of age?

Theoretical Foundation

This dissertation's theoretical foundation and framework included the SBW identity and intersectionality. I briefly detail them here in Chapter 1 but will expound upon them further in Chapter 2. While lacking a consensus in definition, researchers agree that the SBW identity was birthed out of, and based on, the realities of slavery (Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2014; Wyatt, 2008). Out of necessity, due to social norms and customs, and at the hands of patriarchal White men, Black women were outfitted and conditioned with the identity of strength and

independence (Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2014; Wyatt, 2008). The SBW identity fit my dissertation as it was the core of my research. The principles of caretaking, self-sacrifice, emotional restraint, and resiliency are the essence of the Black culture that might influence the symptoms of sexual trauma in Black females (Belgrave et al., 2016; Carter & Rossi, 2019; Nelson et al., 2016; West et al., 2016). Developed by Crenshaw (1989), intersectionality was also relevant to my research problem, the purpose of the study, and the nature of the study as I sought to understand all socially interrelated identities of Black females. As it is specifically related to my research, cultural history, race, age, gender, victimization history, marginalization, and spirituality are applicable. Additionally, researchers have concurred that intersectionality is critical to obtaining a deeper understanding of Black females (Black & Woods-Giscombe', 2012; Davis, 2015; Davis et al., 2018; Ghavami & Peplau, 2012; Jones et al., 2018; Lewis et al., 2013).

Nature of the Study

To provide a concise rationale for the chosen design, I want to note that multiple case study designs explore information that will lead to future research (Creswell & Poth, 2018; Merriam & Tisdell, 2016). Not only that, but a qualitative multiple case study approach also helps provide a new way of viewing the phenomena (Creswell & Creswell, 2018). The qualitative multiple case study research design was selected to investigate the phenomenon of what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years. Next, multiple case study designs are flexible and

exploratory and thus directed the methods and procedures used throughout this dissertation (Merriam & Tisdell, 2016).

To briefly summarize the methodology, including from whom and how data were collected and analyzed in this qualitative multiple case study, I chose two Black, two White, and two Hispanic female LPCs as participants to answer the research question because they were part of Texas's top three ethnic groups (U.S. Census Bureau, 2019). My data analysis plan included reading, transcribing interviews, taking notes, and notating relevant facts and themes inductively, specifically those relevant to answering the research question. Lastly, I wrote memos, organized and stored data, and used triangulation and member checking to increase trust and credibility (Bloomberg & Volpe, 2019; Merriam & Tisdale, 2016; Miles & Huberman, 1994).

Definitions

Adolescence: According to the World Health Organization (2021), adolescence is the life span between the ages of 10 and 19 years.

Black: For this study, *Black* refers to a self-reported individual who is non-African in citizenship and identifies as being born or naturalized in the United States.

Child sexual abuse (CSA): According to the Centers for Disease Control and Prevention (n.d.), CSA is a violation of the law and is any sexual involvement with a child under 18 who does not fully comprehend, does not consent to, or is not developmentally prepared for the sexual activity.

Intersectionality: For this study, intersectionality refers to the overlapping of cultural identity, including race, age, victimization history, cultural history, spirituality, and gender.

Licensed professional counselor (LPC): For this study, LPCs were master's-level licensed professional counselors who had graduated from a Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited university with a degree in a counseling related field. They are trained to work with individuals with behavioral, mental, and emotional issues and disorders.

Sexual trauma: For this study, sexual trauma refers to lingering and deeply distressing physical and psychological responses resulting from CSA and other unwanted sexual contacts that inhibit a person's ability to cope effectively.

Strong Black woman (SBW): For this study, SBW is defined as a cultural identity adopted and generationally passed down that dictates how Black women should act. A few characteristics include strength, independence, emotional restraint, and caretaking (Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2014; Wyatt, 2008).

Multiple case study: Sometimes referred to as *comparative*, *cross*, or *collective case study*, a multiple case study is the studying of "more than one case" (Merriam, 1998, p. 40).

Assumptions

Assumptions are factors believed to be true without supporting evidence (Bloomberg & Volpe, 2019). Underlying this study was several assumptions. The first assumption was that I would inform study participants of the study's purpose. Second,

based on participant acknowledgment, I assumed that I would have succinctly and concisely informed study participants of how I maintained confidentiality, thus maximizing truthfulness. Third, I presumed that the LPCs chosen for the study were a representative sample of the top three ethnic groups (U.S. Census Bureau, 2019). Next, I assumed that there was appropriate inclusion among LPCs. Additionally, I presumed that their self-reported demography was accurate. Next, I assumed that the methods and research design I chose for the study were the most suitable based on previous research.

Moreover, I assumed that not all LPCs would know the SBW cultural identity. Considering this assumption, I also believed that many Texas LPCs were underprepared to identify multiple cultural and intersectional factors that might impact symptomology when working with sexually traumatized Black female adolescents. Lastly, besides wanting to assist with the study, I assumed that participants would have no motive to participate. Primarily, these assumptions were made based on the known gaps in literature (Adames et al., 2018; Thompson et al., 2019), the fact that Black females experience more severe symptoms due to CSA (Ruiz, 2016), and the observation that counselors are not equipped to identify multiple cultural and intersectional factors that might impact symptomology (Anders et al., 2020; Bowleg, 2012; Watts-Jones, 2010).

Scope and Delimitations

Using the conceptual and theoretical frameworks of the SBW cultural identity and intersectionality, in this qualitative case study I explored and described what knowledge and understanding independent LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to

19 years. This specific focus was chosen due to the gap in the literature, in which much of what we know about multicultural counseling, cultural humility, and cultural competence focused on a single cultural aspect or identity. Through this study, I aimed to expand counselors' knowledge and help them better identify multiple cultural and intersectional factors that impact or influence sexual trauma symptoms in Black females, potentially leading to more effective treatment.

This qualitative study did not address the differences in sexual trauma symptoms among Black females to females from other races and ethnic groups. Additionally, despite the tenets of the transformative framework and worldview, aiming to address the needs of the oppressed, suppressed, discriminated against, and traditionally marginalized, I used the SBW cultural identity and intersectionality conceptual and theoretical frameworks (Creswell & Creswell, 2018). Further, the study was limited to the sexual trauma symptoms of Black female adolescents, the impact of the SBW cultural identity, and the knowledge of LPCs related to the SBW cultural identity. I included six LPCs, two from each of the top three ethnic groups in Texas (Black, White, and Hispanic). Asians, Native Americans, and other races and ethnic groups were excluded from this study (Moore et al., 2015; U.S. Census Bureau, 2019). Last, provisionally licensed LPCs with less than 3 years of experience and those who had no experience working with Black sexually traumatized females were also excluded from this study.

Limitations

While there are several strengths to qualitative research, there are also limitations (Creswell & Creswell, 2018). A few barriers to qualitative research are that it is time

consuming, can be challenging to transfer to the broader population, and includes bias in the participant sample. Next, because the researcher is the primary instrument in qualitative research, there is an increased reliance on the researcher's knowledge and observational skill to produce a robust study (Baxter & Jack, 2008; Merriam & Tisdell, 2016). Specifically, limitations to case study approaches are difficulty with replicability, cost, oversimplification, and bias in the case sample (Guba & Lincoln, 198l). Barriers or challenges to qualitative research are evaluating and promoting credibility, dependability, and transferability. Furthermore, while the COVID-19 pandemic at the time of this study was not as severe as 1 year before, it was best to choose video conferencing to conduct interviews for health and safety reasons. Reasonable measures to address these limitations were taking accurate notes, using peer review and triangulation, and using rich and thick descriptions to increase transferability and dependability.

Significance

CACREP (2016) requires counselors and counselor educators to grow in multicultural competence while implementing the most appropriate and effective techniques and strategies for diverse clients. Likewise, the American Counseling Association (ACA) Code of Ethics requires that counselor educators implement multicultural courses and educate students and supervisees using theoretically and scientifically grounded techniques (ACA, 2014, F.7.c; F.11.c; C.7.a; Remley & Herlihy, 2016). Due to an absence in the literature and despite several calls for further research, literature shows that counselors are ill prepared to work with multiple and complex cultural identities, including SBW (Bowleg, 2013; Collins, 2000; Grzanka, 2014; Sajnani,

2013; Talwar, 2010; Warner & Shields, 2013; Watts-Jones, 2010). Understanding that research is critical to improving the human plight (Houser, 2009), I used my qualitative multiple case study research to address counselors' perspectives on how the SBW cultural identity might influence Black female adolescents' sexual trauma symptoms. Through my research and increased awareness of the Black female population's roots, LPCs can better understand the most appropriate and culturally sensitive counseling approaches when working with Black female children and adolescent survivors of sexual trauma. Additionally, my study provides counselors and counselor educators with tools to better prepare graduate students for this ethnic population's evolving needs.

Summary

Research is the plight of humankind and is critical to human growth (Houser, 2009). Without research, growth ceases, and does learning how to improve humanity. Based on current research evidence, the topic addressed was a critical one. Thus far, the problem has been grossly overlooked in empirical data despite previous pleas for further research (Anderson, 2010; Andrews et al., 2015; Ruiz, 2016). While minimal research has been conducted, it has yet to occur on a level such that researchers and practitioners can confidently state that they are well versed and fully prepared to work with all multicultural ethnic groups in the areas of trauma and CSA.

In this first chapter of my dissertation, I gave an introduction to the problem and problem statement. I introduced the research questions and detailed the study's purpose. I then expounded on the SBW theory and intersectionality conceptual frameworks chosen for the study. Then, I described my reasons for using the chosen frameworks, detailed the

study's nature, and provided definitions of terms and assumptions while mentioning scope and delimitations. Lastly, I stated my study's limitations and significance and summarized related literature while describing the topic's knowledge and relevancy gap.

The upcoming chapter is an exposition of current, relevant, peer-reviewed sources meant to aid in the reader's ability to understand the knowledge gap explained in this chapter. Further, I provide a concise synopsis of current literature establishing the relevance of the stated problem. The aim is for the reader to comprehend this issue better, understand how the problem was investigated, and be informed of the reasoning for the chosen methodology, theory, and conceptual framework.

Chapter 2: Literature Review

Introduction

Black female children and adolescents who have experienced sexual and physical abuse have more significant clinical mental health issues than males and females from other races and ethnicities who have suffered other forms of abuse (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016), so counselors must attend to and understand intersectionality and multiple cultural identities (Anders et al., 2020) to acknowledge and honor the client's intersectional and cultural identities (Owen et al., 2016) and avoid impeding culturally responsive care (Anders et al., 2020). This study, the first of its kind, explored and described what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years.

In the following literature review, I will discuss the literature research strategy used to gather information regarding the topics appropriate to this qualitative research study. Following this, I will discuss my identified theoretical foundation and framework used to provide the foundation and justification for the dissertation seeking to explore how the cultural expectation of the SBW influences the symptoms of sexual trauma among Black female children and adolescents 10 to 19 years of age (Rudestam & Newton, 2015; Walden University, 2014). While this literature review does not resolve the problem, it does aid in providing counselor professionals with culturally appropriate interventions, thus informing treatment planning.

Literature Search Strategy

Using scholarly sources when identifying relevant articles for any research topic is critical (Creswell & Creswell, 2018; Merriam, 1998). Using academic resources helps researchers determine where their research fits the path previously paved by other scholars (Walden, 2014). Additionally, scholarly sources aid researchers in building on previous works while studying their theoretical and methodological approaches (Merriam, 1998; Rudestam & Newton, 2015; Walden University, 2014). For my literature review, I reviewed an estimated 225 articles. From there, I thoroughly examined the articles for relevance. References were reviewed and accessed to provide a more comprehensive literature review of the retained articles. After a careful appraisal, only articles focused on CSA, Black female CSA survivors, the SBW history and cultural identity, cultural competence and responsiveness, race, ethnicity, faith, CSA trauma symptoms, intersectionality, disclosure, and CSA gender differences remained. Of the articles retained, I chose academic resources that would best provide the grounding necessary for more robust research and build an argument for the study (Merriam, 1998).

To search for empirical data relevant to my literature review, the keywords, and phrases that proved most helpful were “Black childhood trauma,” “child sexual abuse,” “Strong Black Woman,” “Black women,” “health and sexual trauma,” “cultural competence,” “cultural responsiveness,” “intersectionality,” “cultural marginalization,” “faith and Black females,” and “female childhood trauma.” The reviewed material included peer-reviewed journals and dissertations. The databases searched were Academic Search Complete, PsycINFO-SAGE Journals, and ProQuest Ebook Central.

The specific journals I used for this literature review were *Affilia*; *Journal of Women and Social Work*; *American Journal of Lifestyle Medicine*; *American Journal of Orthopsychiatry*; *American Journal of Public Health*; *Canadian Centre for Justice Statistics*; *Child Abuse and Neglect*; *Child Abuse & Neglect: The International Journal*; *Child Development*; *Child Maltreatment*; *Childhood Trauma*; *Children and Youth Services Review*; *Clinical Social Work Journal*; *Clinical Psychology Review*; *Cultural Diversity and Ethnic Minority Psychology*; *Current Issues in Criminal Justice*; *Development and Psychopathology*; *Developmental Review*; *European Journal of Pediatrics*; *European Journal of Women's Studies*; *Family Relations*; *Gender and Society*; *Health Care for Women International*; *Health Education & Behavior*; *Hypatia*; *International Journal of Abnormal Child Psychology*; *Journal of Applied Rehabilitation Counseling*; *International Journal of Intercultural Relations*; *Issues in Mental Health Nursing*; *Journal of Adolescent Health*; *Journal of African American Studies*; *American Academy of Child and Adolescent Psychiatry*; *Journal of Play Therapy*; *Journal of Black Psychology*; *Journal of Black Studies*; *Journal of Child & Adolescent Trauma*; *Journal of Child and Family Studies*; *Journal of Child Sexual Abuse*; *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*; *Journal of Counseling Psychology*; *Journal of Cross-Cultural Psychology*; *Journal of Human Behavior in the Social Environment*; *Journal of Interpersonal Violence*; *Journal of Loss and Trauma: International Perspectives on Stress and Coping*; *Journal of Marriage and Family*; *Journal for the Scientific Study of Religion*; *Journal of Transcultural Nursing*; *Journal of Traumatic Stress*; *Journal of Youth and Adolescence*;

Perspectives on Politics; *Postmodern Culture*; *Professional Psychology: Research and Practice*; *Psychiatric Epidemiology*; *Psychiatry Research: Neuroimaging*; *Psychological Bulletin*; *Psychological Trauma: Theory, Research, Practice, and Policy*; *Psychology*; *Psychology and Society*; *Psychology of Men & Masculinity*; *Psychotherapy: Theory, Research, Practice, Training*; *Psychotherapy with African American Women: Innovations in Psychodynamic Perspective and Practice*; *Psychology Public Policy, and Law; Qualitative Health Research*; *Race and Social Problems*; *Research on Social Work Practice*; *Review of Religious Research*; *TPM—Testing, Psychometrics, Methodology in Applied Psychology*; *Trauma, Violence, and Abuse*; *Psychology of Women Quarterly*; *Sex Roles*; *Signs: Journal of Women in Culture and Society*; *Social Psychiatry*; *Sociological Theory*; *Social Psychiatry and Psychiatric Epidemiology*; *Souls: A Critical Journal of Black Politics, Culture, and Society*; *South African Journal of Psychology*; *Stress Health*; *Studies in Gender and Sexuality*; *The American Psychologist, Women's Studies in Communication*; *Women and Therapy*; and *Work Research and Abstracts.*

I also searched Google to review relevant governmental and nongovernmental sources. The websites reviewed were American Psychiatric Association; American Psychological Association (APA); Child Sexual Abuse Committee of the National Child Traumatic Stress Network (NCTSN); Darkness to Light (D2L); Rape, Abuse, and Incest National Network (RAINN); Scholars.org; U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF); Children's Bureau (CB); and the World Health Organization (WHO). The goal for the subsequent literature review was to utilize the

most salient and relevant resources to support the research in a way that provides a robust foundation and justification for the study (Creswell & Creswell, 2018; Rudestam & Newton, 2015; Walden University, 2014).

Theoretical Foundation

Theoretical foundations and frameworks should structure a study and guide data collection and interpretation. A theoretical foundation frames a research study and helps in shedding light on the phenomenon (Merriam & Tisdale, 2016). For my research study, a theoretical foundation and framework added structure, guided data collection and interpretation, and helped determine what was relevant to my research and what was not while helping to provide alignment, meaning, and understanding. While inductive, my qualitative study clearly illustrated the connection between theory, the conceptual framework, and research (Bloomberg & Volpe, 2019; Merriam & Tisdale, 2016).

The theories and concepts used for this study included the SBW cultural identity and intersectionality. Researchers have agreed that the SBW identity was birthed out of and based on the realities of slavery (Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2016; Wyatt, 2008). Out of necessity, due to social norms and customs, and at the hands of patriarchal White men, Black women were outfitted and conditioned with the identity of strength, resilience, and independence (Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2016; Utsey et al., 2005; Wyatt, 2008). The SBW identity was chosen based on the core of my research and the principles of caretaking, self-sacrifice, emotional restraint, and resiliency (Belgrave et al., 2016; Carter & Rossi, 2019; Nelson et al., 2016; West, 1995; West et al., 2016). These principles are

assumed to influence symptoms in Black female children and adolescents who have experienced sexual trauma.

Crenshaw (1989) developed the intersectionality framework. Intersectionality was chosen for my study as I sought to understand all socially interrelated identities of Black females. More specifically, relating to my study, research, cultural history, race, age, gender, victimization history, marginalization, and spirituality are applicable, especially because researchers have concurred that intersectionality is critical to obtaining a deeper understanding of Black females (Abney & Priest, 1995; Black & Woods-Giscombe', 2012; Davis, 2015; Davis et al., 2018; Ghavami & Peplau, 2012; Jones et al., 2013; Lewis et al., 2013).

The Rationale for Using Strong Black Woman Theory and Intersectionality Combined

The logical connections between the SBW framework presented and the nature of my study included the previously researched knowledge that Black women and mothers instill the SBW cultural identity into their young Black daughters and granddaughters, expecting a consistent façade of strength (Beauboeuf- Lafontant, 2007; Nelson et al., 2016). The Black girl's heritage is to exhibit strength, conceal trauma, and suffer in silence, thus linking the SBW framework to my study to examine more critical areas of culturally relevant and appropriate therapeutic interventions (Beauboeuf-Lafontant, 2007; Castelin, 2019; Leath, 2021). Viewing the multiple cultural identities of race, gender, cultural history, marginalization, victimization history, age, and spirituality singly would be unproductive (Crenshaw, 1989), hence the logical connection between

intersectionality and the nature of the study. Viewing these areas separately also perpetuates the propensity to miss opportunities to address adequately and honor clients' intersectional and cultural identities among researchers and counselors (Owen et al., 2016).

The benefits of using the SBW theory and intersectionality theoretical framework are increasing knowledge, understanding, and the importance of considering and evaluating the sum of interrelated social identities. Also, combining the two concepts helps readers and researchers to recognize better and acknowledge existing gaps in the literature. Moreover, the benefit of using SBW and intersectionality is it they complement one another and demonstrate that there is no one valid or one-size-fits-all theory or framework. Lastly, using the SBW theory and intersectionality theoretical framework produces new perspectives and research while aiding in creating a unified voice for Black female children and adolescents who are survivors of sexual trauma, increasing cultural responsiveness, and promoting change. As researchers, mental health counselors, and counselor educators, through research, children and adolescents may be provided a voice thereby educating and raising awareness in society regarding this marginalized population.

Literature Review

In this literature review, I examine key literature on CSA and trauma. I then investigate the psychological maladjustments related to CSA and trauma. Additionally, I detail relevant literature describing the gender differences in child/adolescent sexual trauma experiences. Moreover, I explain racial and cultural differences and the cultural

history of Black women through the SBW cultural identity lens. From there, I describe the significance of understanding Black female sexually traumatized adolescents' unique experiences through the lens of intersectionality. Furthermore, I review the germane research on Black females' most often used support and coping methods (i.e., family and spirituality). Lastly, I examine the literature on counselor cultural humility, cultural awareness, and counselor implications.

Child Sexual Abuse and Definition

CSA is a global issue (Colin-Vezina & Garrido, 2017; Wangamati et al., 2021) and places a burden on children, their families, and society (Leeb et al., 2011). CSA includes sexual acts or stimulation, both touching and nontouching, in which a child is used for sexual gratification by another child or adult (NCTSN, 2009). Such acts involve fondling (whether clothed or unclothed), encouraging prostitution, penetration (orally or nonorally), exhibitionism, and voyeurism (NCTSN, 2009). Sexual abuse, according to the APA, is any sexual act against an unwilling, unable, or nonconsenting individual by the use of force or threat of force (APA, 2021). Literature by Browne and Finkelhor (1986) supports this definition and includes sexual activity with a child by someone 5 years older or more. Because children cannot consent, RAINN (2021) defined CSA as any sexual activity with a minor. The WHO (2021) went further by stating that CSA is any sexual act that the child does not understand, does not give consent to, or is developmentally unprepared for and violates "the standards of the society in which the child lives" (para. 1). Due to the ubiquity of CSA, including the cost for law enforcement, hospitalization, insurance, mental health services, time away from school and work, child maltreatment

costs the U.S. approximately $104 billion per year, thus the need for early intervention and treatment (Cohen et al., 2002; WHO, 2021).

Disclosure

The economic impact of CSA alone beckons for increased support for CSA survivors (Cashmore & Shackel, 2014), counselor training, optimization in services, and policy change (Vrolijk-Bosschaart et al., 2018). Because the true prevalence of CSA is obscure (Olafson, 2011), it is vital that clinicians holistically learn both their clients and their whole experience (Oransky et al., 2013). This knowledge will make it easier to recognize symptoms of CSA (Vrolijk-Bosschaart et al., 2018), thus encouraging disclosure, leading to early intervention and treatment.

The estimated disclosure rate of CSA is one out of eight survivors (Stoltenborgh et al., 2011). Similarly, D2L (2015) noted that the disclosure rate of CSA is around 38%, while RAINN (2021) reported that every 9 minutes, child protective services substantiates a CSA case.

Disclosure, described as “telling” (Alaggia et al., 2019, p. 261) or making something secret known (“Disclosure,” 2021), is a complex and ongoing process (Alaggia et al., 2019). CSA disclosure, or the lack thereof, is complex as it includes and is influenced by growing cultural contextual factors such as individual, family, and cultural differences (Alaggia et al., 2019; Giroux et al., 2018; Gray & Rarick, 2018; Kenny & McEachern, 2000b; Leeb et al., 2011; Rao et al., 1992; Ruiz, 2016; Vrolijk-Bosschaart et al., 2018). While contextual factors influence the disclosure or nondisclosure of CSA, age and gender are also influencers (Alaggia et al., 2019); as

many researchers have found, females most often report CSA (Boney-McCoy & Finkelhor, 1995; Salter, 1993), and age is even more of a predictor than relationship to the perpetrator (Alaggia et al., 2019; Hershkowitz et al., 2005; Leclerc & Wortley, 2015), considering that adolescents are more likely to be victimized by a stranger while children are by a parent (Giroux et al., 2018).

While the previously mentioned researchers postulated a difference in disclosure based on contextual factors, Wyatt's (1985) study, which included 248 women ages 18 to 36 years in Los Angeles County in a stratified probability sample stated no differences in disclosure rates among Black and White women. However, results revealed that Black women are less likely to disclose if the perpetrator is a family member (Wyatt, 1985). Berliner (2011) agreed with Wyatt (1985) by asserting that disclosure rates for Black and White females are similar, while Native American females reported higher rates, and Hispanic females significantly higher. Asian females, on the other hand, reported lower rates than Black, White, and Native American females (Berliner, 2011).

That said, as previously mentioned, research shows that age is a stronger predictor of disclosure (Alaggia et al., 2019). Literature determined that out of 248 women, 62% experienced at least one form of CSA before 18. While much of current CSA disclosure rates come from the child (Leeb et al., 2011), as previously represented, unfortunately, most CSA experiences are not disclosed until adulthood (Collin-Vezina et al., 2015; Collings et al., 2005; Easton, 2013; Jonzon & Linblad, 2004; Kogan, 2004; Leclerc & Wortley, 2015; Sorsoli et al., 2008). Considering that current data come from child disclosures, whether accidental or purposeful (Alaggia et al., 2019), the true prevalence

of CSA is unknown (Olafson, 2011) and is frequently underreported (Leeb et al., 2011). Many children do not disclose experiences of CSA out of fear of retribution and disruption of the family (Cashmore & Shackel, 2014; Pierce & Pierce, 1984), while others do not disclose due to shame, self-blame (Alaggia, 2019), and the perceptions and attitudes of counselors.

Females specifically may not tell of CSA due to the social perception that females are weak and should be compliant (Cashmore & Shackel, 2014). The same barriers are even more true for male CSA victims (O'Leary & Barber, 2008). Additionally, the under reported male CSA victim (Alaggia, 2005; Easton, 2013; Easton et al., 2014; Gagnier & Collin-Vezina, 2016) also fears being viewed as homosexual (Alaggia, 2019). That said, if the perpetrator is female, males may not disclose as it appears more socially acceptable and less likely viewed as abusive behavior (Cashmore & Shackel, 2014). This discrepancy further speaks to CSA's social perceptions and complexities, thus the need for a better way to realize, conceptualize and respond to CSA.

Gender Biases

Sexual abuse, whether penetrated or nonpenetrated (Abajobir et al., 2017), significantly impacts children's and adolescents' mental health well into adulthood (Matthew et al., 2014) and can occur at any stage of life, to males and females (APA, 2021). That said, as previously mentioned, there are gender biases in sexual abuse, social and survivor perceptions, trauma pervasiveness, and disclosure rates (Abajobir et al., 2017; APA, 2021; Cashmore & Shackel, 2014). Considering this, reputedly, females are five times more likely to be sexually abused than males (Darkness to Light [D2L] 2015)

and with more severe symptoms (Abajobir et al., 2017). Approvingly, RAINN (2021) stated that one in nine girls experience CSA or assault. Substantiating this statistic, the Child Sexual Abuse Committee of the National Child Traumatic Stress Network (NCTSN; 2009) reported that one in every four females and one in every six males would be sexually traumatized before reaching 18. Stoltenborgh et al. (2011) further confirmed by stating globally that CSA's prevalence is an estimated 18 to 20% for females and eight percent for males.

Literature also confirmed that females are more likely to experience sexual abuse than males and are more sexually distressed than boys (Alaggia et al., 2019; Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). In their cross-sectional longitudinal research with a sample of 38,989, Abajobir et al.'s (2017) study results showed that risky sexual behaviors, depression, dissociation, and alcohol are consequences of CSA regardless of gender. Despite over half of the sample being female, results showed equally a 1.59 times greater possibility of risky sexual behaviors in male and female victims of CSA. Similarly, the symptoms of guilt and shame exacerbated these behaviors equally in males and females. Strong family bonds, values, and mental stability buffer the potential for risky sexual behaviors (Abajobir et al., 2017).

Moreover, based on substantiated self-reports provided by females, there is also an increased probability of risky sexual behaviors (Abajobir et al., 2017). Beneficial to this topic, the authors concluded that further research on gender differences, increasing public awareness, and more appropriate therapeutic interventions are critical in decreasing CSA. Adding to this study, the literature sufficiently addressed CSA, its

symptoms, and gender differences. Similarly, Cashmore and Shackel (2014) addressed gender differences in children who experienced sexual abuse. While the qualitative study spoke to the lack of literature detailing gender disparities, they discussed the importance of doing so and the benefit to counseling professionals and public health systems.

Researching gender disparities will help professionals better support and protect their children in the most gender specific ways allowing them to respond to and recover from sexual trauma (Holmes & Offen, 1996; Richey-Suttles & Remer, 1997). Cashmore and Shackel's (2014) article related to the dissertation topic as it sufficiently addressed gender differences and the response and recovery of CSA survivors. Cashmore and Shackel (2014) stated that while there is no question that statistically, the prevalence of female sexual abuse is higher than males, these differences may lie in factors such as environment and disclosure rates. For instance, boys experience CSA at alarming rates in religious settings (Cashmore & Shackel, 2014). They placed a sense of urgency on the subject, given that this population experiences more physical and mental health issues and seems to have more unsatisfactory economic outcomes when compared to nonvictims (Cashmore & Shackel, 2014). Furthermore, the authors requested further research on gender disparity and how professionals can better support children and prevent CSA. In the end, the authors address the need for further research on gender disparities among those who experienced CSA (Cashmore & Shackel, 2014).

Age/Adolescents

As previously noted, despite a clear consensus on the definition of CSA (Matthews & Collin-Vezina, 2019), it causes more severe health problems than any other

childhood problem or issue (Darkness to Light [D2L], 2015). CSA also affects children of all races, cultures, ethnicity, gender, socioeconomic status, and age (Brumfield & Christensen, 2011; Cashmore & Shackel, 2014; RAINN, 2021; Wangamati et al., 2021). While Cashmore and Shackel (2014) addressed the importance of further research on CSA and gender disparities, several authors have emphasized the need to further research age disparities (Connolley et al., 2017; Cotter & Beaupre, 2014; Giroux et al., 2018; Finkelhor, 2007; 2014).

Often addressed in the literature are CSA behaviors, symptoms, and disclosure in various populations (Alaggia et al., 2019; Anderson, 2012; Brumfield & Christensen, 2011; Cashmore & Shackel, 2014; Ruiz, 2016). That said, the dissertation addresses a gap in research as very few studies specifically speak to the impact of CSA on adolescents, and precisely, those ages 12 and 17 (Connolly et al., 2017; Cotter & Beaupre, 2014; Finkelhor et al., 2014; Giroux et al., 2018; Gray & Rarick, 2018; Manay & Collin-Vezina, 2021; Walsh et al., 2018). Despite adolescents increased vulnerability and victimization to CSA, higher reporting rates (Cotter & Beaupre, 2014; U.S. Department of Health and Human Services, 2013), and their display of more psychological distress (Abajobir et al., 2017; Cotter & Beaupre, 2014; Feiring et al., 1999) this area of research is neglected. The adolescent years riddled with self-doubt and self-consciousness also indicate (Elkind, 1967; Foust, 1983; Harter, 1990) a higher rate of CSA revictimization (Fargo, 2009), increased risk of conduct issues, PTSD (Wolfe et al., 1994), and increased impulsive behaviors (Feiring et al., 1999). As stated, the study aimed to address this gap in the literature, explicitly researching the transitional

adolescent phase from 10 to 19 years of age to encourage more individualized and personalized treatment.

Race/Ethnicity, Sexual Trauma Symptoms, and Behaviors

In delving deeper into the purpose of the research study, it is critical to note that exploring multiple cultural identities, including race and ethnicity, is essential in researching and evaluating CSA and trauma symptomology. In the mind of reiterating, it is vital to remember that CSA and its symptoms affect children of all races, cultures, ethnicity, gender, and socioeconomic status (Andrews et al., 2015; Brumfield & Christensen, 2011; Cashmore & Shackel, 2014; Feiring et al., 1999; Olafson, 2011; RAINN, 2021; Wangamati et al., 2021). That said, this section detailed the different ways CSA specifically affects the Black population. Nevertheless, I would be remiss if I did not mention the importance of counselors assessing and paying special attention to the possibility of polyvictimization or co-occurring patterns of abuse when working with children and adolescents (Finkelhor et al., 2007). Reputedly, polyvictimization, coined by Finkelhor et al. (2007), also influences trauma symptoms in children and adolescents and should be considered most in the at-risk Black youth population (Anderson, 2010; Finkelhor et al., 2007).

An example of polyvictimization is a CSA survivor who has also suffered other forms of child maltreatment. Anderson (2010) and Andrews et al. (2015) spoke to this issue and affirmed that most children who have suffered CSA have also suffered other forms of abuse and trauma. Additionally, Anderson (2010) and Wallace and Fischer (2007) stated that those within disadvantaged areas, including the previously mentioned

Black youths, are at an even greater risk of experiencing or witnessing more than one type of abuse (Anderson, 2010).

That said, Finkelhor et al. (2007) suggested one way to address the prevention of abuse, including polyvictimization, is by first recognizing its existence and impact on the lives of children. Additionally, without recognizing its existence, counselors unintentionally overemphasize fewer impacting symptoms while viewing culture as insignificant (Sue & Sue, 2008), thereby ignoring the impact of multicultural identities. While, over the past 10 years, the issue of CSA has been researched more in-depth, failing to both acknowledge and adequately address such issues perpetuates the overlooking of multiple cultural identities, this already rampant form of trauma, and prevents possible effective prevention and treatment (Anderson, 2010; Day-Vines et al., 2018; Finkelhor et al., 2007).

Finkelhor et al. (2007) claimed this overlooking is likely due to a lack of knowledge in a majority White professional community, particularly since the term counseling stems from a Euro-American worldview, thereby increasing the likelihood of ignoring culture (Sue & Sue, 2008).

This lack of awareness or overlooking sheds light on the gap in the literature about racial, ethnic, and cultural influences and, more specifically, their impact on children and adolescents' sexual abuse and trauma symptoms. Predicted, people of color will be the majority between 2030 and 2050 (Chang & Burk, 2009; Sue & Sue, 2008); thus, knowledge specifically addressing Black female adolescent CSA trauma symptoms is essential to society. To address this, the professional community must become

informed of the cultural group and the best approaches when working with culturally diverse adolescent survivors of sexual abuse to assess, diagnose and treat effectively (Day-Vines et al., 2018; Finkelhor, 2007; Sue & Sue, 2008). Even the legal system should learn and better understand the group and remain mindful of its interview practices to protect and prevent further victimization and cultural oppression (Sue & Sue, 2008) of children/adolescents, thereby initiating the healing process (Finkelhor, 2007).

While this area has been acknowledged and researched, a few studies pointed out it has often gone overlooked (Andrews et al., 2015; Ruiz, 2016; Clear et al., 2006). Alarmingly, survivors of CSA are four times more likely to develop avoidant behaviors (Shapiro et al., 2012), PTSD, major depressive disorder (Clear et al., 2006; Wangamati et al., 2021), aggression, antisocial disorder, suicidality (Leeb et al., 2011; Sue & Sue, 1990), hypersexuality (Gray & Rarick, 2018), short and long-term psychological difficulties (Boney-McCoy & Finkelhor, 1995) and develop an addiction to psychoactive substances (RAINN, 2021). While the symptoms and behaviors mentioned above are not partial to one population, some researchers (Clear et al., 2006; Gray & Rarick, 2018; Mennen, 1995; Shaw et al., 2001; Tzeng & Schwarzin, 1990) found that symptoms and behaviors might differ based on culture and ethnicity (Wilbon & Daniels, 2019). Despite such research findings, there is still the propensity to ignore the more focused aspects of intersectionality and multicultural identity.

While study results show differences in CSA symptomology based on culture and ethnicity, the results are inconsistent. For example, study results showed that Hispanic females displayed more depressive symptoms (Kercher & McShane, 1984; Shaw et al.,

2001) and aggressive behaviors (Shaw et al., 2001) than Black females. However, Moreno's (1989) study results revealed that Black and Hispanic females combined had lower self-esteem and displayed more depressive symptoms and negative behaviors. Unlike the previously mentioned research, Gray and Rarick's (2018) archival and loglinear analysis study revealed no significant symptom differences between races and ethnicities among CSA survivors. Similarly, Tzeng and Schwarzin's (1990) study results showed no significant differences in emotional distress symptoms among Black, White, and Hispanic CSA child/adolescent survivors.

On the other hand, Andrews et al. (2015) postulated that while likely due to polyvictimization, there is inequality in racial and ethnic trauma symptoms in Black and Hispanic children and adolescents. The authors researched trauma symptoms among children and adolescents ages 12 to 17 years using telephone surveys to interview for the National Survey of Adolescents replication study (Andrews et al., 2015). The sample included 3,312 children, 16% Black, 12% Hispanic, and around 70.8% White. Despite a more significant number of White participants, the authors determined that Blacks and Hispanics displayed not only more mental health symptoms but more severe symptoms than Whites. Their quantitative research revealed significant racial disparities in trauma-related symptoms, including post traumatic stress disorder and depression. This article's contents benefit my study as it aids in filling the gap where there is an absence of literature on adolescent trauma and CSA symptoms. Lastly, the study confirms racial disparities in trauma symptoms among children and adolescents (Andrews et al., 2015).

Despite the lack of consensus in the literature, there seems to be a greater consensus that CSA significantly impacts persons who identify as Black at a rate of 21%, with Hispanics at 21.8% (Allen et al., 2015; Cashmore & Shackel, 2014; Ruiz, 2016; U.S. Department of Health and Human Services, 2013). Moore et al. (2015) and Wilbon and Daniels (2019) confirmed by asserting that the Black population is impacted by CSA at disproportionate numbers compared to White and Hispanic with a rate of over 21% even though they make up a little over 12% of the U.S. population. In Ruiz's (2016) study, she used archival data to study the symptoms of 176 ethnically diverse children ages 8 to 16 years.

Ruiz (2016) covered the topic of depression, PTSD, and anxiety, including the symptoms of anger and disassociation. The children chosen from urban areas were studied during pretreatment and three months post treatment using trauma focused-cognitive behavioral therapy (TF-CBT). Black and Latina females scored higher in these areas than White females. While White girls showed improvement behaviorally after treatment, Black girls, who scored higher than Latino women in depression, did not show much improvement in problematic behaviors. Ruiz's (2016) results differed from Clear et al.'s (2006) qualitative study, which showed no significant differences in depression or intrusive symptoms among Black, White, and Hispanic female CSA victims.

Results revealed that while race and ethnicity affect overall symptoms, age and gender also affect the overall symptoms of the child (Ruiz, 2016). Moreover, the study showed significant differences in PTSD symptoms among Black girls compared to White and Hispanic females (Ruiz, 2016). Lastly, the results showed that while females

displayed more sexual distress symptoms, adolescent children displayed more anxiety, depression, post traumatic stress disorder, and disassociation. The author stated that minority children tend to suffer from more symptoms and more severe (Ruiz, 2016). If differences in culture, race, ethnicity, and age in research are not addressed, how can adequate care and treatment be provided to all populations? How can prevention programs be enhanced if multiple cultural identities are overlooked?

These are a few questions raised by Ruiz (2016), as the literature plead for further research on how the factors of race, ethnicity, and the impact on child symptomology are intertwined. She also suggested the importance of keeping in mind that these cultural differences may also impact how the child responds, discloses, and understands the abuse experienced. This literature benefits this study as it aids in filling the gaps relating to more culturally sensitive counseling approaches and differing symptomology in children based on the cultural identities of race/ethnicity, age, and gender. Therefore, treatment practices should reflect individual race and ethnic differences in symptomology, while counselor educators should instruct students in a way that aids in trainees feeling comfortable discussing multicultural identities and how they might present differently in clients (Day-Vines et al., 2013; 2018; Feiring et al., 1999; Trickett & McBride-Chang, 1995).

Intersectionality

Addressing multicultural identities, including culture, race, ethnicity, and faith introduces the interconnected social identities and aspects that makeup intersectionality. Intersectionality emerged in the 1960s and, while lacking in a consensus in definition,

was developed and presented by American radical Black feminist influenced Kimberly Crenshaw (1989). The theoretical framework captured the importance of addressing and grasping multiple social and culturally marginalized aspects of identity (Carbin & Edenheim, 2013; Hulko, 2009; McCall, 2005; Mehnotra, 2010). Once theorized in the 1980s and 1990s (Collins, 1989), intersectionality was used to understand gender, social differences, and oppression (Mattson, 2014). Using the intersectionality framework to conceptualize gender, social differences, and oppression makes this framework unique in that it seeks to empower the disadvantaged (Crenshaw, 1989; Hankivsky & Comier, 2009).

Viewed as a framework (Hancock, 2007a; McCall, 2005), a theory (de los Reyes & Mulinari, 2005; Yuval-Davis, 2006), and politics (Crenshaw, 1991), intersectionality is all-encompassing and used in both undergraduate and graduate studies (Carbin & Edenheim, 2013) in Europe and North America. Now fully embraced by feminists from a structuralist standpoint, the intersectionality theoretical framework was introduced by Crenshaw (1989) to shed light on how Black women were often excluded by feminist and antiracist movements (Carbin & Edenheim, 2013). Traditionally, the most frequently researched intersecting categories were gender, class, and race (Collins, 1989; Crenshaw, 1989; Carbin & Edenheim, 2013).

The intersectionality theory has since evolved to include intersecting categories like sex, class, ethnicity, sexuality, age, religion, ability, and others (Crenshaw, 1989; Davis, 2018; de los Reyes, 2017; Hankivsky & Cormier, 2009). Moreover, soon to be institutionalized, and now the foundation to social change (Crenshaw, 1989; Hankivsky

& Cormier, 2009), intersectionality is often used among researchers and policymakers (Choo & Ferree, 2010; Cole, 2009; Hancock, 2007; McCall, 2005; Warner et al., 2018; Weber, 2009) as well as sociologists Nira Yuval-Davis and Diana Mulinari, Economist, Paulina de los Reyes, and cultural geographer Irene Molina (Carbin & Edenheim, 2013).

Despite intersectionality's uniqueness and use in many fields (Carbin & Edenheim, 2013; Chang & Culp, 2002; Cho et al., 2013; Davis, 2008, Tomlinson, 2013), the theoretical framework is frequently viewed as relativistic (Oxman-Martinez et al., 2002), complex, and at times overemphasized (Tomlinson, 2013). Furthermore, intersectionality's application is branded as ambiguous (Bowleg, 2013; Chang & Culp, 2002; Davis, 2008; McCall, 2005). Even though labeled as ambiguous, complex, and relativistic, intersectionality is beneficial for this study as it is critical to obtaining a deeper understanding of Black females' multiple social and cultural marginalized aspects of identity (Black & Woods-Giscombe', 2015; Davis et al., 2018; Ghavami & Peplau, 2012; Jones et al., 2018; Davis, 2015; Lewis et al., 2013).

Furthermore, intersectionality challenges counselors to go beyond the acknowledgment of multiple cultural identities or multicultural counseling and begs them to implement culturally specific and appropriate interventions (Oxman-Martinez et al., 2002) meant to dissolve social and cultural barriers, thus informing best practices (Cho et al., 2013; Davis, 2008; Giroux et al., 2018; Hankivsky et al., 2002; Manay & Collin-Vezina, 2021; Tomlinson, 2013). Seeking to be addressed by this research study, intersectionality fills a long standing gap by focusing on the sum of race, gender, spirituality, culture, and age. Filling this gap in the literature is critical to the counseling

field as comprehending intersectionality helps counselors to understand the complexities, distinctiveness, and diverse influences on overall health (Hankivsky & Comier, 2009; Hankivsky, 2012) and experiences of traditionally excluded Black females (Crenshaw, 1989; Hankivsky & Cormier, 2009) so they are no longer silenced, marginalized, (Lewis & Neville, 2015;) or falling through the cracks (Collins, 1989; Crenshaw, 1989; Mattsson, 2014).

In summation, the literature above challenges the counseling profession to transform our thinking (Mattson, 2014), deepen our understanding of multiple cultural identities, and how attempting to understand them separately is a disservice to our clients (Hankisky & Comier, 2009; McCall, 2005). We as counselors must also acknowledge and identify how they interact and influence or impact health concerns to better respond to such matters and create new theories (Collins, 1989; Crenshaw, 1989; Hooks, 1990; Oxman-Martinez et al., 2002). The primary purpose and benefit of intersectionality are to pursue social justice, and the subsequent theory, the SBW, complements intersectionality's framework well.

Cultural History and the Strong Black Woman

First coined by Romero (2000) and lacking in consensus in meaning, the SBW identity was developed through her extensive work with Black women. Albeit with no agreement in interpretation, Anyiwo et al. (2018) described SBW as a "cultural ideal that reflects on the expectation that Black women be selfless, self-reliant, psychologically and physically strong, and resilient despite the many social challenges (sexism, racism) they encounter" (p. 52). Woods-Giscombe's (2010) study went further to include suppressing

vulnerability, and perceived weaknesses. Kin to the Superwoman Schema (SW), another description of SBW is the "amalgamation of beliefs and cultural expectations of incessant resilience, independence, and strength that guide meaning-making, cognition, and behavior related to Black womanhood" (Abrams et al., 2014, pp. 517-518).

In the likeness of both SW schema and SBW identity, the Sojourner Truth identity and Sisterella complex speak on the strength of Black females, both in the home as providers and caretakers and in the community as an agent for empowerment, despite oppression and discrimination (Mullings, 2000). Together, the SW, Sojourner Truth identity, and Sisterella complex constructed made up the characteristics of the SBW identity later postulated as a gender schema with a set of perceived "behavioral and cognitive characteristics" (Abrams et al., 2014, p. 508).

On that matter, the SBW identity was birthed first out of slavery and oppression, then out of necessity, since Black females were observed and believed to be as strong as Black males and stronger physically and mentally than White women (Liao et al., 2016). Due to social norms, customs, and at the hands of self-perceived justified patriarchal White men, Black women were outfitted and conditioned with the identity of strength, resilience, and independence (Abney & Priest, 1995; Abrams et al., 2019; Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2016; Wyatt, 2008). The SBW theory's foundation is the characteristics of strength, self-reliance, caregiving (Abrams et al., 2014; Liao et al., 2016), and self-containment (Abrams et al., 2014; Romero, 2000). Considering the harsh realities of slavery, racism, sexism, and the birth of the SBW theory, Thompson (2003) created and validated the Black Woman Attitude Scale. Its

psychometrics, later revised by Hamin (2008), resolved that the SBW identity is a coping mechanism for Black females.

Due to historical experiences, Black females are perceived to withstand pain and harsh conditions and experiences while remaining emotionally strong by emulating and mirroring their mothers and other older females within the family, thus endorsing, even if unintentionally, the SBW identity (Abney & Priest, 1995; Abrams, 2019, Woods-Giscombe, 2008). Endorsement of the SBW identity for some provides a sense of pride, freedom (Nelson et al., 2016; Shambley-Ebron et al., 2016), and the ability to cope despite oppression, marginalization, and discrimination (Anyiwo et al., 2018). On the other hand, others state that embodiment of SBW can also be rigid and increases the risk of anxiety and depression (Abrams, 2018; Donavan & West, 2015; Nelson, 2016). Diagnosed at higher rates in Black females compared to other races are anxiety and depression (Abrams et al., 2019; Anyiwo et al., 2018; Beauboeuf-Lafontant, 2007; Etowa et al., 2017). These increased rates are likely due to perceived pressure to withhold or self-silence emotional needs (Abrams et al., 2014) in hopes of not appearing weak, vulnerable, or dependent upon others (Abrams et al., 2019; Anyiwo et al., 2018; Beauboeuf-Lafontant, 2007; Etowa et al., 2017).

Thomas et al. (2004) postulated there is little room for vulnerability due to perceived pressures among Black females. He went on to state that the lack of space for vulnerability among Black females is due to their dual minority status (race and gender), hence the urgency in recognizing and acknowledging the uniqueness of Black female experiences (Hamin, 2008; Offutt, 2013; Romeo, 2000; Thomas et al., 2004; Woods,

2013). The SBW identity is the core of this dissertation, as are the principles of rejecting vulnerability, self-sacrifice, emotional restraint, and resiliency (Belgrave et al., 2016; Nelson et al., 2016; West et al., 2016; Carter & Rossi, 2019).

These principles are significantly relevant to Black female adolescents since, culturally, they grow up seeking to meet the needs and demands of society and family members by following the blueprint of friends, those in media, older females, and their moms (Hamin, 2008; Offutt, 2013; Romeo, 2000; Watson & Hunter, 2015; Woods, 2013). Furthermore, the principles of gender stereotypes, cultural practices pertinent to the group, historical experiences, and the influence of symptoms in children and adolescents who have experienced sexual trauma are critical to this study. Research on how Black females are groomed to embody the SBW identity is needed to advocate for the population to promote mental health scholarship and education (Geyton et al., 2020). It is also critical to comprehend that help-seeking behaviors are not part of the SBW identity (Geyton et al., 2020), hence the criticality of this research study.

In addressing the criticality of my research study, it is vital to note there many pieces of literature that address the SBW identity and its principles (Abrams et al., 2014; Carter & Rossi, 2019; Castelin, 2019; Donovan & West, 2015; Geyton et al., 2020; Green, 2019; Hamin, 2008; Nelson et al., 2016; Oshin & Milan, 2019; Ramirez et al., 2017; Romero, 2000; Steven-Watkins, 2014; Woods, 2013; Wyatt, 2008). One of those pieces of literature is Nelson et al.'s (2016) qualitative study. The author's used 30 self-identified Black females between 18 and 66 to address varying perspectives on SBW (Nelson et al., 2016). Their research aimed to understand Black women's perceptions of

SBW and SW identities. Through thematic data analysis, the results revealed five characteristics and themes: independence, hard-working and high achieving, being emotionally contained, taking care of family and others, and overcoming adversity. Other relational themes discovered within the study were family and social status (Nelson et al., 2016). While some women expressed the role as freeing, the authors stated that others described it as a rigid gendered and racialized expectation of Black women (Nelson et al., 2016).

Concurring, Wyatt's (2008) qualitative autobiographical study shined a light on Black women's psychological viewpoints on the SBW's roles and focused on knowledge, empowerment, and liberation from gender roles that have been "trusted upon" (p. 57) Black women. Like Nelson et al. (2016), the researcher provided loose historical data detailing the origins and transformation of such ideologies, including the strong Black slave, the Black matriarch, and the SBW, along with how to resist them (Wyatt, 2008). From the conducted study, the author learned what it means to function in the role of an SBW (Wyatt, 2008).

Similarly, Abrams et al. (2014) conducted a qualitative study seeking to explore Black women's beliefs, perceptions, and thoughts related to the schemas of the SBW. Their study was meant to shed light on the unique sociocultural factors of Black women that led to the embracing of SBW (Woods-Giscombe, 2010) and answer *what it means to be a strong Black woman*. Forty-four Black women from the Mid-Atlantic area of the United States participated in eight focus groups separated by age. Each focus group consisted of at least three women who answered at least one written question. The focus

groups lasted between 30 and 75 minutes and were conducted by two researchers (primary and assistant). The authors used open-ended questions to interview Black women between 18 and 91 and used Nvivi for data analysis (Abrams et al., 2014).

Further speaking on the unique sociocultural factors of Black females, Carter and Rossi (2019) focused on the effects of the (SBW) ideology and its mental health implications. Like Wyatt's (2008) study, the authors concentrated on Black woman stereotypes, the resistance of such normative views, and the impact of acceptance. Again, using a qualitative approach, they detailed the embodiment of strength in the roles of the slave woman, mammy, the SBW, and superwoman. Additionally, the authors talked about physical beauty (e.g., appearing put together), performance, scheduling, and mindfulness. They conclude by stating that Black women could increase awareness and improve overall personal and mental health by being provided a voice in a space to process guilt.

Continuing with the customs, lifestyles, and values of Black females, Shambley-Ebron et al. (2016) addressed the cultural values and beliefs of Black women and the high expectations placed on their daughters. They reported that mothers desire most that their daughters did not make the same mistakes made before them but lead successful lives (Shambley-Ebron et al., 2016). In agreement, Nelson et al. (2016) reported that Black culture influences younger generations, while Carter and Rossi (2019) note that the Black community normalizes SBW. Moreover, Black women taught their daughters to remain strong and resilient while showing no weakness or need hence their ambivalence toward the SBW role (Nelson et al., 2016). Shambley-Ebron et al. (2016) reported that the Black

mom's parental role is the most significant in their daughter's life. On one accord, Abrams et al. (2014), seemingly considering intersectionality, provided historical data detailing how women have taught Black females before them how to embody SBW despite life's challenges. The iterative process used in their study for data analysis showed that the most common themes were religion/spirituality, self/ethnic pride despite intersectional oppression, strength, and the embrace of every woman (Abrams et al., 2014).

Unlike the previously mentioned pieces of literature (Abrams et al., 2014; Carter & Rossi, 2019; Nelson et al., 2016), Shambley-Ebron et al. (2016) postulate that the transmission of Black culture to younger females seeks to help other females lead healthy lives while refraining from risky sexual behaviors (RSB). Risky sexual behaviors are critical to note as it is prevalent in female survivors of CSA (Abajobir et al., 2017). In the end, the authors addressed the importance of culture and gender in public health institutions (Shambley-Ebron et al., 2014). Additionally, Shambley-Ebron et al.'s 2016 study discussed the culture of African American women. In their research, where they chose to interview 14 moms ages 25 to 34, similar to Nelson et al.'s (2016) study, they found that the Black culture instilled in Black girls came directly from their mothers and hinged predominately on their experiences. Based on their experiences, Black mothers traditionally teach their daughters to remain strong despite life's challenges. To stay strong, no matter what society throws their way, because they can overcome pitfalls and remain academically successful (Shambley-Ebron et al., 2016). Mothers teach their daughters the importance of good self-esteem, telling the truth, and relying on

spirituality. The authors noted that Black moms advise their daughters that no matter the challenges of life, they are to be leaders within the community, remain independent, and care for others (Shambley-Ebron et al., 2016).

In exploring how the endorsement of the SBW identity impacts stress related anxiety, depression (Carter & Rossi, 2019), smoking, and emotional eating (Woods-Giscombe, 2010), the themes studied among women between 18 and 47 from the New England University were strength, resilience, self-containment, and self-sacrifice (Donavan & West, 2015). The results from the 92 Black female participants showed that mid to high levels of SBW endorsement increased the women's vulnerability to depression, while lower levels of acceptance did not (West, 1995; Donavan & West, 2015). Like Shambley-Ebron et al. (2016), the qualitative study conducted by Donovan & West (2015) also found that the SBW identity could be positive with appropriate healthy coping skills to the daily stresses of life.

Using analysis covariance and logistic regression, Oshin and Milan (2019) studied 194 women and daughters (57% Latina, 22% Black, and 20% White) from low-income areas. They determined that the values of the SBW are critical in Black families while viewed as externalizing problems in other races and ethnicities (Oshin & Milan, 2019). They learned that the attributes of assertiveness, self-reliance, strong will, independence, and leadership were considered essential to the development of Black females while not as crucial in Latina and White women. Concurring with the previously mentioned studies, they detailed how Black females are taught to adapt, succeed, and remain emotionally strong despite life challenges (Oshin & Milan, 2019; Shambley-Ebron et al., 2016).

Moreover, mothers instill in Black females that strength and resiliency are critical, as are self-respect and education. Stevens-Watkins et al. (2014) examined the coping skills of African American women as they related to trauma. They examined spirituality, social support, and self-esteem among 161 community-based African American women. The results of this secondary data showed that women with higher self-esteem, support, and spirituality were more likely to cope with the daily stresses of life (Stevens-Watkins et al., 2014).

Relevancy

The relevancy of the previously mentioned literature to this study is evident. Each addressed one or all the schemas, identities, and ideologies of Black females (e.g., SBW, SW, Sojourner Truth, Mammy, Sisterella complex), culture, and the beliefs and values surrounding Black women (Abrams et al., 2014) as well as the stereotypes of Black women and their lived experiences (Carter & Rossie, 2019; Wyatt, 2008). Like this study, the authors acknowledged the impact of the SBW identity and its health implications. They used the intersectionality framework (Donovan & West, 2015) while mentioning SBW endorsement or embodiment benefits. Moreover, these articles addressed the high expectations placed on Black women and the prominence of institutional and structural oppression and marginalization (Carter & Rossi, 2019).

Since we know that Black women groom their daughters to embody the SBW identity, we can conclude that they also place high expectations on their daughters to show strength and resilience despite institutional and structural oppression and marginalization. For this reason, among many, advocacy is needed for this population to

promote mental health scholarship and education (Geyton et al., 2020). Even more specific to the chosen topic, the authors spoke to how the attributes of SBW might influence the symptoms of CSA and trauma (Oshin & Milan, 2019). How the characteristics of SBW might influence the symptoms of CSA and trauma is essential to note as African American women have a 35% higher risk of trauma than White women and are less likely to seek psychological services (Carter & Rossi, 2019; Shambley-Ebron et al., 2014; Stevens-Watkins et al., 2014).

Since Black females have an increased risk of trauma and are less likely to receive psychological services, it is vital to examine further how Black females cope with CSA and sexual trauma and the possibility of the influence of SBW. Furthermore, the authors note the importance of understanding the differences in culture and gender relating to trauma (Stevens-Watkins et al., 2014). Additionally, speaking to its significance is the reminder that the endorsement of SBW increases the reporting of high self-esteem and positive attitudes for some. Equally as crucial to this research study is the authors detailed in their literature the complexities of the SBW cultural identity and the intersecting identities of Black females (Nelson et al., 2016). Lastly, the authors beckoned for further research on the SBW identity (Abrams et al., 2014; Carter & Rossie, 2019; Donovan & West, 2015; Oshin & Milan, 2019; Shambley-Ebron et al., 2016; Stevens-Watkins et al., 2014) and its relation to dealing with trauma and daily life stresses (Steven-Watkins et al., 2014).

Church and Faith

CSA damages a child's soul (Moore et al., 2015). It hinders their developmental growth (Moore et al., 2015), thus increasing the risk of mental (e.g., chronic depression; Hope et al., 2019) and physical problems (e.g., obesity) as well as risky behaviors (Dill, 2017), well into adulthood. Traditionally, since Black families do not seek mental health services (Dill, 2017; Moore et al., 2015) but rely heavily on their religious communities, if and when they seek services, counselors must be aware of and attend to multiple cultural identities and how to implement culturally sensitive and appropriate techniques (Bryant-Davis et al., 2012; Cotton et al., 2006; Moore et al., 2015; Scales et al., 2014).

While it has been determined that the Black church is a significant source of support for the community (Hope et al., 2019; Lincoln & Mamiya, 1990; Moore et al., 2015; Taylor et al., 2017; Taylor et al., 2005; Taylor & Chatters; 1988), there is an absence of literature addressing culture and the role religion/spirituality plays in coping and support, especially among Black adolescents (Dill, 2017; Hope et al., 2019; Taylor & Chatters, 1988). More so than in the White population (Smith et al., 2002), Black culture has a higher level of participation in faith-based communities (Smith et al., 2002). So much so that it shapes adolescents' social (Taylor & Chatters, 1988) and overall psychological development (Taylor et al., 2017) and often influences their life experiences (Hope et al., 2019). Bearing that in mind, while religious communities aid in shaping social and psychological development in Black adolescents (Taylor & Chatters, 1988), they are not as active in helping prevent and support victims of CSA (Moore et al., 2015).

Hope et al. (2019) used the National Survey of American Life-Adolescent (NSAL-A) data to study Black religious adolescents. When they studied participants with a mean age of 15, they found that all 1170 adolescents reported they received support from their religious institutions, including in the areas of cultural stigmatization, protection from discrimination effects (Gooden-McMahon, 2016), self-esteem, self-efficacy (Ellison & Levin, 1998), and mental health support (Hope et al., 2019). Such religious support is believed to promote a thriving Black adolescent community and decrease depressive symptoms (Hope et al., 2019), adverse outcomes, and risky behaviors (Scales et al., 2014).

Historically, the Black church has been a beacon of support and guidance for resolving personal and family issues (Hope et al., 2019; Lincoln & Mamiya, 1990; Moore et al., 2015; Taylor et al., 2017; Taylor et al., 2014). As previously mentioned, normally, Black families do not seek help from mental health services (Planey et al., 2019), especially assistance from White institutions (Moore et al., 2015). As an extension of the family (Moore et al., 2015) and a primary social group for the Black community, the church has not supported survivors of CSA (Moore et al., 2015). Moreover, some CSA perpetrators are members and religious leaders within the church's walls (Moore et al., 2015). That said, the church's lack of support hinders the child's mental, physical, and spiritual development (Moore et al., 2015). Furthermore, it is critical to mention that in cases where the perpetrator attends the CSA survivors church or is part of the clergy, the abuse is seemingly more damaging to the child; second to abuse by a father or father figure, and even more harmful than physical abuse (Moore et al., 2015).

In this case, the church, instead of being a beacon of light and support, the abuse undermines and calls into question the child's relationship with God, their belief in total protection from such occurrences, and their trust in the person that should be a representation of God (Moore et al., 2015). In their research, the authors continued by addressing the prevalence of CSA and how Black families traditionally resolve family issues after years of oppression and discrimination (Moore et al., 2015). For example, the Black female interviewee used for the sample chose to suffer in silence until she disclosed her experience with her adopted mother. Speaking to the relevance of this study, Moore et al. (2015) detailed the common Black cultural practices of keeping secrets, mistrusting the White community, leaning heavily on religion and spirituality, and resilience as Black females tend to suffer in silence (Abrams et al., 2014; Moore et al., 2015; Ruiz, 2016). In the end, the authors pleaded for further research and beckoned counselors to implement more culturally appropriate techniques to aid Black CSA survivors in recovery (Moore et al., 2015).

Public Awareness and Implications

As detailed in this literature review, there is a wealth of research on the prevalence of CSA among female children (Abajobr et al., 2017; Colin-Vezina & Garrido, 2017; Krahe & Berger, 2017; O'Leary & Barber, 2008; Trickett et al., 2011). Specifically, relating to this study, fewer studies address CSA among Black female children (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016; Wilbon & Daniels, 2019). Despite the long-lasting urgency, there is a lack of public awareness and responsibility to change policy and practice to prevent CSA no

matter gender (Colin-Vezina & Garrido, 2017). Public awareness encourages public policy and practice measures, incorporating relevant and sensitive therapeutic and assessment techniques (Collin-Vezina & Garrido, 2017).

Despite the lack of public awareness, there has been a decrease in CSA (Collin-Vezina & Garrido, 2017; Finkelhor et al., 2014). While possibly credited to fear of disclosure, the decline in CSA over the past decade is not significant, nor does it relinquish public health systems from their obligation to respond appropriately to the public. It is time that society no longer ignores the need for better approaches to treating CSA symptoms (Cohen et al., 2012; Collin-Vezina & Garrido, 2017; Mannarino et al., 2012; Moore et al., 2015) and, more specifically, the unique needs and intersecting aspects of Black female CSA survivors (Abrams, 2014; Gadson & Lewis, 2022; Woods-Giscombe, 2010).

Overall, society is not fully aware of the gravity of the effects of CSA on children's emotional, psychological, and physical well-being (Leeb et al., 2011), nor are counselors aware of the most effective evidence-based interventions for adolescents (Abajobir et al., 2017; Cashmore & Shackel, 2014; Olafson, 2011). The effects are long-lasting into adulthood and, as previously noted, cost the United States billions annually (Collin-Vezina & Garrido, 2017; Clear et al., 2006; Leeb, Lewis, & Zolotor, 2011; Moore et al., 2015; Wangamati et al., 2021; WHO, 2021). Because of this, researchers have been urged to further explore intersectionality and how cultural factors influence CSA symptoms to implement individualized culturally appropriate strategies and treatments

(Gadson & Lewis, 2022; Hope et al., 2019; Kenny & Eachern, 2000b; Offutt, 2013; Ruiz, 2016; Stoltenborgh, 2011); hence the purpose of this dissertation.

Counselor Implications

Research shows White counselors have a higher rate of therapeutic success when working with White clients (Driane et al., 2016; Hayes et al., 2015; Imel et al., 2011l; Owen et al., 2012) and a higher rate (53%-81%) of microaggressions when working with racially ethnic minority clients (Hook et al., 2016). Considering this, the most recent literature dedicated (Butcher et al., 1983; Gynther, 1972; Krebs, 1971; Sue et al., 1991; Terrell & Terrell, 1984; Yamamoto, 1967) to thoroughly examining differences in services provided between White and ethnically diverse minority clients (Burkard & Knox, 2004), whether related to a lack of multicultural counseling awareness, bias, racism, or negative racial attitudes, is antiquated. Even multicultural counseling research, which traditionally focuses on one cultural identity at the time (Sue & Sue, 2016), showing mental health disparity in racial and ethnic minority populations, is outdated (APA, 2003).

Considering this, counselors must attend to and understand intersectionality and multiple cultural identities. They must respond to “cultural markers” (Davis et al., 2018, p. 90), understand their perception of such markers, and how their worldview guides the session (Davis et al., 2018). Additionally, counselors must acknowledge and attend to potential SBW identity or cultural influences to incorporate culturally sensitive individualized treatment. Meanwhile, counselor educators must prepare graduate students in colleges and universities for the constantly evolving cultural needs (Day-Vines et al.,

2018) of marginalized (Liao et al., 2016), racially ethnic minorities, particularly Black female adolescents.

Additionally, counselor educators should facilitate a supportive and secure learning environment, thus aiding future counselors in becoming culturally competent. This learning environment will assist counselor trainees in learning how prospective clients' sociocultural and sociopolitical identities play a role in lived experiences (Day-Vines et al., 2017) and symptomology (Mennen, 1995a; Ruiz, 2016; Shapiro, 2012; Vrolijk-Bosschaart et al., 2018). Such cultural competence, orientation, and awareness provide counselor trainees with the skills necessary to "improve decision-making, stimulate more effective coping mechanisms, alleviate distress, promote client empowerment, and enhance resilience" (Day-Vines et al., 2017, p. 91) and strength in a population whose heritage is charged with remaining resilient (Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2016; Woods-Giscombe, 2010, Wyatt, 2008).

Cultural competence, loosely defined, is the ability to effectively work with, appreciate, and understand those with different worldviews, belief systems, and cultures than one's own (Sue et al., 1982). Cultural competence has 11 awareness competencies and is critical as it is directly related to successful therapeutic outcomes (Burris, 2012; Day-Vines et al., 2018). However, the counselor's ability to recognize and acknowledge their worldview and biases is vital in developing multicultural orientation, which includes the understanding and implementation of cultural humility, cultural opportunity, and cultural comfort, thus challenging counselors to understand "how cultural dynamics can influence the therapeutic process" (Davis et al., 2018, p. 90). Furthermore, counselors

should remain mindful of the therapeutic alliance, recognize cultural markers (Davis et al., 2018), and adjust when and where necessary to decrease the vulnerability of client mistrust (Chang & Beck, 2009), especially in cross-racial counselor-client working alliances (Burris, 2012).

Considering this matter, as previously mentioned, the Black population traditionally mistrust White institutions (Moore et al., 2015), stemming from the historical realities of slavery and oppression (Abrams, 2019, Woods-Giscombe, 2008). These realities are the fiber of the SBW identity characteristics of strength, self-reliance, and independence (Abrams et al., 2019; Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2016; Wyatt, 2008). Counselors' awareness of this will assist in diminishing the vulnerability of the therapeutic alliance and the importance of client trust, thereby strengthening the therapeutic or working alliance (Burris, 2012).

It is imperative to note that adolescents display more psychological distress (Abajobir et al., 2017; Cotter & Beaupre, 2014; Feiring et al., 1999; Ruiz, 2016), increased risk of conduct issues, PTSD (Wolfe et al., 1994), and more significant impulsive behaviors (Feiring et al., 1999). Despite increased self-doubt and self-consciousness in adolescents, commonly, they are viewed as little adults who are better able to defend themselves against unwanted sexual advances and more aware of what is and is not appropriate in sexual behavior (Maynard & Weiderman, 1997). For this reason, and despite the great psychological distress in adolescent CSA survivors, their perpetrators tend to receive fewer judicial consequences (Giroux et al., 2018).

The previously mentioned speaks to the need for more preventative methods and personalized treatment for adolescents (Hébert et al., 2021; Jones et al., 2013; VanHoof et al., 2017). Increased counselor competency and awareness protects the CSA survivor from revictimization and likely protect siblings and other children in the home who are at an increased risk of experiencing the same abuse (MacMillan et al., 2013). In advocating for this marginalized group, we promote mental health literacy within the counseling profession (Geyton et al., 2020). This understanding and awareness are critical as the race and culture of the adolescent significantly influence how they process, develop, and display symptoms of CSA (Gibbs et al., 1989; Mennen, 1995) and, more specifically, Black females due to their sociopolitical and sociocultural history.

Further speaking on the implications to the counseling profession, the counseling profession is currently and projected to remain mostly White females (Day-Vines et al., 2018); thus, how counselors address multiple cultural identities in Black female adolescents will significantly impact the effectiveness of treatment. Bearing that in mind, adolescents need more support from counselors and the community due to their increased vulnerability to CSA and higher reporting rates (Cotter & Beaupre, 2014; U.S. Department of Health and Human Services, 2013). Counselor support will decrease revictimization and encourage early disclosure in adolescents frequently riddled with self-doubt and self-consciousness (Elkind, 1967; Faust, 1983; Harter, 1990).

The cause for a pause and evaluation in the counseling profession is that most CSA experiences are disclosed well into adulthood (Collin-Vezina et al., 2015). Since most CSA experiences are revealed later in life, early assessment and culturally sensitive

and appropriate treatment are imperative. Both decrease the likelihood of further victimization allowing for prompt treatment of adverse effects and increasing counselors' knowledge, thus encouraging early disclosure and successful treatment. Within such treatment, counselors should remain mindful of both multicultural counseling competencies and their multicultural orientation, which compliments all therapeutic approaches (Davis et al., 2018).

In summation, Black females share salient complex aspects of cultural identity, including race, gender, faith, and a history of cultural marginalization. Considering this, counselors should recognize and acknowledge counselor biases to increase their cultural competence and understand their cultural orientation, including attending to and understanding intersectionality and multiple cultural identities (Anders et al., 2021). Neglecting to evolve in awareness, ignoring counselor biases, and overlooking cultural competence and orientation in this area decreases positive therapeutic outcomes counselor credibility, hinders the therapeutic alliance (Buckard & Knox, 2004; Burris, 2012; Davis et al.,2018), and increases counselors' unintentional eradication of cultural humility, thus missing opportunities to adequately address and honor clients' intersectional and cultural identities (Owen et al., 2016).

Summary and Conclusions

Literature is integral to expanding our knowledge and helps determine what is known and unknown about a particular topic or field of study (Babbie, 2017). It guides readers and researchers in answering how they can contribute to current literature knowledge (Babbie, 2017; Laureate Education, 2016b). This knowledge is where

literature reviews are essential. A literature review is not a juxtaposition of resources but a summons for researchers to utilize the most salient and relevant resources (Creswell & Creswell, 2018; Walden University, 2014). Literature reviews should support a researcher's study in a way that provides a robust foundation and justification for the study (Rudestam & Newton, 2015; Walden University, 2014). Quality sources are essential for researchers as it allows them to determine the article's relevance to the selected topic. Choosing quality sources is critical in this process (Laureate Education, 2016b).

The importance of this study lies in acknowledging and understanding that child maltreatment is a costly global issue at 104 billion per year (Cohen et al., 2002; WHO, 2021) and burdens families and society (Leeb et al., 2011). Additionally, and specific to this study, females are more likely to suffer sexual abuse and have more symptoms (Abajobir et al., 2017; Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Darkness to Light (D2L) 2015; Ruiz, 2016), including risky sexual behavior (Abajobir et al., 2017). Moreover, adolescents are even more vulnerable to CSA victimization (Cotter & Beaupre, 2014; U.S. Department of Health and Human Services, 2013) and other forms of abuse, especially underserved Black youth (Anderson, 2010; Wallace & Fischer, 2007) and the overall Black population (Moore et al. 2015; Wilbon & Daniels, 2019).

Pin pointedly, anxiety, depression, and trauma-related issues are diagnosed at higher rates in Black females (Abrams et al., 2019; Anyiwo et al., 2018; Beauboeuf-Lafontant, 2007; Etowa et al., 2017; Hamin, 2008) whose heritage is to exhibit strength

(Abrams, 2019; Beauboeuf- Lafontant, 2007; Nelson et al., 2016; Woods-Giscombe, 2008), conceal trauma, and suffer in silence (Beauboeuf-Lafontant, 2007; Castelin, 2019; Leath, 2021). Consequently, Black females are less likely to disclose CSA due to social perception (Cashmore & Schackel, 2014), especially if the perpetrator is a family member (Wyatt, 1985). Furthermore, traditionally Black females do not seek mental health services (Carter & Rossi, 2019; Dill, 2017; Moore et al., 2015; Shambley-Ebron et al., 2014; Stevens-Watkins et al., 2014) but instead rely heavily on their religious communities.

Considering SBW and speaking to the gap in the literature, if and when Black females seek services, counselors must be aware of their biases and multicultural orientation, implement multicultural counseling and attend to multiple cultural identities, thus putting into practice culturally sensitive and appropriate techniques (Bryant-Davis et al., 2012; Burris, 2012; Cotton et al., 2006; Day-Vines et al., 2018; Moore et al., 2015; Scales et al., 2014). More specifically, they should consider how the characteristics of SBW might influence the symptoms of CSA and trauma in Black female adolescents.

Intersectionality challenges counselors to go beyond the acknowledgment of multiple cultural identities or focus on individual multicultural counseling components (Davis et al., 2018) and begs them to implement culturally specific and appropriate interventions (Oxman-Martinez et al., 2002) meant to dissolve social and cultural barriers, thus informing best practices (Cho et al., 2013; Davis, 2008; Giroux et al., 2018; Hankivsky et al., 2002; Manay & Collin-Vezina, 2021; Mehrotra, 2010; Tomlinson, 2013), encouraging counselor training, optimization in services, and policy change

(Vrolijk-Bosschaart et al., 2018). Using both SBW and intersectionality, it is vital to examine further how Black adolescent females cope with CSA and sexual trauma and how counselors can increase the rate of positive therapeutic outcomes with this ethnic minority population (Day-Vines et al., 2018).

Considering this, the necessity of this research is evident first since researchers pled for more culturally sensitive counseling approaches, mainly when working with sexually abused children from ethnically diverse backgrounds (Abajobir, 2017; Ruiz, 2016). Secondly, very few pieces of literature collectively address CSA, culture, and ethnicity, not alone specifying the psychological responses among Black female adolescents to sexual trauma (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016; Wilbon & Daniels, 2019). Thirdly, Ruiz (2016) spoke to the importance of acknowledging the gap in the literature related to differing symptomology in children and adolescents based on demographic differences, including age, gender, and ethnicity. Next, Gadson and Lewis (2021) plead for more research specifically addressing the unique intersectional experiences of Black females, while Burris (2021) spoke to further research in clinical judgment in cross-racial client-counselor relationships. With this in mind, this qualitative multiple case study explored and described the perceptions, opinions, and experiences of six LPCs who work with sexually traumatized Black female adolescents 10 to 19 years of age. Lastly, the purpose of this literature review was to include credible and relevant research meant to provide the foundation and justification for said study (Laureate Education, 2010; Rudestam & Newton, 2015; Walden University, 2014). In Chapter 3, I will introduce the major

components of my qualitative research study, which will explore and describe what knowledge six LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents.

Chapter 3: Research Method

Introduction

As previously stated in Chapter 1, it is integral to note that sexually and physically abused children have more significant clinical mental health issues than those who experienced other forms of abuse (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016; Vrolijk-Bosschaart et al., 2018) and that research has yielded that Black female children experience more severe symptoms than Latina and White females (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). To answer the call of researchers to further investigate race and ethnicity in diverse populations of sexually abused children, this qualitative multiple case study research adequately explored and described what knowledge six LPCs had about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents.

In this chapter, I will restate the purpose of the study. I will reiterate the research question and define significant concepts. I also will expound on a few major concepts: qualitative research, multiple case study, sample, data sources, and collection and data analysis plan. Lastly, I will describe my reasons for using the chosen concepts, all while demonstrating alignment.

Purpose of Study

The purpose of this qualitative multiple case study as described in Chapter 1 was to explore and describe what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black

female adolescents ages 10 to 19 years. Black females experience more severe symptoms due to CSA than males and other races and ethnicities (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). This topic is significant among research scholars (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). Such research expands counselors' knowledge and helps them identify multiple cultural and intersectional factors that impact or influence symptomology, potentially leading to more effective treatment. In this research study, I explored and described what knowledge six LPCs had about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents. Additionally, I aimed to understand the perceptions, opinions, and experiences of six LPCs who worked with Black female CSA survivors. Lastly, the aim of this research was to provide greater insight into the phenomenon and reveal areas of need, growth, competence, and training to increase knowledge in intersectionality's saliency, cultural humility, cultural competence, and cultural responsiveness.

Research Question

What knowledge and understanding do LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years?

Research Design and Rationale

Research designs help to facilitate the actions or operations within research (Merriam & Tisdale, 2016). While ordering the research study steps, research designs also assist the researcher in saving time and money and significantly impact the

trustworthiness and credibility of a study. Ultimately, the research design helps the researcher effectively answer the research question(s). Specifically, qualitative research is used in various fields, including education, counseling, social work, and other helping professions, to better understand one's practice or field (Merriam & Tisdale, 2016). In this section of the chapter, I restate my research question and detail my chosen research design and method and my rationale for choosing them for this study.

The research design I selected to answer this research question was qualitative. Qualitative research is an interpretive way of making sense of and understanding a phenomenon and how it is experienced in society (Merriam & Tisdale, 2016). At the core of qualitative research is a focus on a more profound understanding. Chiefly, qualitative research questions are nondirective and open-ended. Instead of asking *why*-based research questions, qualitative research asks *how* and *what* to better explore the phenomenon in a more evolving way (Bloomberg & Volpe, 2019; Creswell & Poth, 2018).

I chose a qualitative research design for this study because it best answered my research question. Qualitative research best suited my personality and was congruent with what I do as an LPC. Lastly, I chose the qualitative research design because I decided to use LPCs to learn and discover more about their knowledge, understanding, perceptions, and beliefs about the phenomenon.

The qualitative method I chose to explore the phenomenon best fits my study's research problem and the multiple case study design. While not accepted as a research method until the 1980s, case studies began to gain attention in the early 1960s (Merriam

& Tisdale, 2016). Multiple case studies differ from case studies in that the researcher studies more than a single case. Multiple case studies are also commonly known as multicase, comparative, or collective cases (Merriam, 1998). The rationale for using a multiple case study method for this study was that it allows researchers to use cross-case analysis, the constant comparative method of data analysis, note more significant variation between cases, and provide a more compelling interpretation of the complex data aspects of the study. Lastly, researchers' findings are more stable using a multiple case study method, thus increasing understanding and generalizability and helping to provide the bracing and structure needed for future studies (Merriam, 1998; Merriam & Tisdale, 2016).

Role of the Researcher

Whether using the multiple case study or another qualitative method, the role of the researcher is integral to increasing understanding as the researcher is the instrument used for data collection and data analysis (Merriam & Tisdale, 2016). This section details my role as the researcher for this study.

Role of the Researcher

As the researcher of this qualitative multiple case study, I have worked in the mental health field for 11 years and hold a Master of Science in Mental Health Counseling. This professional experience allowed me to take more of an insider view while exploring, examining, and understanding the meaning and experiences of study participants. As an active researcher, I remained flexible and open to change. Moreover,

before and during the study, I acknowledged and noted personal biases and values while staying reflective.

Next, as the researcher, I did not have power over or a direct relationship with study participants that might represent a conflict of interest or impart bias on the research study. Academically, I had been trained in the skills necessary to carry out this study. Professionally, I had interviewed multiple people with the intent to hire, enhancing my ability to be systematic in respondent observation, memos, and discovering meaning. My research ability includes training in listening skills as a part of corporate training and a qualitative research course at the University of the Cumberlands. For the past year and a half, I have been responsible for all clinical and administrative processes and communications, along with supporting eight other psychotherapists. Lastly, and as previously mentioned, in quantitative research, qualitative researchers are the instrument used to collect data, and because of this, it is difficult for researchers to remain objectively and utterly free of biases, thus potentially affecting research findings and reproducibility.

Ethical Issues

Speaking of personal biases and how to address them in research, it is critical to note that addressing and managing all ethical issues in research beforehand can be challenging (Babbie, 2017). Considering this, the first step I took in the area of ethics was to gain approval (# 09-16-22-0062233) from Walden University's Institutional Review Board (IRB) to conduct the study, thus ensuring that ethical guidelines and standards were followed throughout the research process. Next, I detailed researcher bias at the

outset of the study. I carefully analyzed all data to address researcher bias while remaining mindful of assumptions to eliminate them throughout the study. Furthermore, I carefully ordered the questions to avoid question-order bias (Cox, 2016; Krosnick, 1999). Next, I used relevant, simple, and open-ended questions (Westaby, 2006). I used simple, relevant, open-ended, and varying questions for this study, allowing for more accurate and detailed data. Accurate and detailed data increase the credibility of research (Cox, 2016; Groves et al., 2009; Westaby, 2006). Finally, to prevent leading question bias, I worded questions carefully and eliminated unnecessary words that might lead the participant or present bias (Merriam & Tisdale, 2016).

Additionally, for my study, I looked for areas in the design that may not have sufficiently protected participants, their characteristics, or identifying personal information (Babbie, 2017). One way of completing this task was to allow access to those participating in the study, but only after they had signed a confidentiality pledge (Groves et al., 2009). Participants were allowed to withdraw from the study at any time, and they also were able to debrief with me as the researcher after participating in the study. Moreover, I wanted to ensure that my design met the three requirements of justice, beneficence, and respect for all persons. If there were any gaps in either of these fundamental principles, then I would have modified or redesigned it to prevent harm to participants (Babbie, 2017; Groves et al., 2009).

Furthermore, I remained mindful of the chosen population's needs (ACA, 2014, E.5.b.; F.2.c.). Other ethical, legal, and multicultural considerations and procedures included considering religion, culture, or disability differences (ACA, 2014, B.1.a.;

C.2.a.; C.5.). Lastly, these critical considerations ensured that the design was practical and feasible for the population in which it was intended (ACA, 2014; Corsini & Wedding, 2014; Whittingham, 2017).

Methodology

Because ethical issues in qualitative research have been addressed, it is essential to detail the intent of qualitative methodology. Researchers using qualitative methods seek to discover, determine, and understand meaning attributions, inquiry, and people's perceptions. Qualitative methods focus on obtaining information through nonnumerical means, including observations, surveys, focus groups, and interviews (Bloomberg & Volpe, 2019; Crawford, 2016; Merriam & Tisdale, 2016). In this section, I detail the methodology for my study. Describing my method means I explain the procedures and techniques used when selecting the population and determining recruitment procedures, participation, and data collection for this study.

Population, Procedures for Recruitment and Participation

For this study, I used criterion-based sampling. A criterion-based sampling includes participants who share similar experiences or fit a predetermined criterion (Bloomberg & Volpe, 2019). This sampling strategy was most appropriate because the aim of my research was to gain information-rich data, as I sought a deeper understanding of experienced LPCs working with sexually traumatized Black female adolescents. More specifically, I chose two Black, two White, and two Hispanic female LPCs to answer the research question.

With criterion-based selection used for this study, LPCs needed to be fully licensed, be over age 18, live in Texas, and have practiced for at least 3 years. This criterion was most fitting first because each LPC needed to fit the predetermined criteria. Secondly, the criterion-based selection was chosen because the study was aimed to expand counselors' knowledge and help them better identify multiple cultural and intersectional factors that impact or influence sexual trauma symptoms in Black females. Such expansion in knowledge will potentially lead to more effective treatments. While there were inclusions to this study, there were also exclusions. First, my research was limited to the sexual trauma symptoms of Black female adolescents, the impact of the SBW cultural identity, and the knowledge of LPCs related to the SBW cultural identity.

Moreover, Asians, Native Americans, and other racial and ethnic groups were excluded from this study, as only the top three ethnic groups in the state of Texas were chosen (Moore et al., 2015; U.S. Census Bureau, 2019). Next, provisionally licensed LPCs, those with less than 3 years of experience, and those with no experience working with Black sexually traumatized females were excluded from the study. Lastly, this qualitative study was not meant to address the differences in sexual trauma symptoms between Black females and females from other races and ethnic groups.

With an understanding of the sampling criteria, it is integral to mention that I also used snowball sampling for my study. Snowball sampling is used in qualitative exploratory research to capture various research participants' perspectives, thus providing the researcher with information-rich cases (Marshall, 1996; Merriam & Tisdell, 2016). Because the research question and the purpose of the study guided me in determining the

number of cases needed to answer the research question, coupled with extant documents (journals and public governmental and nongovernmental), an estimated number of three cases (six individuals) proved adequate. Governmental and nongovernmental data were chosen to support the study. The intent was to maximize information; therefore, I used sample cases until redundancy was apparent, thereby allowing me to reach saturation or research redundancy (Bloomberg & Volpe, 2019; Merriam, 1998; Merriam & Tisdell, 2016).

Next, qualitative research involves an effort to understand meaning and inquiry; therefore, I used the most frequently chosen nonprobability sampling (Bloomberg & Volpe, 2019; Merriam, 1998; Merriam & Tisdell, 2016). More specifically, I selected purposeful snowball sampling to execute my dissertation. Nonprobability sampling is most often used in qualitative research as generalizability is not the focus, but answering qualitative problems, issues, or questions with the aim of understanding and discovering (Bloomberg & Volpe, 2019; Merriam, 1998; Merriam & Tisdell, 2016). Purposeful sampling is also known as *chain sampling* or *network sampling* (Crawford, 2016; Marshall, 1996; Merriam & Tisdell, 2016). The snowball sampling method is the most frequently used purposeful sampling. It is cost-effective and allows participants to refer potential participants to the researcher and encourage their participation (Merriam & Tisdell, 2016).

Moreover, it is integral to note that snowball sampling is used in qualitative exploratory research and seeks to capture various research participants' perspectives; thus, for this study, LPCs provided me with information-rich cases (Marshall, 1996;

Merriam & Tisdell, 2016). Furthermore, because documents supported the research study, an estimated size of three cases (six individuals) was chosen. Lastly, the three cases aided in reaching saturation or research redundancy, which is commonly referred to as a daunting process because the relationship between saturation and sample size in qualitative research is not easily determined (Bloomberg & Volpe, 2019; Merriam, 1998; Merriam & Tisdell, 2016).

In summary, using quality procedures for this study, such as criterion-based and snowball sampling to dive deeper into the understanding and perceptions of LPC participants from varying ethnic groups, might have provided a richer context, thus identifying patterns and divergent themes on this phenomenon. The individuals in the sample were chosen based on their credentials and experiences and were drawn from Texas's top three ethnic groups (U.S. Census Bureau, 2019). Moreover, for LPCs, counselor educators, and society, this study might increase understanding and awareness of previous findings that indicate that Black female sexual trauma symptoms are more severe than those of White and Latina females (Anderson, 2010; Brumfield & Christensen, 2011; Merriam & Tisdell, 2016).

Data Collection and Instrumentation

Data collection is essential in research (Bloomberg & Volpe, 2019). The most common instruments used to collect qualitative data are observations, interviews, focus groups, and written documentation. These instruments measure behavior, help determine meaning, and increase understanding through the researcher's (the primary instrument) gathering of information (Nolen-Hoeksema, 2008; Whiston, 2009). Instruments and

assessments are most effective and beneficial in research when the researcher is knowledgeable and competent with formal and informal assessment tools (Whiston, 2009). They can also help researchers determine if a participant is a good fit for a particular research study (e.g., inclusion and exclusion questions; Nolen-Hoeksema, 2008; Whiston, 2009). Considering this, traditionally in qualitative research, and for my study, the participants themselves were a vital assessment tool (Bloomberg & Volpe, 2019; Merriam & Tisdale, 2016).

Procedures for Recruitment

The data collection strategies used for this study were written extant documents (including peer-reviewed journals), audio-tapped in-depth interviews, and memos. In qualitative research, written documents are essential for researcher interpretation and are meant to increase the meaning and understanding of the topic or phenomenon (Bloomberg & Volpe, 2019; Merriam & Tisdale, 2016). Written documents for this study complemented the in-depth interviews, which was the second data collection strategy for this study. Interviews were meant to elicit study-related responses from participants. I first began by keeping in mind the purpose of the research. Furthermore, as previously mentioned, LPCs were asked to detail what knowledge and understanding they had about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years, as defined by the World Health Organization (2021) are those in the life span between 10 and 19 years.

Secondly, I cold-called LPCs for this study until two study participants were identified. Accordingly, those LPCs encouraged other LPCs to participate in the study.

Then the referred participants were contacted via phone to confirm their willingness to participate and scheduled for an interview. Each participant was offered a $10 Target gift card and emailed this gift card after their participation in the study and verbally informed they could exit the interview at any time. Each participant was interviewed for approximately 60 minutes about their interpretations, working with sexually traumatized Black female adolescents between the ages of 10 and 19 years. I also interviewed study participants for my research since observing their actions, behaviors, and feelings is impossible. While a follow-up plan was not necessary for this study, it is essential to note that participants exited the study after member-checking the researcher's understanding of their audio-recorded in-depth interview. Audio-recorded interviews, extant data collection, and memos were chosen for this study and seemed sufficient to answer the research question.

Strengths and Weaknesses and Why These Strategies Might Be Optimal

As it specifically pertains to my novel research study, using a multiple case study design allowed me to explore information that might promote a deeper understanding and lead to future research (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Merriam & Tisdell, 2016). Furthermore, a qualitative multiple case study approach helped provide a new way of viewing this more complex real-world phenomenon (Bloomberg & Volpe, 2019; Creswell & Creswell, 2018). Next, using a multiple case study for this study helped me examine the awareness and knowledge of six female LPCs' understanding of the SBW theory and identity in sexually traumatized female adolescents while expanding the reader's experiences (Merriam & Tisdell, 2016). Moreover, a multiple case study through

bounded units of analysis might better explain how the SBW identity impacts sexual trauma symptoms in Black female children and adolescents from LPC quoted perspectives, thereby improving counseling practices (Merriam, 1998; Rudestam & Newton, 2015).

Another strength of using a multiple case study was the ability to uncover and discover new data that could allow researchers to identify more variables, thereby potentially leading to new hypotheses (Creswell & Poth, 2018; Rudestam & Newton, 2015; Stake, 1995). This study aimed to conduct a qualitative multiple case study investigation identifying how the SBW cultural identity expectation might influence the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years. However, flexible and exploratory, qualitative multiple case study concepts influenced my study's procedures and were believed to be optimal for this research's most appropriate method and design (Merriam & Tisdell, 2016).

While it is understood that there are strengths to using the multiple case study approach, there are also limitations. One limitation to using a qualitative multiple case study is that they are time-consuming. Moreover, the researcher is the primary instrument, which is generally both a strength and a limitation of qualitative research (Bloomberg & Volpe, 2019). Considering this, the limitation to note here is that study results are confined to the knowledge and experience of the researcher, and results can be easily exaggerated, thus leading to inaccuracy (Merriam & Tisdell, 2016). Nevertheless, despite the limitations of a qualitative multiple case study, this approach was believed to

be the most aligned and appropriate for answering the research question given the purpose of the study.

Data Collection

Data are collected information obtained in numerous ways, including questionnaires, focus groups, observations, or interviews used to validate research conclusions (Babbie, 2017; Creswell & Poth, 2018). The data collection process was critical during this research. For some, data collection is as simple as conducting focus groups or reviewing archival data; however, it is much more complicated than merely conducting focus groups or reviewing the existing literature. Therefore, researchers should utilize the most conducive data collection processes. Furthermore, researchers ought to consider how to record, store, and respond to unexpected issues within the field (Creswell & Poth, 2018). Even so, researchers must have a plan to minimize the problems within the field to increase the quality of data (Research on Information Quality Driven Data Cleaning Framework, 2008).

Because interviews are the most often used qualitative data collection method, my data collection consisted of first, six in-depth semistructured, virtually conducted, and audio-recorded interviews. Interviews were scheduled for 60 minutes in length to sufficiently answer the research question. Secondly, for my study, I used relevant extant material. Extant documents are public, policy, governmental, and non-governmental, real-world data meant to help ground my research and answer the research question (Bloomberg & Volpe, 2019). Thirdly, I used hand-written researcher memos as a form of qualitative data collection to help determine the meaning and increase the understanding

of complex phenomena and what the data were saying. Using the language of the participants interviewed can directly reflect the content of qualitative statements made and assist in content validity (Brod, Pohlman, & Tesler Waldman, 2014).

I chose extant documents because they are a primary source in qualitative research (Bloomberg & Volpe, 2019; Merriam & Tisdale, 2016). Furthermore, extant document reviews are unable to be influenced by the researcher. While extant documents are not influenced by the researcher, like interviews, they are interpreted by the qualitative researcher, who is the primary instrument (Merriam, 1998). Guba and Strauss (1967) postulated that, similar to interviewed humans, documents are "voices begging to be heard" (p. 120).

Next, I chose semistructured indepth interviews for my study because they are not formal or structured and allowed me to elicit information from the interviewee relaxed and comfortably (Bloomberg & Volpe, 2019; Charmaz, 2015; Merriam & Tisdale, 2016). Next, I decided on interviews because they allowed for rich descriptions and combined with audio recording, capture the interviewee's perceptions, attitudes, understanding, beliefs, and meaning of experiences (Merriam & Tisdale, 2016). I chose to audio record the interviews as they allowed me, as the researcher, to focus on the interview and provide a way to share and store data needing later analysis. Finally, memos were chosen for my qualitative study as they acted as an outlet or means for me as the researcher to reflect, write, and record meaning throughout the research process.

Data Analysis

Like quantitative and mixed methods, qualitative data analysis is integral to the success of the research. Qualitative data analysis is an iterative and ongoing process (Merriam, 1998; Merriam & Tisdell, 2016). When using a qualitative research method, data collection and analysis should be completed simultaneously to aid in both data management and ease of storage. Next, data analysis should become more intense and rigorous upon collecting all qualitative data, thereby increasing trustworthiness (Merriam & Tisdell, 2016). For my multiple case study, I used a method used by many qualitative researchers and developed by Glaser and Strauss (1967), called the constant comparative method.

My data analysis plan included transcribing and developing themes from each of the six 60-minute audio-recorded in-depth interviews. Each case was examined individually; then later, I looked for links between concepts and themes in an inductive manner (Bloomberg & Volpe, 2019; Merriam & Tisdale, 2016; Miles & Huberman, 1994). I read and reread each case's data to examine and describe emerging themes using cross-case analysis to discover similarities and differences between cases. While understanding that different pieces of data can either corroborate or contradict other pieces of data, I consistently reflected and examined themes discovered from audio-taped interviews, memos, and extant data (Bloomberg & Volpe, 2019).

Simultaneously, I combined, analyzed, interpreted, and carefully organized identified themes iteratively and inductively (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Merriam & Tisdale, 2016). Carefully organizing data in a manner that allows

for easy access, according to Yin (2014), is called the case study database while according to Patton (2015) is referred to as simply the case study. From there, I edited and revised the information and eliminated redundancies while looking for plausible explanations for similarities and differences leading to generalizations about LPCs' knowledge and understanding of the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years (Bloomberg & Volpe, 2019; Creswell & Poth, 2018).

Next, during the final and more intense stage of data analysis, I combined themes to prepare for the final coding conception using thick-rich descriptions of the last themes, language, beliefs, and opinions. Lastly, to assist me with data analysis, I used Raven's Eye and Dedoose cloud-based data analysis software to reveal trends and patterns, further building trustworthiness, adding credibility, and providing an audit trail for my study (Bloomberg & Volpe, 2019; Laureate Education, 2017; Predictive Analysis Today, 2016a).

In summation, using triangulation and member checking to increase trust and credibility in the study, my data analysis process included audio-recorded in-depth interviews, written memos, and gathering and reading extant materials, including journals and government and nongovernment published documents. Triangulation was meant to corroborate the other data collection methods (Hsieh & Shannon, 2005). Furthermore, after recognizing and notating critical terms and concepts from all data sources, including memos, making it easier for others to understand the logical consistency, I transcribed all conducted interviews.

Coding vital terms helps to generate themes and find meaning more unobtrusively (Creswell & Creswell, 2018; Creswell & Poth, 2018; Halcomb & Davidson, 2006; Hsieh & Shannon, 2005). Next, after assigning codes, an illustration of a map of codes allowed for generalizations and a narrative of themes from participant quotes (Creswell & Creswell, 2018). For my study, the overall goal in data analysis was to answer what the data were saying and determine meaning (Bloomberg & Volpe, 2019). Lastly, triangulation was essential to this study. It allowed me to cross-check and evaluate multiple data sources until there was no need to obtain additional data, thus reaching saturation (Bloomberg & Volpe, 2019).

Issues of Trustworthiness

Trustworthiness is at the core of qualitative research and is integral in all professional fields (Groves et al., 2009). Trustworthiness is directly tied to the researcher, the primary instrument, and beckons them to conduct all research steps ethically, including data collection (Merriam & Tisdell, 2016).

Ethical Procedures

Speaking of trustworthiness, addressing all ethical issues in research beforehand can be challenging (Babbie, 2017). Even so, researchers must look for areas in their design that may not sufficiently protect participants, their characteristics, or identifying personal information (Babbie, 2017). One way of completing this task is to allow access to those participating in the study, and only after they have signed a confidentiality pledge (Groves et al., 2009). In addition, researchers should meet the three requirements of justice, beneficence, and respect for all persons. If there is a gap in either of these

fundamental principles, no matter how subtle, the design should be redesigned to prevent harm to participants (Babbie, 2017; Groves et al., 2009).

As it related to my study, I remained mindful of the needs of the population in which I had chosen to work (ACA, 2014, E.5.b.; F.2.c.). If necessary, I also would have modified and validated instrument tools to meet the client's needs (ACA, 2014, E.1.b.; E.8.). Other ethical, legal, and multicultural considerations and procedures might include considering socioeconomic status, religion, race, culture, region, or disability differences (ACA, 2014, B.1.a.; C.2.a.; C.5.). This critical consideration ensures that the intervention is practical and feasible for the population in which researchers intend to use it (ACA, 2014; Corsini & Wedding, 2014; Whittingham, 2017).

Moreover, for my study, I ensured that interviews were properly constructed, appropriate data analysis methods were incorporated, data were appropriately interpreted, and effectively detailed the relationship between research findings and research conclusions (Bloomberg & Volpe, 2019). To further increase trustworthiness and dependability, I used triangulation using multiple data sets. In addition, I incorporated member checks by allowing interviewed study participants to verify the accuracy of my understanding, thus increasing the credibility and reflexivity of the results. Lastly, I enhanced trustworthiness by stating researcher biases at the study's outset (Merriam & Tisdale, 2016). Data were kept secure by using password protection, data encryption, and initials instead of full names. Data will be kept for a period of at least 5 years, as required by the University, in a password protected file.

Summary

Research is vital for the betterment of human development (Houser, 2009). Research makes up an integral part of our world and educational systems (Burkholder & Burbank, 2016; Houser, 2009). To grow and improve humanity, research is essential and critical to the field of counseling (Houser, 2009). Primarily, we research to answer questions and discover new ways of doing things in our world (Burkholder & Burbank, 2016; Houser, 2009). Finding and understanding new ways of doing things was the purpose of my research study. My research aimed to uncover new ways of doing things in our world by discovering what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years.

In this chapter, I restated the purpose of my research. Additionally, I reiterated the research question and defined significant concepts. I expounded on some critical concepts in this chapter, including qualitative research, multiple case study, sample, data sources, data collection, and data analysis plans. Moreover, I described my reasons for using the chosen concepts, all while demonstrating alignment. The upcoming chapter will detail the study's purpose, research question, setting, and participant demographics. The subsequent chapter also will address the data collection and analysis processes, evidence of trustworthiness, and study results.

Chapter 4: Results

Introduction

Sexually and physically abused children have more significant clinical mental health issues when compared to those who have experienced other forms of abuse (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016; Turkkan & Odaci, 2023; Vrolijk-Bosschaart et al., 2018), and Black female children experience more severe symptoms from CSA than female children of other ethnicities (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). This qualitative multiple case study is the only research that has investigated, explored, and described sexual trauma, race, and other cultural identities in the Black female populations of sexually abused children and adolescents from the perspectives of the LPCs who work with them.

Purpose of Study

Through this qualitative multiple case study, I aimed to explore and describe what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents 10 to 19 years of age. This type of research can help expand counselor knowledge and identify multiple cultural and intersectional factors that impact or influence symptomology, leading to more effective treatment.

Considering this, using a qualitative multiple case study, I explored what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents. Through this multiple case study, I aimed to understand the perceptions, opinions, and experiences

of six LPCs who work with Black female CSA survivors. This research provides greater insight into the phenomenon and reveals areas of need, growth, competence, and training to increase knowledge in intersectionality's saliency, cultural humility, cultural competence, and cultural responsiveness.

In this chapter, I will briefly restate the purpose of the qualitative multiple case study and research question. I also will give detail on the study's setting and the demographics of the six female study participants. Finally, I will describe the data collection and analysis process before ending with the study's results and a summary.

Research Question

What knowledge and understanding do LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents 10 to 19 years of age?

Setting and Demographics

Before highlighting participant demographics and characteristics pertinent to the study, it is essential to note that there were no known personal or organizational conditions that influenced participants or their experiences at the time of the study that might have influenced my interpretation of the study results, such as personnel, budget cuts, or other trauma. In presenting participant demographics and characteristics relevant to the study, I used criterion-based sampling, meaning that all study participants shared similar experiences or fit a predetermined criterion (Bloomberg & Volpe, 2019) because the purpose of my research was to gain information rich data, seeking a deeper understanding of experienced LPCs who work with Black female sexually traumatized

adolescents. That said, for my study, all participants identified as female. I chose two Black (DeCr and WaTu), two White (SuHo and KiSl), and two Hispanic (PeSa and CeSe) LPCs to answer the research question. I chose to identify study participants using the codes shown in parentheses above throughout the study to sufficiently protect participants, their characteristics, and identifying personal information (Babbie, 2017), thus using only the first two letters of their first and last names, even when using Dedoose, Reduct, and other means of data collection and analysis. Educationally, five participants were master's level counselors, while one held a PhD. All were actively practicing and fully licensed, lived in Texas, had practiced for at least 3 years, and were between the ages of 30 and 65 years.

Data Collection

The data collection process is critical when conducting research in order to preserve integrity and ethical standards of practice, as well as to ensure consistency. Data are collected information obtained in myriad ways, including questionnaires, focus groups, observations, or interviews used to validate research conclusions (Babbie, 2017; Creswell & Poth, 2018). To answer the research question for this study, I used interviews and relevant extant material, including journals; public policy; and governmental, nongovernmental, and real-world data, to help ground my research and assist me as the primary instrument (Merriam, 1998). While from the onset, much of the extant data have been incorporated in previous chapters to support the need for the study and placed in Dedoose, a cloud based platform to help me store, organize, and analyze collected data, more relevant data are included in the results section of this chapter as well as the

interpretation of the findings section of Chapter 5, where I describe in what ways my findings confirmed or disconfirmed or extended knowledge in the discipline by comparing them with what has been found in the peer-reviewed literature described in Chapter 2.

In addition to extant data, I used data from interviews to support my research study. I chose six study participants to collect data via in-depth, semistructured, Google Meet virtually conducted, and iPhone stored voice memo audio-recorded interviews. All participants were reached via cold calling except for one (WaTu), and she was told about the study by her colleague (DeCr). I continued cold calling until all six study participants had completed their interviews. Each study participant was asked the same interview question in the same order. While allotted 60 minutes, each interview was conducted in 35 minutes or less from the comfort of what appeared to be the participants' offices. Each audio-recorded interview was stored on my iPhone, MacBook's internal drive, an external thumb drive, and Reduct and Dedoose software. While with some features similar to Dedoose, Reduct is a cloud based video repository for qualitative research transcription and audio and video highlights and edits.

After audio-recording the study participant interviews, I hand transcribed the first third of the interviews. Because transcribing manually was time consuming and cumbersome, I opted to use Reduct; while costly, this service offered computerized and human transcription services. I chose both human and computerized transcriptions because my goal was high quality transcriptions. Reduct's transcription service for the remaining four transcriptions was semiverbatim, meaning pauses and verbiage like "uh"

and “err” were removed to increase clarity. After Reduct emailed all transcribed interviews, I combined the two interviews I manually transcribed with the remaining four interviews and placed them in a Word document. From there, all audio-recorded interviews were read through, then played while examining the corresponding interview found in the Word document to annotate, proof, and edit manually, thereby increasing accuracy. To further increase the correctness of the data, each interview was member checked for verification and accuracy.

There were several unusual or unexpected circumstances in the data collection process, from technology to challenges in finding study participants that met the inclusion criteria. First, Google Meet was unstable, thus causing two breaks within one interview (WaTu). Second, as mentioned in Chapter 3, the intention was to use Raven’s Eye and Dedoose collaboratively to reveal trends and patterns, increasing trustworthiness, adding credibility, and providing an audit trail (Bloomberg & Volpe, 2019; Laureate Education, 2017; Predictive Analysis Today, 2016a); however, Raven’s Eye also had technical issues and was nonfunctional, hence the reason for using Reduct instead.

Third, finding study participants who identified as White and worked with Black female children and adolescents who had experienced sexual trauma was onerous. Fourth, aligning schedules to fit my and the participants’ schedules was demanding. Fifth, a few participants committed to the study but were no-shows. Lastly, while I intended to use only handwritten notes and memos as a form of qualitative data collection to help determine the meaning and increase understanding of complex phenomena and what the data said, I also used software typed memos in Dedoose and Word to reflect,

write, and record meaning throughout the research process. Data from interviews and memos were first collected on November 11, 2022, while the last interview was conducted and written on May 10, 2023.

Data Analysis

Qualitative data analysis was integral to the success of the research. Qualitative data analysis is an iterative and ongoing process (Merriam, 1998; Merriam & Tisdell, 2016). When using a qualitative research method, data collection and analysis should be completed simultaneously to aid in data management and ease of storage. Next, data analysis should become more intense and rigorous upon collecting all qualitative data, thereby increasing trustworthiness (Merriam & Tisdell, 2016). For my multiple case study, I used a method used by many qualitative researchers and developed by Glaser and Strauss (1967) called the constant comparative method. The constant comparative method was used from the onset of data collection, November 11, 2022, to the last piece of data collected on March 17, 2023, where I sorted and organized excerpts based on keywords or phrases.

Moving inductively from coded units to larger representations, including categories, concepts, and themes, I read and examined each case individually (Bloomberg & Volpe, 2019; Merriam & Tisdale, 2016; Miles & Huberman, 1994). I then created digital notes and memos within the Word document with all six transcribed cases. A note/memo with the first set of initial codes was placed on the far right side, indicating where each participant answered the posed interview question. For example, for the question, “What are your thoughts on culture as it relates to sexual trauma,” the note, and

later code, read, “thoughts on culture relating to sexual trauma.” This process made the participant’s answers easier to locate within the Word document. This method continued throughout the document until every transcribed case had a note for each answered interview question.

I, again, read and reread each case’s data to examine and further describe emerging codes and themes using cross-case analysis to discover similarities and differences between answers within cases. In doing so, I mentally and within the document noted that some case study data corroborated others. From there, in an effort to assist with analyzing, interpreting, and organizing codes and themes iteratively and inductively (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Merriam & Tisdale, 2016), I digitally highlighted every participant’s specific answer to the interview questions in Word, using a different color for the individual study participant. All highlighted data were then combined, cut, and pasted into a second Word document titled “color-coded codes.” Accordingly, both Word documents were added to Dedoose with other pieces of data, including all six mp3 audio recordings and extant data, allowing for a more accessible and straightforward case study database (Yin, 2014). Because data were stored and organized in one application, data analysis was manageable within the Dedoose application, where the second coding phase occurred.

Within the Dedoose application, I placed all initial codes under the parent code section. Under the parent code, I added relevant child codes and described both child and parent codes to explain why each code was chosen. In using the previous example, for the interview question, “What are your thoughts on culture as it relates to sexual trauma,” the

parent code was “Thoughts on culture relating to sexual trauma,” and the child codes were “significant role” and “insignificant role.” All initial codes derived from the interview questions and were as follows: “Knowledge of SBW cultural identity,” “Experience working with diverse children and adolescents who have experienced sexual trauma,” “Thoughts on culture’s impact relating to sexual trauma,” “Therapist tools and assessments,” “Most prevalent symptoms,” “Therapist reactions to symptoms displayed,” “SBW cultural expectation influence on ST symptoms,” “How the Black family plays a role.” “Experience with those told to ‘Be Strong,’” “Thoughts on current literature that claims Black children/adolescents experience more ST symptoms,” “Therapeutic tools of resources to help alleviate ST symptoms,” “Knowledge of SBW cultural identity,” and “Extra or Final note/Additional Information,” for a total of 12 codes.

I combined themes to prepare for the final coding conception using thick-rich descriptions of the case’s themes, language, beliefs, and opinions. After reading and rereading the data, I revised the initial codes and combined them, shortened them, and eliminated redundancies. This process was done while looking for plausible explanations for similarities and differences, leading to generalizations and a narrative of themes (Bloomberg & Volpe, 2019; Creswell & Poth, 2018) about LPCs’ knowledge and understanding of the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years. For example, during the subsequent and more intense data analysis stage, the code mentioned above became “cultures impact,” with a child code listed as a “significant role.”

Bearing that in mind, the final parent and child codes and themes were as follows: (a) Reactions to symptoms—"empathy," "compassion," "core conditions," "calm," "listening ear," "psychoeducation," "safety," and "protection"; (b) Cultures impact—"significant" and insignificant role; (c) Experience; Final/additional thoughts; (d) Knowledge of SBW—from "cultural experience" and "not familiar"; (e) Most prevalent symptoms; (f) Be strong—"it's expected"; (g) Resources/Tools to alleviate—"family work," "client homework," "ACES, psychoeducation, therapeutic relationship;" (h) Role of the Black family—"support feelings," "hide feelings," "please parents," "generational," "no trust for MH professionals"; (i) SBW cultural expectation—"resilient," "modeling," "no weakness," "independence," "self-sufficient," "strength" and "keep going" and "push through," "superwoman" and "superpower"; (j) Additional/Side/More to share—"generational," "modeled," "church" and "spiritual," "be strong," "suck it up," "parent involvement"; (k) Thoughts on current literature—agree, disagree; and (l) Tools and assessments—helping to "feel safe," "body" and "grounding" or "boundary work," "books" and "workbooks," "child interview," "core conditions," "ACES," "relationship building" and "no formal tools," "PCL-5," "parent interviews" and "trauma history." In the end, while assigning final themes and codes, I illustrated the map of themes and codes using participant quotes, thus making it easier to understand the logical consistency and flow of data.

Comprehensively, my data collection and analysis process included the following:

- conducting in-depth, semistructured audio-recorded interviews
- taking digitally written notes and memos

- reading extant materials, including journals and government and nongovernment published documents
- transcribing cases and developing codes and themes
- inductively examining for links between concepts
- reading and rereading case data using cross-analysis
- analyzing, interpreting, and organizing themes iteratively and inductively
- ensuring thick and rich description and triangulation

In sum, the overall goal of the data analysis process for my study was to answer what the data were saying and determine their meaning (Bloomberg & Volpe, 2019). Lastly, triangulation was essential to this study as it allowed me to cross-check and evaluate multiple data sources until there was no need to obtain additional data, thus reaching saturation (Bloomberg & Volpe, 2019).

Evidence of Trustworthiness

Trustworthiness is at the core of qualitative research and is integral in all professional fields (Groves et al., 2009). Trustworthiness is directly tied to the researcher, the primary instrument, and beckons them to conduct all research steps ethically, including data collection (Merriam & Tisdell, 2016). Speaking of trustworthiness, I attempted to address all ethical issues in research beforehand (Babbie, 2017), although that proved challenging because not all challenges are evident until research has begun. That said, as previously mentioned when introducing the demographics of my participants, throughout the study, I sufficiently protected participants, their characteristics, and identifying personal information (Babbie, 2017) by using only the

first two letters of their first and last names, even when using Dedoose, Reduct, and other means of data collection and analysis. Additionally, participants were unaware of other participants, thus eliminating the need to sign a confidentiality pledge (Groves et al., 2009), except for the participants named DeCr and WaTu, as I was introduced to WaTu by DeCr for the purpose of this study.

I also met the three requirements of justice, beneficence, and respect for all participants and remained mindful of their needs (ACA, 2014, E.5.b.; F.2.c.). In this study, there was no need to modify and validate instrument tools to meet the needs of participants (ACA, 2014, E.1.b.; E.8.), although given the nature of the study, there were other ethical and multicultural considerations since some participants identity differed from mine. Some participants identified as Black, Hispanic, or White; thus, I remained culturally sensitive considering socioeconomic status, religion, race, ethnicity, culture, region, or disability differences (ACA, 2014, B.1.a.; C.2.a.; C.5.). This critical consideration ensures that the intervention is practical and feasible for the population in which I intend to use it (ACA, 2014; Corsini & Wedding, 2014; Whittingham, 2017).

Next, I properly constructed interviews, used a HIPAA-compliant platform, incorporated appropriate data analysis methods, appropriately interpreted data, and the relationship between research findings and conclusions (Bloomberg & Volpe, 2019). Additionally, to further increase trustworthiness, including credibility, transferability, dependability, and confirmability, I used member checks to show the honesty and accuracy of my understanding of the data to interpret the results in a true and nonbiased way. Lastly, I also used triangulation by using multiple data sets.

Results

The results of my research study are detailed and organized by interview questions, codes, and themes. Data are presented to support each finding using direct quotes from transcripts, extant data, and discrepant or nonconfirming data where applicable. Before proceeding with the information mentioned above, it is integral to restate the research question to show better how the contextual data tied into the research question: What knowledge and understanding do LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years?

Experience (Interview Question 1)

Each study participant had experience working with diverse children and adolescents who had experienced sexual trauma, whether their experience came from the community, including "Child Advocacy Centers," public, private, or nonprofit work. For instance, KiSl, stated, "I've had a variety of exposure to our communities, and through that, I have worked with diverse populations of all backgrounds." At the same time, SuHo said, "Well, I've worked at two different outfits that strictly dealt with both domestic abuse and also sexual abuse." CeSe reported, "Yes, so I worked for 5 years at Children's Advocacy Centers and so served a wide range of children and their families who had experienced sexual abuse." And PeSa mentioned, "So I worked in nonprofit for about 7 years, and recently I've been doing private practice. And so there- especially in the nonprofit area, there's quite a bit of work with that population, lots of diversity, lots of different populations." WaTu reported, "I have worked with- excuse me, a diverse

group of population," while DeCr said that although she is "new to the field," "since about 2018, I've been a little more consistent."

Cultures Impact (Interview Question 2)

Speaking of working with diverse children and adolescents, all study participants believed that culture "plays a pretty big role" (KiSl) as it relates to sexual trauma or, at the least, a significant role in "the way that it is handled" (DeCr). Confirmingly, Wilbon and Daniels (2019) noted that symptoms and behaviors might differ based on culture and ethnicity. Speaking to this, PeSa, said, "You start to see patterns, and you start to notice like, hey, this is prevalent with this population, this is prevalent with that population." "And I can't- I mean, it's hard not to generalize, but it- again, you see patterns." WaTu addressed culture by saying that with "the adultification of the young Black girls," the thought is that "they're adults that can handle certain things." This belief that because of their culture, Black female adolescents and children "can handle certain things" speaks to the importance of remaining aware of culture's role and is worth noting that researchers have discovered that Black female children and adolescents tend to suffer in silence due to sexual trauma symptoms (Ruiz, 2016).

As mentioned in Chapter 2, CSA disclosure, or the lack thereof, is complex as it includes and is influenced by growing cultural contextual factors such as individual, family, and cultural differences (Alaggia et al., 2019; Giroux et al., 2018; Gray & Rarick, 2018; Kenny & McEachern, 2000b; Leeb et al., 2011; Rao et al., 1992; Ruiz, 2016; Vrolijk-Bosschaart et al., 2018). Moreover, CeSe mentioned that culture has such a role that it "impacts how that client interprets their trauma or what it says about them," adding

to its significance, SuHo said culture impacts the survivor's "relationship within their families" hence the reason many children and adolescents do not disclose the abuse. Further concurring with SuHo, it is postulated that many children do not talk about experiences of CSA or sexual trauma out of fear of retribution and family disruption (Cashmore & Shackel, 2014; Pierce & Pierce, 1984).

Knowledge of Strong Black Woman (Interview Question 6)

Now that we have addressed experience and the understood importance of culture and its role in sexual trauma, we move to knowledge about working with Black American children and adolescent females. It is vital that clinicians holistically learn about both their clients and their whole experience (Oransky et al., 2013). This knowledge is critical as Black females share salient complex aspects of cultural identity, including race, gender, faith, and a history of cultural marginalization. This knowledge makes it easier to recognize symptoms of CSA or sexual trauma (Vrolijk-Bosschaart et al., 2018), thus encouraging disclosure and leading to early intervention and treatment.

In light of this, my study revealed that only two of the six study participants with experience working with diverse children and adolescents ages 10 to 19 years who experienced sexual trauma were familiar with the "Strong Black Woman" (SBW) theory. The two participants familiar with SBW identified as Black and noted they were familiar due to "lived experiences" (DeCr) because of being "already deemed as that" solely based on "visual appearance" "and then also, growing up with Black women" (WaTu). The remaining four study participants, regarding their familiarity with the "Strong Black Woman" theory starting with (KiSl), said, "Completely honest? Very little." "Knowledge

is little." "… read a little bit of material, but my knowledge is little." (SuHo), mentioned "Well, I'm not really familiar with that theory," while CeSe said, "… I'm not very familiar" "So, I'm familiar with, like I said, that archetype, but as far as the theory, I've not never read it, or I actually hadn't heard about it until I talked to you, so yeah." Lastly, PeSa "So I mean, I can assume what it is, but I don't know a lot about it. Yeah. I'm not too familiar with it."

The participants' lack or little knowledge about SBW highlighted the research by Owen et al. (2016) that postulated the impact of counselors neglecting to evolve in understanding and cultural competence in this area increases counselors' unintentional eradication of cultural humility, thus missing opportunities to adequately address and honor clients' intersectional and cultural identities (Owen et al., 2016). Likewise, Finkelhor et al. (2007) agreed but provided reasoning by stating that this overlooking is likely due to a lack of knowledge in a majority White professional community, mainly since the term counseling stems from a Euro-American worldview, thereby increasing the likelihood of ignoring culture (Sue & Sue, 2008).

Most Prevalent Symptoms (Interview Question 4)

Speaking to unintentionally ignoring culture, Moore et al. (2015) and Wilbon and Daniels (2019) asserted that the Black population is impacted by CSA at disproportionate numbers compared to White and Hispanics, with a rate of over 21% even though they make up a little over 12% of the U.S. population and experience many symptoms (Abajoir, 2017; Gray & Rarick, 2018; Wangamati et al., 2021; RAINN, 2021) including anxiety, depression, post traumatic stress disorder, and disassociation (Ruiz, 2016).

Moreover, Abajobir (2017) and Ruiz (2016) also noted risky sexual behaviors as prevalent in female survivors of sexual trauma; however, neither study participant reported risky sexual behaviors (RSB) as one of the most pervasive symptoms among female Black children and adolescents ages 10 to 19 years. That said, WaTu noted they are "looked at as more sexual they're looked at as more unfeminine, but sexual." Additionally, Shapiro et al. (2012) noted avoidant behaviors as one of the most prevalent symptoms among many, as survivors of child sexual trauma are four times more likely to develop avoidant behaviors.

KiSl also noted avoidant behaviors as one of the most prevalent symptoms among child and adolescent survivors of sexual trauma and "shut down," "depression, and grade performance, isolation, irritability, maybe animosity, treatment resistance," "fear, intrusive thinking, and interruptive behavior. Maybe like a shyness and slow speech at times" "excessive sleep, lack of sleep, nightmares, change of appetite, increase or decrease, frequent, ... push-pull conflict with peers. Next, Leeb et al. (2011) and Sue and Sue (1990) noted aggression, antisocial disorder, suicidality, hypersexuality (Gray & Rarick, 2018), short and long-term psychological difficulties (Boney-McCoy & Finkelhor, 1995) and the development of an addiction to psychoactive substances (RAINN, 2021) as prevalent symptoms.

Like Leeb et al. (2011) and Gray and Rarick (2018), WaTu noted aggressiveness and suicide ideation as some of the most prevalent symptoms among Black female children and adolescents who have experienced sexual trauma. She also mentioned, "anger and guardedness are- but under that a lot of fear, a lot of shame, a lot of guilt, a lot

of self-criticisms, a lot of judgment and just the automatic assumptions that they are wrong. So, a lot of anxiety, depression, some cutting, suicidal ideations, of course. Because I think that's probably one of the biggest obstacles is overcoming the self-criticism, the judgment, the blame that they are experiencing." Speaking of blame, similar to WaTu, SuHo reported, "I think blaming themselves… they want to be strong, and they want to not be vulnerable and not let this get them down." Like WaTu, PeSa mentioned the child or adolescent symptom as being guarded when stating, "So a lot of defensiveness. Just being really guarded…Also fear, but not outright. Hence the wall, hence the being guarded."

Study participant, DeCr, said, "The thing that I noticed the most from the people that I have worked with that have experienced sexual trauma is the self-loathing…Self-loathing is there and… there's a guard that's there, so very strong in the way they protect themselves …and sometimes I've seen people just minimize it." "And so, it's almost like this disassociation from that, from what happened to them…So very critical of themselves, very almost like they, they've learned how to invalidate their own experience as well." Next, CeSe reported the most prevalent symptoms she has seen in survivors of sexual trauma "Intrusive images, memories about the event, the reexperiencing parts of the post traumatic stress disorder. So that like going places, being reminded by certain events, names."

Thematically, some of the most common symptoms mentioned during interviews among study participants for this research were *guard/guardedness* (mentioned 17 times), *shame* (mentioned 13 times), *fear* (mentioned 11 times), *feelings of being weak or*

appearing weak (mentioned 11 times) *PTSD*, (mentioned six times), *anger* (mentioned five times), *aggression* (mentioned three times), *and distress* (said two times).

Strong Black Woman Cultural Expectation (Interview Question 7)

Now that we have detailed what symptoms appear to be the most prevalent among Black female children and adolescents who have experienced sexual trauma according to my study results, let's look at the SBW cultural expectation and how it might influence these symptoms. As mentioned in previous chapters, out of necessity, due to social norms, customs, and at the hands of patriarchal White men, Black women were outfitted and conditioned with the identity of strength, resilience, and independence (Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2016; Utsey et al., 2005; Wyatt, 2008). Regarding the SBW cultural expectation, study participant KiSl noted from her experience that it seems Black female children and adolescents ages 10 to 19 years who have experienced sexual trauma feel they "have to emulate just being a superpower or like a superwoman." "So, I can't show any weakness. I can't display that." Keeping weakness in mind, SuHo said her experience is that these children and adolescents feel "shame over having any weakness or a shame over being tarnished or feeling they're victims because they wanna appear strong" Additionally, she said these children and adolescents tend to try "pushing through the pain."

Study participant, CeSe, when asked how might the SBW cultural expectation determine or influence sexual trauma symptoms, said considering, "The 'Strong Black Woman' that they are resilient, that they carry things, maybe easier or better than people who have not experienced their life experiences that have made them resilient." "we push

through, we keep going, we don't have time to be depressed, we will cry about it or pray about it and keep going." "And so, I know that, especially with older members of minority cultures, it's a sense of, we persevere, and we push through. So, we're not gonna talk about it or gonna kind of put that in a box, and then we're gonna keep going."

Like Carter and Rossi (2019), Nelson et al. (2016), and Shambley-Ebron et al. (2016) WaTu reported, "Just you know, the idea or the idea of self-sufficiency and even the independence or I think they serve as you know, you get models of- my mother told me that I need to be independent, or I need to be self-sufficient." "So, I think our models have been really an indicator of how we have portrayed what we perceived as self-sufficiency, what we perceived as independence." Speaking to this matter, PeSa stated the SBW expectation is "cultural," and "even the trauma is cultural." "So, to them, it becomes normal, so to speak. So then when they're exhibiting these symptoms, these behaviors, to them, it's nothing. To them, it's part of the family, part of the culture. "This is who I am." And so, it- yeah, I think it does influence a lot." Similarly, study participant DeCr mentioned, "Because if we're already- if it's already ingrained in us to just power through, to just push through, to just do what we gotta do, then when something like sexual abuse happens, then you take on that same persona." "You just keep the same pattern going because it's not like you just automatically flip the switch and say, "Oh, well, this is different.

Reactions to Symptoms (Interview Question 5)

In the previous section, we covered what symptoms appeared to be the most prevalent among Black female children and adolescents ages 10 to 19 years who have

experienced sexual trauma. This section details the study participants' reactions to those symptoms. Going back to the above passage, PeSa stated that the symptoms become "normal, so to speak. So then when they're exhibiting these symptoms, these behaviors, to them, it's nothing. To them, it's part of the family, part of the culture." What, then, is the current cultural response of the therapists who work with this population? KiSl noted that she provides compassion, "open ear and willingness to listen" "I have provided that safe space for someone to come explore that deep trauma." "So, I think always think of compassion and genuineness and kindness, and you're not alone and how can we figure this out so that you don't feel isolated?"

Like KiSl, CeSe said she tries to "come from a place of empathy and compassion" although "education is my first response." Equally speaking from the heart, DeCr said, "I just wanna say to you, "I'm sorry that you had to experience that. 'Cause I know that it had to be a lot for you." "And so, the empathy, I just display a lot of empathy with them because I think that's important because I don't think a lot of the times when people have experienced sexual trauma, their experience is invalidated a lot of times." With empathy in mind, PeSa noted, she has "two responses to that, one professional and one personal. So professionally, I have to be as calm as possible, even though there's shouting in session or having a minute, having a moment, whatever, I have to remain as calm as possible, remain empathetic, just that sort of thing." "Personally, I'm a mom, so it tugs at my heart." In the same way DeCr speaks to the client's heart, SuHo reminds them that it is "not your fault. It's not your fault." "It's- you happen to be at the wrong place at the wrong time." Lastly, WaTu noted, "Well, my response, of course, or my reaction is

initially recognizing you want to be a protector, or you wanna protect, or you want that piece and wanting to make sure they're safe."

Based on the participant responses, it seems the culture of today's therapists is to ensure safety and provide compassion and empathy to Black female child and adolescent sexual trauma survivors. With that in mind, throughout the interview, the word *safe(ty)* was used 26 times, while the term *protect* was used 13, *empathy* 11 times, and *compassion* three times. Having said this, I have detailed the findings of how the Black family might play a role in the symptoms presented among Black female children and adolescents who have experienced sexual trauma.

Role of the Black Family (Interview Question 8)

Researchers have asserted that Black women and mothers instill the SBW cultural identity into their young Black daughters and granddaughters, expecting a consistent façade of strength (Beauboeuf- Lafontant, 2007; Nelson et al., 2016). DeCr agreed as stated above, when she mentioned, "if it's already ingrained in us to just power through, to just push through, to just do what we gotta do, then when something like sexual abuse happens, then you take on that same persona." "You just keep the same pattern going…" She went on to say, "And we've just passed down what we've known. We've learned how to survive whatever comes our way…A lot of stuff is generational." Speaking of passing down what we have seen or known, PeSa noted, "Yes, they are mimicking, imitating what they see, while WaTu went a bit further and expressed, "Well, I think the Black family has a significant role in how the symptoms are experienced because we're looking at people who have fathers, mothers who have had parents, and maybe they've

experienced certain things, and so they learn by that model, and so they are doing what they think is the most appropriate."

As mentioned above, the Black girl's heritage is to exhibit strength, conceal trauma, and suffer in silence (Beauboeuf-Lafontant, 2007; Castelin, 2019; Leath, 2021). Regarding suffering in silence, SuHo reported that "sometimes the family can sort of negate the feelings of the victim." On the same note, study participant SuHo said, "I think there's a hiding sometimes and a shame in the family." Additionally, CeSe noted a possible reason for such hiding by stating, "Black families are not as trusting of mental health professionals. They might not be as likely to reach out... with mental health professionals, but that can be really scary. Especially when your experience has been one of self-preservation."

Child and adolescent victims of sexual trauma report feelings of guilt and shame; however, strong family bonds also buffer symptoms, including risky sexual behaviors (Abajobir et al., 2017; Alix et al., 2020; Dillard et al., 2019). Several study participants also spoke about the significance of family in the Black culture, starting with DeCr, who said, "I think the family plays a huge role in it because we love our family." KiSl noted that "the family role of engagement and support is crucial, in my opinion." At the same time, study participant PeSa mentioned, "I mean, from my work with that population, they also wanna please their parents. I don't care if they're 17, 11, little kids; doesn't matter. They wanna please their parents because, again, that's cultural too." "And I think that's very cultural- or that's very prevalent in the Black and Brown cultures. 'Cause I see it in the Hispanic community too. It's like, they can be- the kiddos can be tough...So

tough that...The kiddos can be, Well, I'm gonna be independent… But deep down inside, part of their thing going on is that they just want mom and dad to be proud of them."

In summation and further speaking to the importance and role of the Black family, we end this section noting the most frequently used terms in the interview relevant to the Black family as *culture(ral)* was mentioned 61 times; *family* 48 times; *generation(al)* said 22 times; *expect(ation),* was mentioned 19 times; and combined *mother or mom* 18 times. The term *influence* was mentioned 17 times; *support* 15 times; *pattern* 14 times; *community* was said 13 times; *taught* was mentioned 11 times; *modeled* nine times; *mimic and imitate* was mentioned four times; and *dad* three times. The role of the Black family is significant to the symptoms presented among Black American female children and adolescents who have experienced sexual trauma.

Be Strong (Interview Question 9)

As mentioned in preceding chapters, the SBW identity was first coined by Romero (2000). While lacking in consensus in meaning, it was developed through her extensive work with African American women. Albeit with no agreement in interpretation, Woods-Giscombe's (2010) study later expanded the identity to include suppressing vulnerability and perceived weaknesses, while Anyiwo et al. (2018) described SBW as a "cultural ideal that reflects the expectation that Black women be selfless, self-reliant, psychologically and physically strong, and resilient despite the many social challenges (sexism, racism) they encounter" (p. 52).

Regarding vulnerability, SuHo noted that one of her clients "wasn't allowed to cry or emote or feel that shame and embarrassment and just like she had been tarnished in

some way." Similarly, KiSl mentioned, "…it was mom and grandma who said, you just keep going, you be strong, you just can't show any aspect of weakness." "Suck it up, sweetheart." Consequently, Cashmore and Shackel (2014) reported that females might not tell of CSA due to the social perception that females are weak and should be compliant. Like KiSl, who noted that the client's mom and grandmother told her to keep going and be strong, Nelson et al. (2016) reported that Black culture influences the younger generations. Considering this, Shambley-Ebron et al. (2016) wrote that the Black mom's parental role is the most significant in their daughter's life. CeSe spoke about this when she declared that she was familiar with "This message of we have to be strong," the client's mom was "very attentive," and gave a message that spoke, "We're gonna be strong together."

Additionally, Shambley-Ebron et al.'s (2016) study discussed the culture of African American women in their research, where they chose to interview 14 moms 25 to 34 years; similar to Nelson et al.'s (2016) study, they found that the Black culture instilled in Black girls came directly from their mothers and hinged predominately on their experiences. Based on their experiences, Black mothers traditionally teach their daughters to remain strong despite life's challenges. To stay strong, no matter what society throws their way, because they can overcome pitfalls and remain academically successful (Shambley-Ebron et al., 2016). WaTu said that while she has not verbally heard a client say she was told to be strong, "I believe they are definitely, that's the expectation, and so it may not be verbalized, but that's what they get from their mother, what they get from their father is you need to be strong, and you just need to hold it

together. Whether it's even by silence, right." "It's not necessarily verbalized, but it's definitely conditioned to; you need to stay strong." Next, PeSa used the word *tough* instead of *strong* when noting she believes "it's hard for them because they don't wanna be strong, and a lot of them are like, "What?" "Again, they put on a mask, even with me. Well, I'm tough. "

Approvingly, study participant SuHo said, "They want to be strong, and they want not to be vulnerable." Interestingly, throughout this study, the term *strong* or *strength* is mentioned 81 times and *weakness* five times. Thomas et al. (2004) concurred and postulated that there is little room for vulnerability due to perceived pressures among Black females. It is likely because Black women taught their daughters to remain strong and resilient, showing no weakness or need, there is an ambivalence toward the SBW role (Nelson et al., 2016) or, as Carter and Rossi (2019) noted that the Black community normalizes SBW.

Tools and Assessments (Interview Question 3)

As previously mentioned, the SBW identity is normalized. Likewise, it is postulated that when working with sexually traumatized children and adolescents, the trauma symptom checklist for children (TSCC) is deemed best suited (National Child Traumatic Stress Network, n.d.). Authored by Dr. John Brier, TSCC is a paper and pencil self-report assessment that takes between 10 and 20 minutes to complete and assesses trauma and trauma related symptoms, whether a single or extended exposure over the lifespan. Similarly, and also authored by John Brier, the trauma symptom checklist for

young children (TSCYC) is a 75-item assessment and conversely reported by the child's caretaker and is best used with ages 3 to 12 years.

Bearing that in mind, each study participant reported the tools and assessments they believed provided them with the best view of sexual trauma symptoms displayed by female Black children and adolescents 10 to 19 years of age. Firstly, KiSl mentioned the importance of parent interviews when she noted, "You need to have definitely like parent interviews or guardianship interviews to understand symptomology," along with "child interview, of course." Like KiSl, CeSe uses questionnaires and interviews, including the Trauma History questionnaire. She said, "The trauma history questionnaire asks about different potentially traumatic events, and "the PCL-5 is a checklist that measures post traumatic symptoms." Speaking of post traumatic assessments and tools, WaTu mentioned that coupled with PTSD assessments "to get a baseline," she also utilizes Felittie et al.'s., (1998) Adverse Childhood Experiences (ACEs), and van der Kolk's (2014) The Body Keeps the Score, "then I also utilize some of my own. So, I have a writing, a book, that's about animals." Additionally, SuHo often uses a book called "Courage to Change, a workbook that asks them where they feel safe and times in their lives when they didn't feel safe and why" and "all the core conditions that we learned about in psychology class; empathy and all that stuff is very helpful.

Speaking of safety, DeCr uses "grounding and bodywork (e.g., progressive muscle relaxation, et cetera) because the body remembers what our mind has a tendency to forget when dealing with trauma. Helping the client to feel safe again is important." She continued, saying, "Boundary work is also important because sexual trauma violates

a person's boundaries and impacts their ability to trust others, and even themselves." Divergently, PeSa reported her focus is building a relationship as she does not "really do too many formal assessments," and albeit "probably cliche or something," it is about "just building that relationship with them." As indicated by those mentioned above, there is no unity in the tools and assessments used; however, what stood out most throughout the interview as relevant to this section was *relationship* mentioned 14 times, *parents* said 13 times, *safety* 13, *trust* mentioned ten times, *checklists* said six times, *interview(s)*, noted three times, and *PCL-5* mentioned twice.

Resources/Tools to Alleviate (Interview Question 11)

Now that we have addressed what tools and assessments seemed to give study participants the best view of sexual trauma symptoms displayed in Black female children and adolescents 10-19 years let us look at what therapeutic support resources or tools, they believed might help alleviate the symptoms of sexual trauma or aid in more effective coping methods. First, both DeCr and WaTu noted that ACES has been helpful in their work with this population. WaTu emphasized "awareness," "normalizing even what they're feeling," and "being able to even share stories about other individuals that have experienced sexual trauma." Additionally, she stated that "bringing in the family to foster that support system" has also been beneficial in helping to alleviate symptoms. Speaking of normalizing, CeSe said, "I'm a strong believer in just knowledge is power." Like WaTu, she went on to highlight psychoeducation and normalizing."

KiSl, similar to WaTu, spoke of the importance of utilizing the families of the child or adolescent, as she reported, "I think if there was more family work done to aid in

symptomology," and "If we engage more families and understanding of symptomology, it's more like family therapy works." Next, uniquely, SuHo noted, "I always have my people write a letter to the perpetrator telling the perpetrator what they stole from them, what they took away from them, how they damaged them." Similar to the previous section, it appeared there is a lack of apparent cohesiveness in what tools or resources might help to alleviate symptoms of sexual trauma; however, what stood out most from this section was the importance of knowledge, awareness, and the involvement of the family.

With that in mind, the most often used words from the interview, relative to this section, were *family* (which was said 48 times), *learn(ing), knowledge, and awareness* (combined mentioned 43 times), *ACES* (which was said 17 times), *support* (said 15 times), the *community* (which was said thirteen times), and *education or psychoeducation* (which was mentioned six times). In the next section, I discuss the results regarding study participants' thoughts on literature that states female Black children and adolescents who have experienced sexual trauma experience more symptoms than other races.

Thoughts on Current Literature (Interview Question 10)

In this section, it appeared that study participants took off their more professional hats and were more blunt and frank with their responses when responding to the literature that reads pointedly that Black female children experience more severe symptoms from CSA than Latina and White females (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). For example, KiSl said, "Very bluntly, the thought of ridiculousness comes to my mind because I have symptomology across the board of-

doesn't matter, race or gender, really of similarities and symptomology. Likewise, PeSa reported, "I don't think that's true because trauma is trauma, abuse is abuse. I don't care if you're rich, poor, black, brown, purple, or whatever. It's trauma."

Other study participants spoke more about and acknowledged a cultural impact, as WaTu said, "I don't think that they would necessarily experience more symptoms than other races, but I do recognize there are other factors involved. There are other economic factors involved; there are other social factors that are involved; there are other cultural factors that are involved that may exacerbate it, right, and then they appear to be more- they have more, and it's not really that they have more they just have other barriers or other situations that are heightening the symptoms." CeSe, in the same vein, said, "My anecdotal experience would be that it wasn't so much a particular race experienced more." "I think it's that some cultures give permission to talk about it more. So, they experience lower distress levels 'cause they're not having to hold it in, right?"

While CeSe spoke about some cultures giving permission to "talk about it," DeCr mentioned coping patterns when she said, "It's not necessarily that we experience more symptoms as it relates to just the sexual trauma, but I think a lot of the coping patterns enhance things for us if that makes sense." Lastly, SuHo concurred, saying, "I don't think that you can really say that one set of people would experience it more or less than another set of people, even though there are cultural mores and stuff like that."

In summary, neither study participant agreed per se with previous research findings that Black female children experience more severe symptoms from CSA. However, four of the six noted that some factors play a role in CSA symptoms and how

they are experienced, including possible exacerbation of symptoms. Some of these factors included economic, social, and cultural factors. Others noted coping patterns, barriers, less permission to talk or disclose, and other cultural morae. The next and last section before the summary addresses the final and additional thoughts shared by study participants.

Final/Additional Thoughts to Share (Interview Question 12)

The last interview question asked study participants if there were anything else they would like to share prior to wrapping up the interview. While much of Chapter 4 was modified and included extant data, making for an easier read, this section reads precisely as stated by the study participants. When providing her final thoughts, CeSe reported, "I hadn't really thought about the implications of it until you brought it up. So, it's important for people to know 'cause we don't know what we don't know. We don't know to look out for it if we're not aware of it." KiSl spoke about the importance of awareness when she said, "Mental health treatment in general, I think, is intimidating to anyone in our culture and society, but I can imagine being- well, I can't imagine. I am not- I'm a White woman, the idea of being a Black woman, Hispanic woman, and going and getting treatment for something that's so stigmatized in general and stigmatized in their community, how difficult that must be. And so, we have to have that awareness across the board of mental health that there is an extra barrier that is fixed."

WaTu spoke about familial cultural barriers when noting, "And so being able to maybe even foster that generational healing within the family to make that more accepted- more acceptable and have them to be a more of a support to one another, I

think would really-you know, because you know it doesn't have to be this big- this big tool that somewhere- it's just bringing families together and uncovering the secrets that and really- just really delving down to how can we be there for one another." SuHo's final thoughts addressed the impact on the child when she said, "I guess the fact that it robs a child of their childhood, and I've seen that over in the perfect world, children should be free, carefree and joyful and not really know about something that perverted type of sexuality." Additionally, CeSe said about this, "The criminal system is not set up to protect the victims."

Next, PeSa said, "I just think the Black female Americans have been taught, "You stay strong, and you keep your head up, and you act like this didn't happen, or you move forward and so- I think they just present differently, but does it mean that they have more symptoms? No. I don't agree with that. DeCr concurred and said, "Because we're taught to be strong, to just suck it up, that we don't talk. I mean, I know for me growing up as a Black woman, we don't talk about what goes on in this house, what happens in this house, stays in this house. And so, you learn how to suffer in silence. And so, a lot of the time, those things impact how we deal with things. They impact how important- how much we validate even our own emotions that we're dealing with." She continued by saying, "And so I think because that's already ingrained in us a lot of times, that's our second nature. It's kinda like these are my default tools. I know what to do with these. I don't know what to do with the new stuff."

Lastly, DeCr mentioned, "I know we talked about how Hispanic women and Black women are taught some of the same things, but one thing that differentiates Black

women is that most times our pain is dismissed, minimized, and overlooked, which adds to that tendency to wear that superwoman cape. We learn to "figure it out," "just do what we gotta do," and "take care of ourselves, because who else is gonna do it." So, when you ask what typically shows up in the room, I would have to say the tendency to disconnect from the emotional aspect of things in such a way to where it seems like the client is telling a story that belongs to someone else because that's what we as Black women have done to survive it." In this final section of raw data, what stood out was the importance of awareness, the need for support, knowledge of the stigma attached to Black females, cultural barriers, how CSA symptoms are presented, and how Black female children and adolescents are taught to "be strong" and "suck it up." *Work* (was noted 77 times), *cultural* (which was said 24 times), *culture* (was said 43 times), *push* (which was said 12 times), *keep moving or keep going* 10, *Suck it up* (was mentioned five times), and *push through* (was said five times).

Summary

As mentioned in previous chapters, research is vital for improving and understanding human development (Houser, 2009). It is also integral to our world and educational systems (Burkholder & Burbank, 2016; Houser, 2009) and critical to counseling (Houser, 2009). To recap previous chapters and highlight the importance of choosing to conduct my research, I restate that despite a clear consensus on the definition of CSA (Matthews & Collin-Vezina, 2019), it causes more severe health problems than any other childhood problem or issue (Darkness to Light [D2L], 2015; Türkkan & Odacı, 2023). Considering this, it is integral to repeat the assertions of Moore et al. (2015) and

Wilbon and Daniels (2019), who postulated the Black population is impacted by CSA at disproportionate numbers compared to White and Hispanics, with a rate of over 21% even though they make up a little over 12% of the U.S. population. That said, reputedly, females are five times more likely to be sexually abused than males (Darkness to Light [D2L] 2015; RAINN, 2021; Stoltenborgh, 2011) and postulated with more severe symptoms (Abajobir et al., 2017; Alaggia et al., 2019; Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016).

Bearing this in mind, and based on study results and extant data, the most prevalent symptoms of Black female children and adolescents who have experienced sexual trauma from 10 to 19 years are fear, guardedness, shame, feeling weak, and PTSD. In female Black culture, mothers teach and model for their daughters the importance of good self-esteem, telling the truth, resiliency, and relying on spirituality (Shambley-Ebron et al., 2016). Based on study results, whether implied, inferred or "it's generational," as one study participant noted, they also teach them to remain strong, "push through the pain," and "keep going," thus the importance of remaining mindful of intersectionality and the SBW cultural identity when working with female Black children and adolescents 10 to 19 years of age. Additionally, remaining mindful of this encourages experienced therapists, like the study participants, to go beyond acknowledging multiple cultural identities or multicultural counseling. It begs them to implement culturally specific, culturally appropriate interventions (Oxman-Martinez et al., 2002) and core conditions, including, as study participants revealed, creating a safe space, showing

empathy and compassion, ensuring the client is protected, and building trust with the client.

While none of the study participants overtly agreed with the literature that states female Black children and adolescents who have experienced sexual trauma suffer more symptoms than other races, it was noted that there are cultural factors, barriers, or an "extra barrier that is fixed." For this reason, among several, all participants mentioned the necessity of increased learning, knowledge, awareness, and support from therapists, families, and the community, along with the interventions mentioned above to help to dissolve social and cultural barriers, as the attributes of the SBW identity could influence the symptoms of CSA and trauma (Oshin & Milan, 2019). The significance of increased learning, knowledge, awareness, and support from therapists, is that it will inform best practices overall (Cho et al., 2013; Davis, 2008; Giroux et al., 2018; Hankivsky et al., 2002; Manay & Collin-Vezina, 2021; Tomlinson, 2013) when working with female Black children and adolescents who have experienced sexual trauma.

In this chapter, I briefly restated the purpose of my qualitative multiple case study and research question. I detailed the study's setting and the demographics of the six female study participants. In the final chapter, I will describe the data collection and analysis process before ending with the study's results and a summary. I will also conclude the report of my study by providing an interpretation of the findings, study limitations, recommendations, and implications.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

As mentioned in Chapters 3 and 4, previous literature states that sexually and physically abused children have more significant clinical mental health issues than those who have experienced other forms of abuse (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016; Turkkan & Odaci, 2023; Vrolijk-Bosschaart et al., 2018). While researchers have postulated that Black female children experience more severe symptoms from CSA than Latina and White females (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016), there is a lack of empirical data on how sexual trauma affects Black children and adolescents (Ruiz, 2016). While there is the proclivity to overlook research that addresses the more focused topics of race and trauma symptoms, several researchers have mentioned the importance of investigating race and ethnicity in diverse populations of sexually abused children (Anderson, 2010; Ruiz, 2016), which is why I conducted this research study.

Another reason I conducted this study was to increase knowledge about the shared salient complex aspects of cultural identity that Black females share, including race, gender, faith, and a history of cultural marginalization. It is integral that counselors learn, are aware of, understand, and attend to intersectionality and multiple cultural identities (Anders et al., 2020). Neglecting to evolve in understanding and cultural competence in this area increases counselors' unintentional eradication of cultural humility, thus leading them to miss opportunities to adequately address and honor clients' intersectional and cultural identities (Owen et al., 2016).

The purpose of this qualitative multiple case study was to explore and describe what knowledge and understanding that LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents 10 to 19 years of age. As mentioned, Black females experience more severe symptoms due to CSA than males and other races and ethnicities (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). While overlooked but acknowledged, this topic is significant among research scholars (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016). This type of research can help expand counselor knowledge and identify multiple cultural and intersectional factors that impact or influence symptomology, potentially leading to more effective treatment.

Using a qualitative multiple case study, I have explored what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents. Through this multiple case study, I aimed to understand the perceptions, opinions, and experiences of six LPCs who worked with Black female CSA survivors. This research will provide greater insight into the phenomenon and reveal areas of need, growth, competence, and training to increase knowledge in the intersectionality of these factors, as well as saliency, cultural humility, cultural competence, and cultural responsiveness.

As previously mentioned, research is vital for improving human development (Houser, 2009). Research is integral to the world and educational systems (Burkholder & Burbank, 2016; Houser, 2009). Research is essential and critical to counseling (Houser, 2009). Primarily research is used to answer questions and discover new ways of doing

things in the world (Burkholder & Burbank, 2016; Houser, 2009). Finding and understanding new ways of doing things was the purpose of my research study; thus, the overall goal of my research was to learn new ways of doing things in the world by discovering what knowledge and understanding LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents ages 10 to 19 years.

In this final chapter, I include the purpose of the qualitative multiple case study and interpretation of the findings, including analyzing the findings in the context of the theoretical framework. Additionally, I detail the study's limitations, recommendations for further research, and implications, including the impact on positive social change, before concluding the chapter.

Summary of Key Findings and Interpretation

Study results first revealed that of the six participants, only the two identified as Black were familiar with the SBW cultural identity. Second, despite a lack of knowledge among the majority of the study's participants about the SBW cultural identity, findings showed that the most prevalent symptoms seen by LPCs exhibited by Black female children and adolescents ages 10 to 19 years who had experienced sexual trauma are fear, guardedness, shame, feeling weak, and PTSD. My conclusions agreed with the literature that postulated that Black females tend to withhold or self-silence their emotional needs (Abrams et al., 2014; Carter & Rossi, 2019; Stevens-Watkins et al., 2014; Wyatt, 2008) in hopes of not appearing weak, vulnerable, or dependent upon others (Abrams et al., 2019; Anyiwo et al., 2018; Beauboeuf-Lafontant, 2007; Etowa et al., 2017).

Third, my study's findings concurred with previous literature that stated that culturally female Black mothers teach and model to their daughters the importance of good self-esteem, telling the truth, resiliency, and relying on spirituality (Abrams et al., 2014; Carter & Rossi, 2019; Shambley-Ebron et al., 2016). Additionally, study results indicated that, whether this teaching is implied or inferred, or whether "it's generational," as one study participant noted, mothers and grandmothers also teach them to remain strong, "push through the pain," and "keep going." Next, study outcomes revealed the importance of awareness, knowledge, and implementation of culturally specific, culturally appropriate interventions (Oxman-Martinez et al., 2002) and core conditions, including, as study participants revealed, creating a safe space, showing empathy and compassion, ensuring that the client is protected, and building trust with the client.

Last, while none of the study participants agreed with the literature that states that female Black children and adolescents who have overcome sexual trauma experience more symptoms than other ethnic groups, it was noted that there are cultural factors, or at least an "extra barrier that is fixed." For this reason, among several, all participants mentioned the necessity of increased learning, knowledge, awareness, and support from different stakeholders, along with the interventions mentioned above to help to dissolve sociocultural barriers, as the attributes of SBW identity could influence the symptoms of CSA and trauma (Oshin & Milan, 2019).

Limitations of the Study

While there are several strengths to qualitative research, there are also limitations (Creswell & Creswell, 2018). A barrier that limited my study was that it was time

consuming. Another limitation is that because I was the primary instrument for this research, there was an increased reliance on my knowledge and observational skill to produce a robust study (Baxter & Jack, 2008; Merriam & Tisdell, 2016); thus, I acknowledged and accounted for personal biases to reduce them (Merriam & Tisdell, 2016). Additionally, other limitations were the small sample size and the bias in the case sample (Guba & Lincoln, 198l), as only the top three racial and ethnic groups in Texas were studied. Next, all participants shared the same generational cohort except SuHo, who was from an earlier generation.

While one standard limitation in qualitative research is replicability, it was not an issue in my case study since I repeated the steps from the first interview to the second interview and so forth (Baxter & Jack, 2008; Creswell & Poth, 2018). Additionally, to eliminate limitations or barriers to my research and promote credibility, dependability, and transferability, I took meticulous notes, used peer review and triangulation, and used rich and thick descriptions (Crawford, 2016; Merriam & Tisdell, 2016; Stewart & Hitchcock, 2016). Next, I increased confirmability by using confirmability audits (Merriam & Tisdell, 2016). Last, while generalizability was not the overall goal of this qualitative research, implementing those mentioned above decreased the number of limitations and increased transferability, which allowed me to make valid inferences about my study's findings (Cox, 2016).

Recommendations

Now that the limitations of my study have been addressed, there are several recommendations for future research. First, this qualitative study did not address the

differences in sexual trauma symptoms among Black females in relation to females from other races and ethnic groups, so future research might look at the differences in trauma symptoms in females of all races. Such research is critical as treatment practices should reflect individual racial and ethnic differences in symptomology. At the same time, counselor educators should instruct students in a way that aids in trainees feeling comfortable discussing multicultural identities and how they might present differently in clients (Day-Vines et al., 2013, 2018; Feiring et al., 1999; Trickett & McBride-Chang, 1995).

Second, despite the tenets of the transformative framework and worldview, aiming to address the needs of the oppressed, suppressed, discriminated against, and traditionally marginalized, I used the SBW cultural identity and intersectionality conceptual and theoretical frameworks for my first of its kind study (Creswell & Creswell, 2018); however, using the transformative framework may also be helpful in future research. A third recommendation is researching gender disparities in sexual trauma symptoms using the SBW and intersectionality conceptual and theoretical frameworks, as this will help professionals better support and protect (Cashmore & Shackel, 2014) their child and adolescent clients in the most gender specific ways, allowing them to respond to and recover from sexual trauma (Holmes & Offen, 1996; Richey-Suttles & Remer, 1997). Next, conducting this study using a mixed method might uncover pieces that were not revealed in this study, allowing for a more complete picture. Last, subsequent research might address polyvictimization and its role in sexual trauma symptoms.

Implications

Social Justice and Change

As mentioned previously, social change is vital if the counseling profession aims to help clients increase personal self-awareness while advocating on their behalf. Additionally, social change is crucial as it helps counselors become more aware, increasing knowledge in the areas unique to the client. This knowledge is necessary to collaborate with and empower clients (Hipolito-Delgado et al., 2016; West-Olatunji & Wolfgang, 2017). As they pertain to my research study, demographics are rapidly changing, and counselor educators must increase their awareness and competency levels and commit to social justice while preparing future counselor educators to do the same (Motulsky et al., 2014).

Social justice and change empower clients, increase their quality of life, and promote healthy human development. Promoting healthy human development is an essential role for counselors (Hipolito-Delgado et al., 2016; Lee & Kelley-Petersen, 2018). As a researcher and a future counselor educator, I see one challenge as finding a way to improve society. Counselors do this by being the change agents that increase the understanding of causation while, as mentioned above, empowering the client and removing barriers. Empowering clients, increasing the knowledge of society, and removing barriers were some of the overarching goals of this study. It is critical to remember that counselors can only improve society if they seek growth in self, interpersonal, and systemic awareness (Lee, 1998; Motulsky et al., 2014).

As noted in Chapter 2, society is not fully aware of the gravity of the effects of CSA on children's emotional, psychological, and physical well-being (Leeb et al., 2011). The effects are long lasting into adulthood and, as previously noted, cost the United States billions annually (Clear et al., 2006; Collin-Vezina & Garrido, 2017; Leeb et al., 2011; Moore et al., 2015; Wangamati et al., 2021; WHO, 2021). Because of this, researchers have been urged to explore further intersectionality and how cultural factors influence CSA symptoms to implement individualized culturally appropriate strategies and treatments (Gadson & Lewis, 2022; Hope et al., 2019; Kenny & Eachern, 2000b; Offutt, 2013; Ruiz, 2016; Stoltenborgh, 2011)—hence one of the reasons I conducted this study.

Additionally, there is a wealth of research on the prevalence of CSA among female children (Abajobr et al., 2017; Colin-Vezina & Garrido, 2017; Krahe & Berger, 2017; O'Leary & Barber, 2008; Trickett et al., 2011). Specifically, regarding this study's subjects, fewer studies have addressed CSA among Black female children (Allen et al., 2015; Anderson, 2010; Brumfield & Christensen, 2011; Ruiz, 2016; Wilbon & Daniels, 2019). Despite the long lasting urgency, there is a lack of public awareness and responsibility to change policy and practice to prevent CSA regardless of gender (Colin-Vezina & Garrido, 2017). Public awareness encourages public policy and practice measures, incorporating relevant and sensitive therapeutic and assessment techniques (Collin-Vezina & Garrido, 2017).

Despite the lack of public awareness, there has been a decrease in CSA (Collin-Vezina & Garrido, 2017; Finkelhor et al., 2014). While possibly credited to fear of

disclosure, the decline in CSA over the past decade is not significant, nor does it release public health systems from their obligation to respond appropriately to the public. Based on study results, now is the time that society no longer ignores the need for better approaches to treating CSA symptoms (Cohen et al., 2002; Collin-Vezina & Garrido, 2017; Mannarino et al., 2012; Moore et al., 2015) and, more specifically, the unique needs and intersecting aspects of Black female CSA survivors (Abrams, 2014; Gadson & Lewis, 2022; Woods-Giscombe, 2010).

Theoretical/Conceptual Implications

As previously noted, the Black population traditionally mistrusts White institutions (Moore et al., 2015), stemming from the historical realities of slavery and oppression (Abrams, 2019; Woods-Giscombe, 2008). These realities are the fiber of the SBW identity characteristics of strength, self-reliance, and independence (Abrams et al., 2019; Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2016; Wyatt, 2008). Counselors' awareness of this will assist in diminishing the vulnerability of the therapeutic alliance and will contribute to client trust, thereby strengthening the therapeutic or working alliance (Burris, 2012).

In advocating for this marginalized group, mental health literacy is promoted within the counseling profession (Geyton et al., 2020). This understanding and awareness are critical as race and culture significantly influence how adolescents process, develop, and display symptoms of CSA (Gibbs et al., 1989; Mennen, 1995)—more specifically, Black females due to their sociopolitical and sociocultural history.

Counselor and Practice Implications

Speaking to awareness, counselors must know the most effective evidence-based adolescent interventions (Abajobir et al., 2017; Cashmore & Shackel, 2014; Olafson, 2011) when working with Black female children and adolescents ages 10 to 19 years who have been sexually traumatized. As previously noted in Chapter 2, research indicates that White counselors have a higher rate of therapeutic success when working with White clients (Driane et al., 2016; Hayes et al., 2015; Imel et al., 201l; Owen et al., 2012) and a higher rate (53%–81%) of microaggressions when working with racial and ethnic minority clients (Hook et al., 2016). Even multicultural counseling research, although antiquated (Butcher et al., 1983; Gynther, 1972; Krebs, 1971; Sue et al., 1992; Terrell & Terrell, 1984; Yamamoto, 1967), traditionally focuses on one cultural identity at the time (Sue & Sue, 2016), showing mental health disparity affecting racial and ethnic minority populations (APA, 2003).

Considering this, I intended my research to encourage counselors to learn, increase their awareness, understand, and attend to intersectionality and multiple cultural identities to show the urgency of responding to "cultural markers" (Davis et al., 2018, p. 90), understanding their perception of such markers, and how their worldview guides the session (Davis et al., 2018) with Black female children and adolescents. Additionally, my study may urge counselors to acknowledge and attend to potential SBW identity or cultural influences to incorporate culturally sensitive individualized treatment.

Counselor Educator Implications

Equally as important to the profession, counselor educators must prepare graduate students in colleges and universities for the constantly evolving cultural needs (Day-Vines et al., 2018) of marginalized (Liao et al., 2016), racially ethnic minorities, particularly Black female adolescents. Furthermore, counselor educators should facilitate a supportive and secure learning environment, thus aiding future counselors in becoming culturally competent. This learning environment will assist counselor trainees in learning how prospective clients' sociocultural and sociopolitical identities play a role in lived experiences (Day-Vines et al., 2017) and symptomology (Mennen, 1995a; Ruiz, 2016; Shapiro, 2012; Vrolijk-Bosschaart et al., 2018). Such cultural competence, orientation, and awareness provide counselor trainees with the skills necessary to "improve decision-making, stimulate more effective coping mechanisms, alleviate distress, promote client empowerment, and enhance resilience" (Day-Vines et al., 2017, p. 91) and strength in a population whose heritage is charged with remaining resilient (Carter & Rossi, 2019; Nelson et al., 2016; Shambley-Ebron et al., 2016; Woods-Giscombe, 2010; Wyatt, 2008).

Conclusion

As mentioned throughout the study, Black females share salient complex aspects of cultural identity, including race, gender, faith, and a history of cultural marginalization. This said, counselors should recognize and acknowledge counselor biases to increase their cultural competence and understand their cultural orientation, including learning, increasing their awareness, understanding, and attending to intersectionality and multiple cultural identities (Anders et al., 2021). As mentioned in

the introduction, neglecting to evolve in awareness, ignoring counselor biases, and overlooking cultural competence and orientation in this area decreases positive therapeutic outcomes and counselor credibility, hinders the therapeutic alliance (Buckard & Knox, 2004; Burris, 2012; Davis et al.,2018), and increases counselors' unintentional eradication of cultural humility, thus missing opportunities to adequately address and honor clients' intersectional and cultural identities (Owen et al., 2016).

A counselor's ability to recognize and acknowledge their worldview and biases is vital in developing multicultural orientation. This includes the understanding and implementation of cultural humility, cultural opportunity, and cultural comfort while remaining mindful of the therapeutic alliance, recognizing cultural markers (Davis et al., 2018). Additionally, adjusting when and where necessary to decrease the vulnerability of client mistrust (Chang & Berk, 2009), thus challenging counselors to understand "how cultural dynamics can influence the therapeutic process" (Davis et al., 2018, p. 90) and especially in cross-racial counselor-client working alliances (Burris, 2012). With that in mind, the final words of DeCr come to mind as she stated, "Just the way we've learned how to cope as a culture does influence things, first and foremost," and "Environment is gonna influence how we show up. We're from different cultural and racial backgrounds, but we're all in the same environment. So, there's the culture that exists there." "And so, I think a lot of those things play a role as far as culture goes, and it's not necessarily just racial…a lot of different factors play a role in things."

With that said, CACREP requires counselors and counselor educators to grow in multicultural competence while implementing the most appropriate and effective

techniques and strategies for diverse clients (CACREP, 2016). Likewise, ACA (2014) requires that counselor educators implement multicultural courses and educate students and supervisees using theoretically and scientifically grounded techniques (F.7.c; F.11.c; C.7.a; Remley & Herlihy, 2016).

My research aimed to increase knowledge and awareness affecting society, counselor education, and counseling by answering the following question: what knowledge and understanding do LPCs have about the SBW cultural identity and its influences on the symptoms of sexual trauma among Black female adolescents 10 to 19 years of age? It was imperative to answer this question so LPCs can learn, grow in awareness, better understand and attune to the most appropriate and culturally sensitive counseling approaches by acknowledging complex and multiple cultural identities, and a high cultural humility and understanding, thereby strengthening the therapeutic working alliance and informing best practices (Anders et al., 2020; Cho et al., 2013; Davis et al., 2018; Giroux et al., 2018; Hooks et al., 2017; Manay & Collin-Vezina, 2021; Owen et al., 2016; Sue et al., 1992; Tomlinson, 2013) first, when working with Black female children and adolescent survivors of sexual trauma and second to better prepare counselor educators with tools to ready graduate students for this ethnic population's evolving needs.

References

Abajobir, A. A., Kisely, S., Maravilla, J. C., Williams, G., & Najman, J. M. (2017). Gender differences in the association between childhood sexual abuse and risky sexual behaviours: A systematic review and meta-analysis. *Child Abuse & Neglect, 63*, 249–260. https://doi.org/10.1016/j.chiabu.2016.11.023

Abney, V. D. (1995). African Americans and sexual child abuse. In L. A. Fontes (Ed.), *Sexual abuse in nine North American cultures: Treatment and prevention* (pp. 11–30). Sage Publications. https://doi.org/10.4135/9781452243337.n2

Abrams, J. A., Hill, A., & Maxwell, M. (2019). Underneath the mask of the strong black woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among U.S. Black women. *Sex Roles, 80*(9/10), 517–526. https://doi.org/10.1007/s11199-018-0956-y

Abrams, J. A., Maxwell, M., Pope, M., & Belgrave, F. Z. (2014). Carrying the world with the grace of a lady and the grit of a warrior: Deepening our understanding of the "Strong Black Woman" schema. *Psychology of Women Quarterly, 38*(4), 503–518. https://doi.org/10.1177/0361684314541418

Adames, H. Y., Chavez-Duenas, N. Y., Sharma, S., & La Roche, M. J. (2018). Intersectionality in psychotherapy: The experiences of an AfroLatinx queer immigrant. *Psychotherapy, 55*(1), 73–79. https://doi.org/10.1037/pst0000152

Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000–2016). *Trauma, Violence, & Abuse, 20*(2), 260–283. https://doi.org/10.1177/1524838017697312

Alix, S., Cossette, L., Cyr, M., Frappier, J.-Y., Caron, P.-O., & Hébert, M. (2020). Self-blame, shame, avoidance, and suicidal ideation in sexually abused adolescent girls: A longitudinal study. *Journal of Child Sexual Abuse*, *29*(4), 432–447. https://doi.org/10.1080/10538712.2019.1678543

Allen, B., Thorn, B. L., & Gully, K. J. (2015). A comparison of self-reported emotional and trauma-related concerns among sexually abused children with and without sexual behavior problems. *Child Maltreatment*, *20*(2), 136–140. https://doi.org/10.1177/1077559514566864

American Counseling Association. (2014). *2014 ACA code of ethics.* https://www.counseling.org/Resources/aca-code-of-ethics.pdf

American Psychiatric Association. (2016). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2003). Guidelines for multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, *58*(5), 377–402. https://doi.org/10.1037/0003-066X.58.5.377

American Psychological Association. (2021). *Sexual abuse*. https://www.apa.org/topics/sexual-abuse

Anders, C., Kivlighan, M., III, Porter, E., Lee, D., & Owen, J. (2021). Attending to the intersectionality and saliency of clients' identities: A further investigation of therapists' multicultural orientation. *Journal of Counseling Psychology*, *68*(2), 139–148. https://doi.org/10.1037/cou0000447

Anderson, K. L. (2010). Conflict, power, and violence in families. *Journal of Marriage and Family*, *72*(3), 726–742. https://doi.org/10.1111/j.1741-3737.2010.00727

Andrews, A. R., III, Jobe-Shields, L., Lopez, C. M., Metzger, I. W., deArellano, M. A., Saunders, B., & Kilpatrick, D. G. (2015). Polyvictimization, income, and ethnic differences in trauma-related mental health during adolescence. *Social Psychiatry and Psychiatric Epidemiology*, *50*(8), 1223–1234. https://doi.org/10.1007/s00127-015-1077-3

Anyiwo, N., Ward, L. M., Day Fletcher, K., & Rowley, S. (2018). Black adolescents' television usage and endorsement of mainstream gender roles and the strong Black woman schema. *Journal of Black Psychology*, *44*(4), 371–397. https://doi.org/10.1177/0095798418771818

Babbie, E. (2017). *Basics of social research* (7th ed.). Cengage Learning.

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *Qualitative Report*, *13*(4), 544–559. https://nsuworks.nova.edu

Beauboeuf-Lafontant, T. (2007). "You have to show strength": An exploration of gender, race, and depression. *Gender & Society*, *21*(1), 28–51. https://doi.org/10.1177/0891243206294108

Belgrave, F. Z., Abrams, J. A., Hood, K. B., Moore, M. P., & Nguyen, A. B. (2016). Development and validation of a preliminary measure of African American women's gender role beliefs. *Journal of Black Psychology*, *42*(4), 320-342. https://doi.org/ 10.1177/0095798415576614

Berliner, L. (2011). Child sexual abuse: Definitions, prevalence, and consequences. In J. E. B. Myers (Ed.), *The APSAC handbook on child maltreatment* (3rd ed., pp. 215–232). Sage.

Black, A. R., & Woods-Giscombe', C. (2012). Applying the stress and 'strength' hypothesis to Black women's breast cancer screening delays. *Stress Health, 28*(5), 389-396. https://doi.org/10.1002/smi.2464

Bloomberg, L. D., & Volpe, M. (2016). *Completing your qualitative dissertation: A roadmap from beginning to end* (4th ed.). SAGE.

Boney-McCoy, S., & Finkelhor, D. (1995). Prior victimization: A risk factor for child sexual abuse and for PTSD-related symptomatology among sexually abused youth. *Child Abuse & Neglect, 19*(12), 1401–1421. https://doi.org/10.1016/0145-2134(95)00104-9

Bowleg, L. (2012). The Problem with the phrase women and minorities: Intersectionality-an important theoretical framework for public health. *American Journal of Public Health, 102*(7), 1267–1273. https://doi.org/10.2105/AJPH.2012.300750

Bowleg, L. (2013). "Once you've blended the cake, you can't take the parts back to the main ingredients": Black gay and bisexual men's descriptions and experiences of intersectionality. *Sex Roles, 68*(11-12), 754–767. http://doi.org/10.1007/s11199-012-0152-4

Brod, M., Pohlman, B., & Tesler Waldman, L. (2014). Qualitative research and content validity. In A. C. Michalos (Ed.) *Encyclopedia of quality of life and well-being research* (pp. 5257–5265). Springer, Dordrecht. https://doi.org/10.1007/978-94-

007-0753-5_3848

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, *99*(1), 66–77. https://doi.org/10.1037/0033-2909.99.1.66

Brumfield, K. A., & Christensen, T. M. (2011). Discovering African American parents' perceptions of play therapy: A phenomenological approach. *International Journal of Play Therapy, 20*(4), 208–223. https://doi.org/10.1037/a0025748

Bryant-Davis, T., Ellis, M. U., Burke-Maynard, E., Moon, N., Counts, P. A., & Anderson, G. (2012). Religiosity, spirituality, and trauma recovery in the lives of children and adolescents. *Professional Psychology: Research and Practice*, *43*(4), 306–314. https://doi.org/10.1037/a0029282

Burkard, A. W., & Knox, S. (2004). Effect of therapist color-blindness on empathy and attributions in cross-cultural counseling. *Journal of Counseling Psychology, 51(4)*, 387–397. https://doi.org/ 10.1037/0022-0167.51.4.387

Burkholder, G. J., & Burbank, P. (2016). Philosophical foundations and the role of theory in research. In *The scholar-practitioner's guide to research design* (pp. 15–35). Laureate Publishing.

Burris, J. L. (2012). On enhancing competent work with African American clients: Challenging persistent racial disparity trends by examining the role of the working alliance. *Journal of Applied Rehabilitation Counseling, 43*(3), 3-12. https://doi.org/10.1891/0047-2220.43.3.3

Butcher, J. N., Braswell, L., & Raney, D. (1983). A cross-cultural comparison of

American Indian, Black, and White inpatients on the MMPI and presenting symptoms. *Journal of Consulting and Clinical Psychology, 51*(4), 587–594. https://doi.org/10.1037/0022-006X.51.4.587

Carbin, M., & Edenheim, S. (2013). The intersectional turn in feminist theory: A dream of a common language? *European Journal of Women's Studies, 20*(3), 233-248. https://doi.org/10.1177/1350506813484723

Carter, J., & Rossi, A. (2019). Embodying strength: The origin, representations, and socialization of the strong Black woman ideal and its effect on Black women's mental health. *Women & Therapy, 42*(3-4), 289-300. https://doi.org/10.1080/02703149.2019.1622911

Cashmore, J., & Shackel, R. (2014). Gender differences in the context and consequences of child sexual abuse. *Current Issues in Criminal Justice, 26*(1), 75–104. https://doi.org/10.1080/10345329.2014.12036008

Castelin, S. (2019). *"I'm a strong independent Black woman": The cost of strong Black woman schema endorsement* [Unpublished master's thesis]. University of Central Florida

Chang, D. F., & Berk, A. (2009). Making cross-racial therapy work: A phenomenological study of clients' experiences of cross racial therapy. *Journal of Counseling Psychology, 56*(4), 521–536.

Chang, R. S., & Culp, J. M. (2002). After intersectionality? *UMKC Law Review*, 71, 485–492.

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE.

Child Sexual Abuse Committee of the National Child Traumatic Stress Network. (2009, April). *Child sexual abuse fact sheet.* http://nctsn.org/sites/default/files/assets/pdfs/ChildSexualAbuseFactSheetFINAL_10_2_07.pdf

Cho, S., Crenshaw, K. W., McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society*, *38*(4), 785–810. https://doi.org/10.1177/1049732315613982

Choo, & Ferree, M. M. (2010). Practicing intersectionality in sociological research: A critical analysis of inclusions, interactions, and institutions in the study of inequalities. *Sociological Theory*, *28*(2), 129–149. https://doi.org/10.1111/j.1467-9558.2010.01370.x

Clear, P. J., Vincent, J. P., & Harris, G. E. (2006). Ethnic differences in symptom presentation of sexually abused girls. *Journal of Child Sexual Abuse*, *15*(3), 79–98. https://doi.org/10.1300/J070v15n03_05

Cohen, J. A., Perel, J. M., Debellis, M. D., Frienman, M. J., & Putnam, F. W. (2002). Treating Traumatized children: Clinical implications of the psychobiology of posttraumatic stress disorder. *Trauma, Violence, & Abuse, 3*(2), 91-108. https://doi.org/10.1177/15248380020032001

Cole E. R. (2009). Intersectionality and research in psychology. *The American Psychologist*, *64*(3), 170–180. https://doi.org/10.1037/a0014564

Collin-Vezina, D., & Garrido, E. F. (2017). Current issues in child sexual abuse, gender and health outcomes: Shedding new lights to inform worldwide policy and

practice. *Child Abuse and Neglect*, 63, 245-248. https://doi.org/10.1016/j.chiabu.2016.11.032

Collings, S. J., Griffiths, S., & Kumalo, M. (2005). Patterns of disclosure in child sexual abuse. *South African Journal of Psychology*, *35*(2), 270–285. https://doi.org/10.1177/008124630503500207

Collins, H. P. (1989). It's all in the family: Intersections of gender, race, and nation. *Hypatia*, *13*(3), 62–82. http://www.jstor.org/stable/3810699

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). Routledge.

Connolly, D. A., Coburn, P. I., & Chong, K. (2017). Twenty-six years prosecuting historic child sexual abuse cases: Has anything changed? *Psychology, Public Policy, and Law*, *23*(2), 166–177. https://doi.org/10.1037/law0000121

Constantine, M. G. (2002). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology*, *49*(2), 255–263. https://doi.org/10.1037/0022-0167.49.2.255

Corsini, R. J., & Wedding, D. (2014). *Current psychotherapies* (11th ed.). Brooks/Cole.

Cotter, A., & Beaupré, P. (2014). Police-reported sexual offences against children and youth in Canada. *Canadian Centre for Justice Statistics*, *34*(1), 1–29. http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14008-eng.pdf

Cotton, S., Zebracki, K., Rosenthal, S. L., Tsevat, J., & Drotar, D. (2006). Religion/spirituality and adolescent health outcomes: A review. *The Journal of*

adolescent health: official publication of the Society for Adolescent Medicine, *38*(4), 472–480. https://doi.org/10.1016/j.jadohealth.2005.10.005

Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016 Standards.* http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf

Cox, K. (2016). Philosophical foundations and the role of theory in research. In G. Burkholder, K. Cox, & L. Crawford (Eds.), *The scholar-practitioner's guide to research design* (pp. 52–65). Laureate Publishing.

Crawford, L. (2016). Qualitative research designs. In G. Burkholder, K. Cox, & L. Crawford (Eds.), The *scholar-practitioner's guide to research design* (pp. 66–85). Laureate Publishing.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, *14*, 538–554.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of colour. *Stanford Law Review, 43*(6), 1241–1299.

Creswell, J. W., Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods* (5th ed.). SAGE.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE.

Darkness to Light. (2015, December 22). *Child sexual abuse statistics*. http://www.d2l.org/site/c.4dICIJOkGcISE/b.9314267/k.3928/Child_Sexual_Abus

e_Statistics.htm

Davis, A. W., Levant, R. F., & Pryor, S. (2018). Traditional femininity versus strong Black women ideologies and stress among Black women. *Journal of Black Studies 49*(8), 820-841. https://doi.org/10.1177/0021934718799016

Davis, S. M. (2015). The "Strong Black woman collective": A developing theoretical framework for understanding collective communication practices of Black women. *Women's Studies in Communication, 38*(1), 20-35. https://doi.org/10.1080/07491409.2014.953714

Day-Vines, D. L., Bryan, J., & Griffin, D. (2013). The broaching attitudes and behavior survey (BABS): An exploratory assessment of its dimensionality. *Journal of Multicultural Counseling and Development*, *41*(4), 210–223. https://doi.org/ 10.1002/j.2161-1912.2013.00037.x

Day-Vines, N. L., Booker, B. A., Steen, S., & Arnold, K. M. (2018). Getting comfortable with discomfort: Preparing counselor trainees to broach racial, ethnic, and cultural factors with clients during counseling. *International Journal for the Advancement of Counselling*, *40*(2), 89–104. https://doi.org/10.1007/s10447- 017-9308-9

de los Reyes. (2017). Working life inequalities: Do we need intersectionality? *Society, Health & Vulnerability, 8*(0), 14-18. https://doi.org/10.1080/20021518.2017.1332858

de los Reyes, P., & Mulinari, D. (2005). Intersektionalitet: kritiska reflektioner över (o)jämlikhetens landskap [Intersectionality: Critical reflections on the landscape of (in)equality]. Malmö: Liber.

Dill, L. J. (2017). “Wearing my spiritual jacket”: The role of spirituality as a coping mechanism among African American youth. *Health Education & Behavior*, *44*(5), 696–704. https://doi.org/10.1177/1090198117729398

Dillard, R., Maguire-Jack, K., Showalter, K., Wolf, K. G., & Letson, M. M. (2019). Abuse disclosures of youth with problem sexualized behaviors and trauma symptomology. *Child Abuse & Neglect*, *88*, 201–211. https://doi.org/10.1016/j.chiabu.2018.11.019

Disclosure. (2021) In *Dictionary.com*. https://www.dictionary.com/browse/disclosure

Donovan, R. A., & West, L. M. (2015). Stress and mental health: Moderating role of the strong Black woman stereotype. *Journal of Black Psychology*, *41*(4), 384–396. https://doi.org/10.1177/0095798414543014

Drinane, J. M., Owen, J., & Kopta, S. M. (2016). Racial/ethnic disparities in psychotherapy: Does the outcome matter? *TPM-Testing, Psychometrics, Methodology in Applied Psychology, 23*(4), 531–544. https://doi.org/10.4473/TPM23.4.7

Easton, S. D. (2013). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal*, *41*(4), 344-355. https://doi.org/ 10.1007/s10615-012-0420-3

Easton, S. D., Saltzman, L. Y., & Willis, D. G. (2014). “Would you tell under circumstances like that?”: Barriers to disclosure of child sexual abuse for men. *Psychology of Men & Masculinity*, *15*(4), 460–469. https://doi.org/10.1037/a0034223

Elkind, D. (1967). Egocentrism in adolescence. *Child Development, 38*(4), 1025–1034. https://doi.org/10.2307/1127100

Etowa, J. B., Beagan, B. L., Eghan, F. & Bernard, W. T. (2017). "You feel you have to be made of steel": The strong Black woman, health, and well-being in Nova Scotia". *Health Care for Women International, 38*(4), 379-393. https://doi.org/10.1080/07399332.2017.1290099

Fargo, J. D. (2009). Pathways to adult sexual revictimization: Direct and indirect behavioral risk factors across the lifespan. *Journal Of Interpersonal Violence, 24*(11), 1771-1791. https://doi.org/10.1177/0886260508325489

Feiring, C., Taska, L., & Lewis, M. (1999). Age and gender differences in children's and adolescents' adaptation to sexual abuse. *Child Abuse & Neglect: The International Journal, 23*(2), 115–128. https://doi.org/10.1016/S0145-2134(98)00116-1

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 55*(3), 329–333. https://doi.org/10.1016/j.jadohealth.2013.12.026

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Polyvictimization and trauma in a national longitudinal cohort. *Development and Psychopathology, 19*(1), 149-66. https://doi.org/10.1017S0954579407070083

Gadson, C. A., & Lewis, J. A. (2022). Devalued, overdisciplined, and stereotyped: An exploration of gendered racial microaggressions among Black adolescent girls. *Journal of counseling psychology, 69*(1), 14–26. https://doi.org/10.1037/cou0000571

Gagnier, C., & Collin-Vézina, D. (2016). The disclosure experiences of male child sexual abuse survivors. *Journal of Child Sexual Abuse*, *25*(2), 221–241. https://doi.org/10.1080/10538712.2016.1124308

Geyton, T., Johnson, N., & Ross, K. (2020). "I'm good": Examining the internalization of the strong Black woman archetype. *Journal of Human Behavior in the Social Environment*, *32*(1), 1–16. https://doi.org/10.1080/10911359.2020.1844838

Ghavami, N. & Peplau, L.A. (2012). An intersectional analysis of gender and ethnic stereotypes: Testing three hypotheses. *Psychology of Women Quarterly, 37*(1), 113-127. https://doi.org/10.177/0361684312464203

Gibbs, J. T., & Huang, L. N. (1989). *Children of color: Psychological interventions with minority youth.* Jossey-Bass/Wiley.

Giroux, M. E., Chong, K., Coburn, P. I., & Connolly, D. A. (2018). Differences in child sexual abuse cases involving child versus adolescent complainants. *Child Abuse & Neglect*, *79*, 224–233. https://doi.org/10.1016/j.chiabu.2018.02.011

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for*

qualitative research. Sociology Press.

Gray, S., & Rarick, S. (2018). Exploring gender and racial/ethnic differences in the effects of child sexual abuse. *Journal of Child Sexual Abuse*, *27*(5), 570–587. https://doi.org/10.1080/10538712.2018.1484403

Green, B. "Nilaja." (2019). Strong like my mama: The legacy of "strength," depression, and suicidality in African American women. *Women & Therapy*, *42*(3–4), 265–288. https://doi.org/10.1080/02703149.2019.1622909

Groves, R. M., Fowler, F. J. Jr., Couper, M. P., Lepkowski, J. M., Singer, E., & Tourangeau, R. (2009). *Survey methodology* (2nd ed.). John Wiley & Sons.

Grzanka, P. R. (2014). Intersectional objectivity. In P. R. Grzanka (Ed.), *Intersectionality: A foundations and frontiers reader* (pp. xi–xxvii). Westview Press.

Guba, E., & Lincoln, Y. (1981). *Effective evaluation.* Jossey-Bass.

Guba, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Sociology Press.

Gynther, M. D. (1972). White norms and Black MMPIs: A prescription for discrimination? *Psychological Bulletin, 78*(5), 386–402. https://doi.org/10.1037/h0033555

Halcomb, E. J., & Davidson, P. M. (2006). Is verbatim transcription of interview data always necessary? *Applied Nursing Research*, *19*(1), 38–42. https://doi.org/10.1016/j.apnr.2005.06.001

Hamin, D. A. (2008). "Strong Black woman cultural construct: Revision and validation."

[Unpublished Dissertation]. Georgia State University

Hancock, A-M. (2007). “When multiplication doesn’t equal quick addition: Examining intersectionality as a research paradigm.” *Perspectives on Politics 5*(1), 63–79. https://doi.org/10.1017/S1537592707070065

Hankivsky, O., & Cormier, R. (2009). *Intersectionality: Moving women’s health research and policy forward.* Women’s Health Research Network. https://bccewh.bc.ca/wp-content/uploads/2012/05/2009IntersectionaliyMovingwomenshealthresearcha

Harter, S. (1990). Causes, correlates, and the functional role of global self-worth: A life-span perspective. In R. J. Sternberg & J. Kolligian, Jr. (Eds.), *Competence considered* (pp. 67–97). Yale University Press.

Hayes, J. A., Owen, J., & Bieschke, K. J. (2015). Therapist differences in symptom change with racial/ethnic minority clients. *Psychotherapy, 52*(3), 308 –314. http://doi.org/10.1037/a0037957

Hébert, M., Paradis, A., & Fortin, A. (2021). Symptom patterns of sexually abused teenage girls seeking services. *American Journal of Orthopsychiatry, 91*(4), 464–476. https://doi.org/10.1037/ort0000548

Hershkowitz, I., Horowitz, D., & Lamb, M. E. (2005). Trends in children’s disclosure of abuse in Israel: A national study. *Child Abuse & Neglect*, *29*(11), 1203–1214. https://doi.org/10.1016/j.chiabu.2005.04.008

Hipolito-Delgado, C. P., Pharoah, T., & Hermosillo, J. (2016). Empathy and advocacy: Successfully serving communities of color. *Journal of Humanistic Counseling,*

55(1), 37–54. https://doi.org/10.1002/johc.12023

Holmes, G., & Offen, L. (1996). 'Clinicians' hypotheses regarding clients' problems: Are they less likely to hypothesize sexual abuse in male compared to female clients? *Child Abuse & Neglect. 20(6),* 493-501.

Hook, J. N., Davis, D., Owen, J., & DeBlaere, C. (2017). Cultural humility and the process of psychotherapy. In *Cultural humility: Engaging diverse identities in therapy.* (pp. 91–112).

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60,* 353–366. https://doi.org/10.1037/a0032595

Hook, J. N., Farrell, J. E., Davis, D. E., DeBlaere, C., Van Tongeren, D. R., & Utsey, S. O. (2016). Cultural humility and racial microaggressions in counseling. *Journal of Counseling Psychology, 63*(3), 269–277. https://doi.org/10.1037/cou0000114

Hooks, B. (1990). Postmodern blackness. *Postmodern Culture, 1*(1). https://doi.org/10.1353/pmc.1990.0004

Hope, M. O., Taylor, R. J., Nguyen, A. W., & Chatters, L. M. (2019). Church support among African American and Black Caribbean adolescents. *Journal of Child and Family Studies, 28*(11), 3037–3050. https://doi.org/10.1007/s10826-019-01479-5

Houser, R. (2009). *Counseling and educational research: Evaluation and application* (2nd ed.). SAGE.

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Criminology & Criminal Justice, 15*(9).

https://doi.org/10.1177/1748895819880953

Hulko, W. (2009). The time-and context-contingent nature of intersectionality and interlocking oppressions. *Affilia Journal of Women and Social Work*, *24*(1), 44-57. https://doi.org/10.1177/0886109908326814

Imel, Z. E., Baldwin, S., Atkins, D. C., Owen, J., Baardseth, T., & Wampold, B. E. (2011). Racial/ethnic disparities in therapist effectiveness: a conceptualization and initial study of cultural competence. *Journal of counseling psychology*, *58*(3), 290–298. https://doi.org/10.1037/a0023284

Jones, D. J., Lewis, T., Litrownik, A., Thompson, R., Proctor, L. J., Isbell, P. &, Runyan, D. (2013). Linking childhood sexual abuse and early adolescent risk behavior: The intervening role of internalizing and externalizing problems. *Journal Of Abnormal Child Psychology, 41*(1), 139–150. https:/doi.org/10.1007/s10802-012-9656-1

Jones, D. P. (2000). Editorial: disclosure of child sexual abuse. Child Abuse & Neglect, 24(2), 269–271. https://doi.org/10.1016/S0145-2134(99)00125-8

Jones, M., Buque, M., & Miville, L. (2018). African American gender roles: A content analysis of empirical research from1981 to 2017. *Journal of Black Psychology, 44*(5), 450-486. https://doi.org/10.1177/0095798418783561

Jonzon, E., & Lindblad, F. (2004). Disclosure, reactions, and social support: Findings from a sample of adult victims of child sexual abuse. *Child Maltreatment*, *9*(2), 190–200. https://doi.org/10.1177/1077559504264263

Kenny, M. C., & McEachern, A. G. (2000). Racial, ethnic, and cultural factors of childhood sexual abuse: A selected review of the literature. *Clinical Psychology Review*, *20*(7), 905–922. https://doi.org/10.1016/S0272-7358(99)00022-7

Kercher, G. A., & McShane, M. (1984). The prevalence of child sexual abuse victimization in an adult sample of Texas residents. *Child Abuse & Neglect*, *8*(4), 495–501. https://doi.org/10.1016/0145-2134(84)90031-0

Kogan, S. M. (2004). Disclosing unwanted sexual experiences: results from a national sample of adolescent women. *Child Abuse & Neglect*, *28*(2), 147–165. https://doi.org/10.1016/j.chiabu.2003.09.014

Krahé, B., & Berger, A. (2017). Longitudinal pathways of sexual victimization, sexual self-esteem, and depression in women and men. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(2), 147–155. https://doi.org/10.1037/tra0000198

Krebs, R. L. (1971). Some Effects of a White Institution on Black Psychiatric Outpatients. *American Journal of Orthopsychiatry*, *41*(4), 589–596. https://doi.org/10.1111/j.1939-0025.1971.tb03217.x

Krosnick, J. (1999). Survey research. *Annual Review of Psychology*, *50*, 537–567. doi:10.1146

Laureate Education, Inc. (Executive Producer). (2010). *Writing a quality prospectus: The literature review I.* Author.

Laureate Education, Inc. (Executive Producer). (2012b). *Introduction to scholarly writing: Purpose, audience, and evidence.* Author.

Laureate Education (Producer). (2017). *QDA software packages* [Video file]. Author.

Leath, S. (2021). *How the expectation of strength harms Black girls and women*. Scholars Strategy Network. https://scholars.org/contribution/how-expectation-strength-harms-black-girls-and

Leclerc, B., & Wortley, R. (2015). Predictors of victim disclosure in child sexual abuse: Additional evidence from a sample of incarcerated adult sex offenders. *Child Abuse & Neglect, 43,* 104–111. https://doi.org/ https://doi.org/10.1016/j.chiabu.2015.03.003

Lee, C. C. (1998). Counselors as agents of social change. In C.C. Lee & G. R. Walz (Eds.) *Social action: A mandate for counselors* (pp. 3-14). [seminal]. Cambridge University Press

Lee, K. A., & Kelley-Petersen, D. J. (2018). Service learning in human development: Promoting social justice perspectives in counseling. *Professional Counselor, 8*(2), 146–158. https://doi.org/10.15241/kal.8.2.146

Leeb, R. T., Lewis, T., & Zolotor, A. J. (2011). A review of physical and mental health consequences of child abuse and neglect and implications for practice. *American Journal of Lifestyle Medicine, 5(*5), 454–468. https://doi.org/10.1177%2F1559827611410266

Lewis, J. A., Mendenhall, R., Harwood, S. A., & Huntt, M. B. (2013). Coping with gendered racial microaggressions among Black women college students. *Journal of African American Studies, 17*(1), 51-73. https://doi.org/10.1007/s12111-012-9219-0

Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the gendered racial microaggressions scale for Black women. *Journal of Counseling Psychology*, *62*(2), 289–302. https://doi.org/10.1037/cou0000062

Liao, K. Y.-H., Weng, C.-Y., & West, L. M. (2016). Social connectedness and intolerance of uncertainty as moderators between racial microaggressions and anxiety among Black individuals. *Journal of Counseling Psychology*, *63*(2), 240–246. https://doi.org/10.1037/cou0000123

Lincoln, C. E., & Mamiya, L. H. (1990). The Black church in the African American experience. Duke University Press

MacMillan, H. L., Tanaka, M., Duku, E., Vaillancourt, T., & Boyle, M. H. (2013). Child physical and sexual abuse in a community sample of young adults: Results from the Ontario child health study. *Child Abuse & Neglect*, *37*(1), 14–21. https://doi.org/10.1016/j.chiabu.2012.06.005

Manay, N., & Collin-Vézina, D. (2021). Recipients of children's and adolescents' disclosures of childhood sexual abuse: A systematic review. *Child Abuse & Neglect*, *116*(Part 1). https://doi.org/10.1016/j.chiabu.2019.104192

Mannarino, A. P., Cohen, J. A., Deblinger, E., Runyon, M. K., & Steer, R. A. (2012). Trauma-focused cognitive-behavioral therapy for children: Sustained impact of treatment 6 and 12 Months later. *Child Maltreatment*, *17*(3), 231–241. https://doi.org/10.1177/1077559512451787

Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, *13*(6), 522–525. https://doi.org/10.1093/fampra/13.6.522

Mathews, B., & Collin-Vézina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence, & Abuse, 20*(2), 131-148. https://doi.org/10.1177/1524838017738726Maynard, C., & Wiederman, M. (1997). Undergraduate students' perceptions of child sexual abuse: Effects of age, sex, and gender-role attitudes. *Child Abuse & Neglect, 21*(9), 833–844. https://doi.org/10.1016/s0145-2134(97)00045-8

Mattsson, T. (2014). Intersectionality as a useful tool: Anti-oppressive social work and critical reflection. *Affilia-Journal of Women and Social Work, 29*(1), 8–17. https://doi.org/10.1177/0886109913510659

McCall, L. (2005). The complexity of intersectionality. *Signs, 30*(3), 1771–1800. https://doi.org/10.1086/426800

Mehrotra, G. (2010). Toward a continuum of intersectionality theorizing for feminist social work scholarship. *Affilia-Journal of Women and Social Work, 25*(4), 417–430. https://doi.org/10.1177/0886109910384190

Mennen, F. E. (1995a). The relationship of race/ethnicity to symptoms in childhood sexual abuse. *Child Abuse & Neglect: The International Journal, 19*(1), 115–124. https://doi.org/10.1016/0145-2134(94)00100-9

Merriam, S. B. (1998). *Qualitative research and case study applications in research.* Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative dada analysis* (2nd ed.). SAGE

Moore, S. E., Robinson, M. A., Dailey, A., & Thompson, C. (2015). Suffering in silence: Child sexual molestation and the Black church: If God don't help me who can I turn to? *Journal of Human Behavior in the Social Environment*, *25*(2), 147–157. https://doi.org/10.1080/10911359.2014.956962

Motulsky, S. L., Gere, S. H., Saleem, R., & Trantham, S. M. (2014). Teaching social justice in counseling psychology. *The Counseling Psychologist*, *42*(8), 1058–1083. https://doi.org/10.1177/0011000014553855

Mullings, L. (2000). African-American women making themselves: Notes on the role of Black feminist research. *Souls: A Critical Journal of Black Politics, Culture, and Society*, *29*(4), 18–29. https://doi.org/ 10.1080/10999940009362233

Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking strength: Black women's perceptions of the "Strong Black Woman" role. *Psychology of Women Quarterly*, *40*(4), 551–563. https://doi.org/10.1177/0361684316646716

Nolen-Hoeksema, S. (2008). *Abnormal psychology: Media and research update* (4th ed.). McGraw-Hill.

Offutt, M. R. (2013). "The strong Black woman, depression, and emotional eating." [Unpublished doctoral dissertation]. University of South Florida

Olafson, E. (2011). Child sexual abuse: Demography, impact, and interventions. *Journal of Child & Adolescent Trauma, 4*(1), 8-21. https://doi.org/10.1080/19361521.2011.545811

O'Leary, P. J., Barber, J. (2008). Gender differences in silencing following childhood sexual abuse. *Journal of Child Sexual Abuse*, *17*(2), 133-143.

https://doi.org/10.1016/j.chiabu.2016.11.032

Oransky, M., Hahn, H., & Stover, C. S. (2013). Caregiver and youth agreement regarding youths' trauma histories: Implications for youths' functioning after exposure to trauma. *Journal of Youth and Adolescence*, *42*(10), 1528–1542. https://doi.org/10.1007/s10964-013-9947-z

Oshin, L. A., & Milan, S. (2019). My strong, Black daughter: Racial/ethnic differences in the attributes mothers value for their daughters. *Cultural Diversity & Ethnic Minority Psychology*, *25*(2), 179–187. https://doi.org/10.1037/cdp0000206

Owen, J., Imel, Z., Adelson, J., & Rodolfa, E. (2012). 'No-show': Therapist racial/ethnic disparities in client unilateral termination. *Journal of Counseling Psychology, 59*(2), 314–320. https://doi.org/10.1037/a0027091

Owen, J., Tao, K. W., Drinane, J. M., Hook, J. N., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice*, *47(1),* 30–37. https://doi.org 10.1037/pro/000046

Oxman-Martinez, J., Krane, J., & Corgin, N. (2002). *Competing conceptions of conjugal violence: Insights from an intersectional framework.* Centre for Applied Family Studies, McGill University and Immigration & Metropolis. http://www.metropolis.inrs.ca/medias/Competing_Lisev.pdf

Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). SAGE.

Pierce, L. H., & Pierce, R. L. (1984). Race as a factor in the sexual abuse of children. *Social Work Research and Abstracts*, *20*(2), 9-14.

https://doi.org/10.1093/swra/20.2.9

Planey, A. M., Smith, S. M., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American youth and their families: A systematic review study. *Children & Youth Services Review*, *101*, 190–200. https://doi.org/10.1016/j.childyouth.2019.04.001

Predictive Analysis Today. (2016a). Top 15 qualitative data analysis software. http://www.predictiveanalyticstoday.com/top-qualitative-data-analysis-software/

Ramirez, J., Oshin, L., & Milan, S. (2017). Imagining her future: Diversity in mothers' socialization goals for their adolescent daughters. *Journal of Cross-Cultural Psychology*, *48*(4), 593–610. https://doi.org/10.1177/0022022117696802

Rao, K., DiClemente, R. J., & Ponton, L. E. (1992). Child sexual abuse of Asians compared with other populations. *Journal of the American Academy of Child and Adolescent Psychiatry*, *31*(5), 880–886. https://doi.org/10.1097/00004583-199209000-00016

Rape, Abuse, & Incest National Network. (2021). *About sexual assault*. https://www.rainn.org/about-sexual-assault

Remley, T. P., Jr., & Herlihy, B. (2016). *Ethical, legal, and professional issues in counseling* (5th ed.). Pearson.

Research on Information Quality Driven Data Cleaning Framework. (2008). *2008 International Seminar on Future Information Technology and Management Engineering, Future Information Technology and Management Engineering, 2008. FITME '08. International Seminar On*, 537.

https://doi.org/10.1109/FITME.2008.126

Richey-Suttles, S., & Remer, R. (1997). Psychologists' attitudes toward adult male survivors of sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, *6*(2), 43–61. https://doi.org/10.1300/J070v06n02_03

Romero, R. E. (2000). The icon of the strong Black woman: The paradox of strength. In L. C. Jackson & B. Greene (Eds.), *Psychotherapy with African American women: Innovations in psychodynamic perspective and practice* (pp. 225–238). The Guilford Press.

Rudestam, K. E., & Newton, R. R. (2015). *Surviving your dissertation: A comprehensive guide to content and process* (4th ed.). SAGE.

Ruiz, E. (2016). Trauma symptoms in a diverse population of sexually abused children. *Psychological Trauma: Theory, Research, Practice, and Policy, 8*(6), 680-687. https://doi.org/10.1037/tra0000160

Sajnani, N. (2013). The body politic: The relevance of an intersectional framework for therapeutic performance research in drama therapy. *The Arts in Psychotherapy*, *40*(4), 382–385. https://doi.org/10.1016/j.aip.2013.05.001

Salter, A. (1993). Response to the 'abuse of the child sexual abuse accommodation syndrome.' *Journal of Child Sexual Abuse*, *1*(4), 173-177. http://dx.doi.org/10.1300/J070v01n04_16

Scales, P. C., Syvertsen, A. K., Benson, P. L., Roehlkepartain, E. C., Sesma, A. (2014). Relation of spiritual development to youth health and well-being:

Evidence from a global study. In Arieh, Ben-A., Casas, F., Frønes, I., Korbin, J. E. (Eds.), *Handbook of child well-being: Theories, methods and policies in global perspective* (pp. 1101-1135). Springer.

Shambley-Ebron, D., Dole, D., & Karikari, A. (2016). Cultural preparation for womanhood in urban African American girls: Growing strong women. *Journal of Transcultural Nursing*, *27*(1), 25–32. https://doi.org/10.1177/1043659614531792

Shapiro, D. N., Kaplow, J. B., Amaya-Jackson, L., & Dodge, K. A. (2012). Behavioral markers of coping and psychiatric symptoms among sexually abused children. *Journal of Traumatic Stress*, *25*(2), 157–163. https://doi.org/10.1002/jts.v25.2

Shaw, J. A., Lewis, J. E., Loeb, A., Rosado, J., & Rodriguez, R. A. (2001). A comparison of Hispanic and African-American sexually abused girls and their families. *Child Abuse & Neglect*, *25*(10), 1363–1379. https://doi.org/10.1016/S0145-2134(01)00272-1

Smith, C., Denton, M. L., Faris, R., & Regnerus, M. (2002). Mapping American Adolescent Religious Participation. *Journal for the Scientific Study of Religion*, *41*(4), 597–612. https://doi.org/10.1111/1468-5906.00148

Sorsoli, L., Kia-Keating, M., & Grossman, F. K. (2008). "I keep that hush-hush" male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology*, *55*(3), 333-345. https://doi.org/10.1037/0022-0167.55.3.333

Stake, R. (1995). *The art of case study research.* SAGE.

Stevens-Watkins, D., Sharma, S., Knighton, J. S., Oser, C. B., & Leukefeld, C. G. (2014). Examining cultural correlates of active coping among African American female

trauma survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6*(4), 328–336. https://doi.org/10.1037/a0034116

Stewart, M., & Hitchcock, J. (2016). Philosophical foundations and the role of theory in research. In G. Burkholder, K. Cox, & L. Crawford (Eds.), *The scholar-practitioner's guide to research design* (pp. 52–65). Laureate Publishing.

Stoltenborgh, M., van Ijzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, *16*(2), 79–101. https://doi.org/10.1177/1077559511403920

Sue, D. W., Arredondo, P., & McDavis, R., J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development*, *20*(2), 64–88. https://doi.org/10.1002/j.2161-1912.1992.tb00563.x

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist*, *10*(2), 45–52. https://doi.org/10.1177/0011000082102008

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed.). John Wiley & Sons.

Sue, D., & Sue, D. (2016). *Counseling the culturally diverse: Theory and practice.* Wiley Press.

Talwar, S. (2010). An intersectional framework for race, class, gender, and sexuality in

art therapy. *Art Therapy*, *27*(1), 11–17. https://doi.org/10.1080/07421656.2010.10129567

Taylor, R. J., Chatters, L. M., & Brown, R. K. (2014). African American religious participation. *Review of Religious Research*, *56*(4), 513–538. https://doi.org/10.1007/s13644-013-0144-z

Taylor, R. J., Chatters, L. M., Lincoln, K. D., & Woodward, A. T. (2017). Church-based exchanges of informal social support among African Americans. *Race and Social Problems*, *9*(1), 53-62. https://doi.org/10.1007/s12552-017-9195-z

Taylor, R. J., Lincoln, K. D., & Chatters, L. M. (2005). Supportive Relationships with Church Members Among African Americans. *Family Relations*, *54*(4), 501–511. https://doi.org/10.1111/j.1741-3729.2005.00336.x

Terrell, F., & Terrell, S. L. (1984). Race of counselor, client sex, cultural mistrust level, and premature termination from counseling among Black clients. *Journal of Counseling Psychology*, *31*, 371–375. https://doi.org/10.1037/0022-0167.31.3.371

Thomas, A., Witherspoon, K., Speight, S. (2004). Toward the development of the stereotypic roles for Black women scale. *Journal of Black Psychology*, *30*(3), 426–442. https://doi.org/10.1177/0095798404266061

Thompson, C. P. (2003). *Strong black woman scale: Construction and validation*. [Unpublished doctoral dissertation]. Georgia State University

Thompson, M. N., Chin, M. Y., & Kring, M. (2019). Examining mental health practitioners' perceptions of clients based on social class and sexual orientation. *Psychotherapy*, *56*(2), 217–228. https://doi.org/10.1037/pst0000222

Tomlinson, B. (2013). “To tell the truth and not get trapped: Desire, distance, and intersectionality at the scene of argument.*” Signs, 38*(4), 993–1017. https://doi.org/10.1086/669571

Trickett, P. K., & McBride-Chang, C. (1995). The developmental impact of different forms of child abuse and neglect. *Developmental Review, 15*(3), 311–337. https://doi.org/10.1006/drev.1995.1012

Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology*, *23*(2), 453–476. https://doi.org/10.1017/S0954579411000174

Türkkan, T., & Odacı, H. (2023). Treatment issues while addressing child sexual abuse: A review. *Psikiyatride Guncel Yaklasimlar*, *15*(3), 534–547. https://doi.org/10.18863/pgy.1181095

Tzeng, O. C., & Schwarzin, H. J. (1990). Gender and race differences in child sexual abuse correlates. *International Journal of Intercultural Relations*, *14*(2), 135-161. https://doi.org/10.1016/0147-1767(90)90002-E

U.S. Census Bureau. (2019). *Quick facts United States*. https://www.census.gov/quickfacts/TX

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2021). Child mal- treatment 2019. https://www.acf.hhs.gov/cb/report/child-maltreatment-2019.

Utsey, S. O., Walker, R. L., Dessources, N., & Bartolomeo, M. (2005). A psychohistorical analysis of the African American bicultural experience. In R. T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling, Vol. 2. Training and practice* (pp. 410–426). John Wiley & Sons.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Viking.

van Hoof, M.-J., van den Bulk, B. G., Rombouts, S. A. R. B., Rinne-Albers, M. A. W., van der Wee, N. J. A., van IJzendoorn, M. H., & Vermeiren, R. R. J. M. (2017). Emotional face processing in adolescents with childhood sexual abuse-related posttraumatic stress disorder, internalizing disorders and healthy controls. *Psychiatry Research: Neuroimaging*, *264*, 52–59. https://doi.org/10.1016/j.pscychresns.2017.04.006

Vrolijk-Bosschaart, T. F., Brilleslijper-Kater, S. N., Teeuw, A. H., Benninga, M. A., & Lindauer, R. J. L. (2018). Clinical practice: Recognizing child sexual abuse-what makes it so difficult? *European Journal of Pediatrics*, *177*(9), 1343–1350. https://doi.org/10.1007/s00431-018-3193-z

Walden University. (2014). *Literature reviews*. http://academicguides.waldenu.edu/writingcenter/assignments/literaturereview

Walden University. (2014). *Searching and finding information in the library databases.* http://academicguides.waldenu.edu/searchingfinding

Wallace, S. A., & Fisher, C. B. (2007). Substance use attitudes among urban black adolescents: The role of parent, peer, and cultural factors. *Journal of Youth and*

Adolescence, *36*(4), 441–451. https://doi.org/10.1007/s10964-006-9099-5

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2018). School-based education programs for the prevention of child sexual abuse: A cochrane systematic review and meta-analysis. *Research on Social Work Practice*, *28*(1), 33–55. https://doi.org/10.1177/1049731515619705

Wangamati, C. K., Sundby, J., Izugbara, C., Nyambedha, E. O., & Prince, R. J. (2021). Challenges in supporting survivors of child sexual abuse in Kenya: A qualitative study of government and non-governmental organizations. *Journal of Interpersonal Violence*, *36*(15–16), https://doi.org /10.1177/0886260519846864

Warner, L. R. (2008). A best practices guide to intersectional approaches in psychological research. *Sex Roles*, *59*(56), 454–463.

Warner, L. R., Settles, I. H., & Shields, S. A. (2018). Intersectionality theory in the psychology of women. In C.B. Travis & J.W. White (Eds.), *APA handbook of the psychology of women: Vol. 1 History, theory, and battlegrounds.* https://doi.org/10.1037/00000059-027

Warner, L. R., & Shields, S. A. (2013). The intersections of sexuality, gender, and race: Identity research at the crossroads. *Sex Roles*, *68*(11–12), 803–810. https://doi.org/ 10.1007/s11199-013-0281-4

Watson, N., Hunter, C. (2015). Anxiety and depression among African American women: The costs of strength and negative attitudes toward psychological help-seeking. *Cultural Diversity and Ethnic Minority Psychology*, *21*(4), 604–612. https://doi.org/10.1037/cdp0000015

Watts-Jones, T. D. (2010). Location of self: Opening the door to dialogue on intersectionality in the therapy process. *Family Process*, *49*(3), 405–420. https://doi.org/10.1111/j.1545-5300.2010.01330.x

Weber, R. (2009). Semi directive interviews: The intersectionality of power dynamics and social attributes. *Psychology and Society, 2(*2), 176-183. http://www.psychologyandsociety.org/__assets/__original/2009/11/WEBER.pdf

West, C. M. (1995). Mammy, sapphire, and jezebel: Historical images of Black women and their implications for psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, *32*(3), 458–466. https://doi.org/10.1037/0033-3204.32.3.458

West, L. M., Donovan, R. A., & Daniel, A. R. (2016). The price of strength: Black college women's perspectives on the strong Black woman stereotype. *Women & Therapy*, *39*(3-4), 390-412. https://doi.org/10.1080/02703149.2016.1116871

West-Olatunji, C., & Wolfgang, J. D. (2017, August 7). Advancing multicultural and social justice competence in counseling research. *Counseling Today,* 51–54.

Westaby, J. D. (2006). How different survey techniques can impact consultant recommendations: A scientist-practitioner study comparing two popular methods. *Consulting Psychology Journal: Practice and Research*, *58*(4), 195–205. https://doi.org/10.1037/1065-9293.58.4.195

Whiston, S. C. (2009). *Principles and applications of assessment in counseling* (3rd ed.). Brooks/Cole.

Whittingham, M. (2017). Attachment and interpersonal theory and group therapy: Two sides of the same coin. *International Journal of Group Psychotherapy,* 67(2),

276-279. https://doi.org/ 10.1080/00207284.2016.1260463

Wilbon, R., & Daniels, K. (2019, April 17). *African Americans, child sexual abuse and mental health*. Afro News: The Black Media Authority. https://afro.com/african-americans-child-sexual-abuse-and-mental-health/

Wolfe, D., Sas, L., Wekerle, C. (1994). Factors associated with the development of posttraumatic stress disorder among child victims of sexual abuse. *Child Abuse Neglect, 18*(1), 37–50. https://doi.org/10.1016/0145-2134(94)90094-9

Woods-Giscombé, C. L., & Lobel, M. (2008). Race and gender matter: A multidimensional approach to conceptualizing and measuring stress in African American women. *Cultural Diversity and Ethnic Minority Psychology, 14*(3), 173–182. https://doi.org/10.1037/1099-9809.14.3.173

Woods-Giscombe', C.L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative Health Research, 20*(5), 668-683.

https://doi.org/ 10.1177/1049732310361892

Woods-Giscombe', C. L., Lobel, M., Zimmer, C., Cene', C.W., & Corbie-Smith, G. (2015). Whose stress is making me sick? Network-stress and emotional distress in African- American women. *Issues in Mental Health Nursing, 36*(9), 710-717. https://doi.org/ 10.3109/01612840.2015.1011759

World Health Organization. (2021). Adolescent health. https://www.who.int/southeastasia/health-topics/adolescent-health

Wyatt, G. E. (1985). The sexual abuse of Afro-American and White-American women in

childhood. *Child Abuse & Neglect*, *9*(4), 507-519.https://doi.org/10.1016/0145-2134(85)90060-2

Wyatt, J. (2008). Patricia Hill Collins's Black sexual politics and the genealogy of the strong Black woman. Studies in Gender and Sexuality, *9*(1), 52-67. https://doi.org/10.1080/15240650701759516

Yamamoto, J., James, Q. C., & Bloombaum, M. (1967). Racial factors in patient selection. *The American Journal of Psychiatry*, *124*(5), 630–636. https://doi.org/10.1176/ajp.124.5.630

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). SAGE

Yuval-Davis, N. (2006). Intersectionality and feminist politics. *European Journal of Womens Studies*, *13*(3), 193–209. https://doi.org/10.1177/1350506806065752

Zounlome, N. O. O., Wong, Y. J., Klann, E. M., David, J. L., & Stephens, N. J. (2019). 'No one. saves Black girls': Black university women's understanding of sexual violence. *The Counseling Psychologist*, *47*(6), 873–908. https://doi.org/10.1177/0011000019893654

Appendix: Interview Questions

1. How much do you know about the strong Black woman theory?
2. What is your experience working with diverse children and adolescents who have experienced sexual trauma?
3. What are your thoughts on culture as it relates to sexual trauma?
4. What tools and assessments seem to give you the best view of the sexual trauma symptoms displayed by female Black-American children and adolescents ages 10 to 19?
5. What symptoms appeared to be the most prevalent among Black-American female children and adolescents who have experienced sexual trauma?
6. What is your reaction to the symptoms displayed by Black-American female children and adolescents who have experienced sexual trauma?
7. Tell me how familiar you are with the “Strong Black Woman” (SBW) theory.
8. How might the “Strong Black Woman” cultural expectation determine or influence these symptoms?
9. Tell me what role the Black-American family might play in the symptoms presented among Black-American female children and adolescents who have experienced sexual trauma?
10. What is your experience working with female Black-American children who stated they were told to “stay strong” or “be strong”?

11. What are your thoughts on literature that state female Black-American children and adolescents who have experienced sexual trauma experience more symptoms than other races?
12. What therapeutic support resources or tools might help alleviate the symptoms of sexual trauma or aid in more effective coping methods?
13. What is something else you would like to share with me?