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Counselors-in-Training Reactions to Clients Living with and without HIV

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An estimated one million people are currently living with HIV in the United States. Therefore, an important question remains pertaining to professional helpers' preparedness in working with people living with HIV/AIDS (PLWHA). This study (N = 165) utilized an analogue design, with participants receiving one of four possible clinical case vignettes, to determine the relationship of client HIV status and race with counselor-in-training self-efficacy, multicultural competency, and empathy. Results revealed that client HIV status was predictive of counselor self-efficacy, and that self-efficacy held relationships with multicultural counseling competency and empathy. Findings suggest multicultural skills training may be particularly important to increase CIT self-efficacy when working with PLWHA.

Keywords: HIV, analogue study, counselor training, self-efficacy

Introduction

The estimated number of new HIV transmissions in the United States has declined 18% within the last decade; still, nearly 40,000 individuals are diagnosed with HIV each year (Centers for Disease Control and Prevention (CDC), 2019). In addition, an estimated one million people are currently living with HIV in the United States (CDC, 2019). These numbers are particularly relevant to professional helpers and social service providers considering the breadth of mental health concerns and the importance of mental health intervention in the lives of people living with HIV/AIDS (PLWHA; Pence, 2009; Salters et al., 2016). For example, PLWHA reported greater rates of PTSD and depression than HIV-negative individuals (Benton, Ng, Leung, Canetti, & Karnik, 2019), and these diagnoses of PTSD and depression often co-occur with HIV within this population (Benton et al., 2019; Lu et al., 2018; Ng'ang'a, Mathai, Obondo, Mutavi, & Kumar, 2018). Unfortunately, the presence of HIV stigma further exacerbates the stress of living with HIV (Herek, 2014). In addition to these concerns, PLWHA report having a desire to speak about their emotional and mental well-being with care providers, highlighting the need for professional helpers to be knowledgeable about working with this population (Safran, Hoover, Tao, & Butler, 2013).

Given the presence of mental health concerns for PLWHA and the large number of PLWHA in the United States, professional counselors can expect to often work with this population in their practices or organizations. Therefore, professional counselors must be prepared to work with PLWHA. During a particularly grim period of the HIV/AIDS crisis, researchers found a great deal of counselors feel uncomfortable working with and potentially harbor negative feelings towards PLWHA (e.g., Fliszar & Clopton, 1995; Hayes & Gelso, 1993). Contemporary research identifies potential biases within counseling students working with PLWHA (Joe & Foster, 2017). Additionally, master's level counseling trainees may enter the field having experienced little training during their graduate programs regarding HIV and its effects on clients' mental health (J. Campbell, Pietrantoni, & Miller, 2020; Rose, Sullivan, Hairston, Laux, & Pawelczak, 2015). Since the 1980s and 1990s, treatments for HIV/AIDS have improved greatly; notably, the 1996 introduction of antiretroviral therapy (ART; National Institute on Drug Abuse (NIDA), 2012) has drastically reduced the mortality rate associated with a HIV diagnosis (Coelho et al., 2018). Furthermore, ART has changed the diagnosis from a death sentence to an oftentimes manageable chronic disease (NIDA, 2012). Hence, an assessment of counseling trainees' outlooks on clients with HIV/AIDS is warranted to determine if past attitudes identified in the 1990s (e.g., stigma, decreased empathy; Hayes & Erkis, 2000) persist. The present study sought to conduct such an assessment by exploring coun-

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seling trainees' self-efficacy, multicultural competence, and empathy regarding working clients living with HIV/AIDS.

HIV and Mental Health Professionals

Stigma and lack of knowledge about HIV and methods of managing emotional responses to the illness are challenges to PLWHAs' mental health (Logie et al., 2018; Rinehart et al., 2018). HIV stigma can have negative psychological, physical, and social outcomes for PLWHA, and these negative impacts can manifest as anxiety, non-adherence to treatment, substance use, or isolation within PLWHA (Crockett, Kalichman, Kalichman, Cruess, & Katner, 2019). Moreover, PLWHA who also identify as a member of one or more marginalized populations (e.g., sexual minorities, people of color) may experience layered stigma associated with their HIV status as well as their cultural identities (Herek, 2014; Reidpath & Chan, 2005). Thus, the inclusion of race is an important piece of the present study. For instance, gay, bisexual, and other men who have sex with men (MSM) of color experience stigma associated with their sexual orientation and their race/ethnicity (McConnell, Janulis, Phillips, Truong, & Birkett, 2018), and they may experience HIV/AIDS differently than women of color (Colbert, Kim, Sereika, & Erlen, 2010). Unfortunately, stigma experiences are not reserved for outside clinical spaces and may occur within counseling relationships as well.

Mental health professionals and other service providers are not immune to the HIV-related biases and stigma that exist within the general population (Mehnert, Siem, Stürmer, & Rohmann, 2017), and many may be unaware of the cultural considerations of their work with PLWHA. To combat such biases, mental health professionals and other service providers must conduct competent and ethical practice when serving clients living with HIV/AIDS. Furthermore, counselors should practice self-awareness and the application of an intersectional lens during case conceptualization and intervention (Joe, 2018). Moreover, for counselors-in-training (CITs), the belief in their ability to provide appropriate, ethically and culturally sound services to clients living with HIV/AIDS can be critical to their success as mental health professionals.

Counselor Self-Efficacy

Counselor Self-Efficacy (CSE) has been thought of as an individual's ability to counsel a client in the near future effectively (L. M. Larson & Daniels, 1998), and can be considered a central trait that informs counselor training and selection (Beutler, Machado, & Neufeldt, 1994). Whereas Beutler et al. (1994) viewed CSE as stable, other researchers have indicated that CSE is circumstantial and can be related to the quality of one's supervision and work experience (Brown, Olivárez, & DeKruyf, 2017; Suh et al., 2018). Researchers have identified that the benefits of CSE manifest both internally and externally. Internal benefits include greater counselor readiness and greater confidence in basic skills, including managing fundamental aspects of counseling (Lent, Hill, & Hoffman, 2003). External benefits of higher CSE include indirect effects on client outcomes (Kozina, Grabovari, Stefano, & Drapeau, 2010) and increases in service delivery (Mullen & Lambie, 2016). Specifically, as CSE increases, CIT anxiety decreases and levels of clinical judgment and performance increase, which in turn affects client outcomes (Goreczny, Hamilton, Lubinski, & Pasquinelli, 2015; Reese et al., 2009). Additionally, CITs with low CSE have a difficult time with case conceptualization, implement unproductive counseling strategies and interventions, and become more defensive in perfecting skills (L. M. Larson & Daniels, 1998). To date, researchers have not investigated the self-efficacy of CITs as it relates specifically to working with PLWHA, despite the relevance of this construct to counselor success.

Multicultural Competence

Like CSE, competence with respect to the social and cultural diversity of clients remains a key area of interest for CITs (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016), particularly the needs of PLWHA within their unique social and cultural contexts (Berger et al., 2016). The American Counseling Association (ACA; 2014) has identified "honoring diversity and embracing a multicultural approach" (p. 4) as one of five core professional values for the counseling profession. Additionally, the Council for Accreditation of Counseling and Related Educational Programs (CACREP; CACREP, 2016) has infused social and cultural considerations throughout their standards for counselor education. Efforts to meet these educational standards and uphold the values of the profession include both direct instruction and immersive experiences where trainees have direct involvement with culturally diverse individuals (Barden & Greene, 2014). Training and level of education have been found to be significant predictors of CSE levels; however, negative implications may be present in terms of lower self-efficacy for students in counseling programs with a limited multicultural training approach (Lopez-Baez & Paylo, 2009). Further, relationships exist between cultural competence and multicultural self-efficacy (Matthews, Barden, & Sherrell, 2018), suggesting that increasing students' multicultural training could bring about benefits in self-efficacy as well.

Whereas the competencies needed for working with clients living with HIV (e.g., empathy, genuineness, positive regard) are similar to those for clients who are HIV negative, there are additional knowledge and skills (e.g., grief and loss work, basic knowledge of HIV) that are relevant for working with PLWHA (Joe, 2018; Werth, Carney, & Mor-

ris, 1996). When guided by the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016), counselors should consider their client's worldview and experiences of marginalization. Specifically, counselors may better understand the lived experiences of marginalized individuals if they are aware and knowledgeable of diverse languages, sexuality and sexual orientation issues, and elements of drug culture as they impact PLWHA (Rozas & Smith, 2009). Furthermore, counselors and their patients benefit from cultural competence, both in their mental and physical health. Consequently, service providers with increased competence may mean greater medication self-efficacy and treatment adherence among PLWHA (Gaston, 2013).

Empathy

As a core condition in the counseling process, empathy fosters the therapeutic relationship as clients move toward their goals (Rogers, 1957). Defined as the emotional experience and comprehension of another's emotional state (Vossen, Piotrowski, & Valkenburg, 2015), empathy is necessary within the counseling context as evidenced by its byproducts of trust and an emotionally supportive environment. Regarding HIV/AIDS, empathy involves not only feelings for PLWHA, but also feeling with others, and connecting to their experiences (R. G. Campbell & Babrow, 2004). In an individual's response to PLWHA, elements of empathy include identification with PLWHA or the ability to take their perspective, understanding the context in which they live with HIV/AIDS, sharing emotions or maintaining emotional concordance with PLWHA, and having concern for PLWHA (R. G. Campbell & Babrow, 2004).

Within the clinical context, the presence of empathy as demonstrated by the counselor can promote trust, open communication, and improve client satisfaction and involvement in counseling (Elliott, Bohart, Watson, & Greenberg, 2011). In HIV-specific research of empathy, higher empathic concerns were associated with lower levels of stigmatization (Olapegba, 2010) and more favorable attitudes toward PLWHA. Additionally, PLWHA who were treated by counselors with higher levels of empathy disclosed more psychosocial and biomedical information and reported higher levels of medication self-efficacy (Flickinger et al., 2016). Although the Flickinger et al. (2016) study focused on professionals in a medical setting, the implications for counseling professionals is clear: empathy is central to open communication with PLWHA.

Purpose of the Study

Although extensive research exists regarding self-efficacy, multicultural competence, and empathy among CITs, none exists that explores these constructs together with respect to clients living with HIV/AIDS. The purpose of the present study was to address this gap in the literature and to inform counselor training with respect to self-efficacy, multicultural competence, and empathy when serving clients living with HIV/AIDS. To engage these variables in the current study, we relied on an analogue design, in which CITs reviewed case vignettes of clients living with and without HIV. Therefore, we relied on the following research questions:

1. *Research Question 1*: What relationships exist between CITs multicultural competence, empathy, and counseling self-efficacy?

2. *Research Question 2*: Do multicultural competence and empathy serve as predictors of CIT self-efficacy when working with the client presented in the clinical vignette?

3. *Research Question 3*: Is client HIV status (as presented in a clinical vignette) predictive of CIT self-efficacy in working with this client?

4. *Research Question 4*: Does interaction occur between client HIV status and race in effecting CIT self-efficacy?

Method

Participants

One hundred and sixty-five CITs, recruited from two separate CACREP accredited counseling programs in the Southeast United States, participated in this study. In total, 167 students were initially approached for participation, making for a 98.8% response rate. For those who reported gender, 80.6% identified as female (n = 133), 16.4% identified as male (n = 27), 1.2% identified as transgender (n = 2), and 1.2% identified as intergender (n = 2). Participants represented a number of counselor training programs, including mental health counseling (n = 75, 45.5%), school counseling (n = 57, 34.5%), marriage and family therapy (n = 15, 9.1%) and rehabilitation counseling (n = 14, 8.5%). Four participants (2.5%) did not complete this demographic item. Sexual orientation was also assessed, with 79.3% (n = 130) identifying as heterosexual, 7.9% (n = 13) identifying as bisexual, 4.9% (n = 8) identifying as gay, 4.2% (n = 7) identifying as pansexual or omnisexual, and 3.7% (n = 6) identifying as something other than the choices listed. Of those who identified their race, 54.5% (n = 90) identified as White, 21.8% (n = 36) identified as Black or African American, 9.1% (n = 15) identified as Hispanic, 6.1% (n = 10) identified as two or more races, and 2.4% (n = 4) were Asian or Pacific Islander. The majority of participants were in the first year of their counseling program (n = 90, 54.5%), followed by those in their second year (n = 66, 40%), third year (n = 8, 4.9%), and fourth year or later (n = 1, 0.6%). Participant ages ranged from 20-53, with a mean age of 26.16.

Research Design

Although a preliminary pilot study, this quantitative study utilized an analogue design to determine the effect of client HIV status on CIT self-efficacy. We created four nearly identical case vignettes, varying in terms of the client's HIV status and the client's race (i.e., the client was either identified as Black or White). Vignettes were informed by the Casebook for DSM-5 (Ventura, 2017). Details about the client, including his being 35 years old, heterosexual, and married, were kept the same in each vignette to ensure the only differences between vignettes were the clients' HIV status and/or race. By including other identities of power (i.e., the client being heterosexual and White), we were able to focus on the impact of two of the client's marginalized identities (i.e., race, HIV status). In each of the vignettes, the client is seeking counseling to better handle stressors in his life, including the potential threat to his job stability and finances due to health concerns. Although health concerns are mentioned in all vignettes, half of the case studies kept these health concerns neutral, while others explained these health concerns as a byproduct of the client living with HIV (i.e., "Mark has been experiencing health issues that may impact his ability to continue his physically demanding job" or "Mark has been experiencing HIV related health complications that may impact his ability to continue his physically demanding job").

Each participant viewed only one of these four scenarios, making the sample sizes for the four independent case vignettes as follows: client Black and HIV-negative (n = 48), client White and HIV-negative (n = 39), client Black and living with HIV (n = 43), and client White and living with HIV (n = 35). An a priori power analysis using G*Power software (version 3.1; Faul, Erdfelder, Buchner, & Lang, 2009) determined that a sample of 76 or more participants was appropriate for the analysis between the four groups at a .05 alpha level and a large effect size (0.4). Similarly, 74 participants were deemed necessary for the multiple regression analysis with five potential predictors.

Measures

Counselor self-efficacy. The Counselor Self-Efficacy Scale (CSES; Melchert, Hays, Wiljanen, & Kolocek, 1996) is a 20-item measure whose items are scored on a five-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The CSES is designed to measure counselor self-efficacy in therapeutic skills and knowledge and, unlike other similar instruments, extends this measure to include self-efficacy in assessments, family interventions, and both individual and group counseling (L. M. Larson & Daniels, 1998). The instructions of the measure and the ending of the items were modified so the participants could answer the CSES items in reference to the case vignette they had just read. For example, sample items read as "I am able to effectively develop therapeutic relationships with this client" and "I can effectively facilitate client self-exploration with this client." Content-related validity was established for the CSES by asking expert judges to evaluate the instrument and look for agreement on the appropriateness of each item (Melchert et al., 1996). The CSES has further shown convergent validity through its correlation (.83) with other instruments of self-efficacy, such as The Self-Efficacy Inventory (Friedlander & Snyder, 1983). The normative sample of the CSES, comprised of graduate counseling psychology students, has a reported Cronbach's alpha of .93 (Melchert et al., 1996), and the current sample has an alpha of $\alpha = 0.88$.

Empathy. Davis's (1983) Interpersonal Reactivity Index (IRI) is a self-report measure comprised of four separate subscales, each including seven items. Each subscale (i.e., empathic concern, perspective taking, fantasy, and personal distress) serves as its own independent measure, and the scale does not result in a total score (Cliffordson, 2002). Further, each subscale aims to measure a separate aspect of empathy, with research most regularly using the perspective taking (PT) and empathic concern (EC) subscales (Hawk et al., 2012). Respectively, the PT and EC subscales measure the ability and tendency to adopt the viewpoints of others and experience warmth and compassion focused on others (Cliffordson, 2002). We administered only these two subscales in the present study, resulting in 14 Likert-type scale items representing two sub-constructs of empathy. These subscales are often used together for their ability to represent helping behaviors (Batson, 1997), making them particularly relevant for use in the current study. Scale items are presented on a five-point scale ranging from 1 (does not describe me well) to 5 (describes me very well). A sample item from the PT subscale includes "I believe that there are two sides to every question and try to look at them both" while the EC subscale includes items such as "I often have tender, concerned feelings for people less fortunate than me." The items of these two IRI subscales have shown adequate reliability in other studies looking at therapists in training (α = .73 and .71; Jowers et al., 2019), with alphas in the present study being .70 (EC) and .75 (PT).

Multicultural competence. The Multicultural Awareness, Knowledge, and Skills Survey-Counselor Edition (MAKSS-CE-R; Kim, Cartwright, Asay, & D'Andrea, 2003) is a self-report measure involving three subscales (i.e., participant's self-perception of multicultural awareness, knowledge, and skills) modeled after multicultural competency domains (Sue et al., 1982). The instrument is made up of 33 items, with 10-13 items in each subscale. The multicultural awareness subscale consists of items on a four-point Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree)., with items such as "the difficulty with the concept of integration is its implicit bias in favor of the dominant culture." Items for the knowledge subscale include the prompt,

"At the present time, how would you rate your understanding of the following terms," followed by terms such as culture, racism, and pluralism. Participants respond on a 4-point Likert-type scale ranging from 1 (very limited) to 4 (very good). Last, the skills subscale includes items such as "how well would you rate your ability to accurately assess the mental health needs of lesbian women?" with possible responses ranging from (very limited) to (very good). Convergent validity of the scale has been confirmed through its relationship with similar scales such as The Multicultural Counseling Awareness Scale (MCAS; Ponterotto, Sanchez, & Magids, 1991). This scale has also shown adequate reliability in other samples of graduate counseling students, with scale alphas ranging from 0.80-0.87 (Cartwright, Daniels, & Zhang, 2008). For the present study, alphas for the three subscales are 0.65 (awareness), 0.84 (knowledge), 0.85 (skills), and 0.86 for the total scale.

Procedure

Approval to conduct this research was obtained through both participating Universities' Institutional Review Boards (IRB). The researchers recruited CITs through counseling training courses, where participants were asked to complete the assessments using paper and pencil. Packets were numbered in order to account for which university they were collected, but no identifying information or names were collected throughout the process so that participants could not be identified. In accordance with IRB requirements, we presented participants with an informed consent prior to engaging in the research. Participants were then asked to read one of the four case vignettes, and then asked to complete the series of instruments and a demographic questionnaire. Included in the demographic questionnaire were items on gender, sexual orientation, counseling program type, year in school, relationship status, income level, religion, race, and age. Participants were directed to complete the questionnaires in relation to the client presented in the case vignette (e.g., reporting self-efficacy in working with that particular client). Research packets were administered by teaching assistants, rather than instructors of record, so that instructors could exit the classroom and students would not feel coerced to participate.

Results

Prior to data analysis, data were checked for missing data, outliers, and normality. Less than 3% of the data collected through the surveys were missing, leading the researchers to believe missing data would have no impact on results (Schafer, 1999). Following a missing data analysis, and Little's MCAR test, data was also found to be missing completely at random (p = .135). With no concern present in relation to missing data, mean substitution was used. We assumed normality based on skewness and kurtosis levels ranging from positive one to negative one (Tabachnick, 2013). Boxplots allowed the researchers to explore for outliers, and three cases were identified and removed, resulting in the final sample of 165.

Relationships & Predictors

To assess the relationships between self-efficacy, multicultural competence, and empathy (research question 1), we conducted bivariate correlation analyses. Correlations among these variables are presented in Table 1, along with means and standard deviations. Participant self-efficacy when working with the client in the clinical vignette had significant, positive ($p < .05$) relationships with multicultural knowledge (r = .443) and multicultural skills (r = .588). In addition, self-efficacy showed a positive significant relationship with perspective taking (r = .281). Significant relationships also existed between elements of empathy and multicultural competence. For example, empathic concern had a significant relationship with multicultural knowledge (r = .161), while perspective taking had significant relationships with both multicultural knowledge (r = .255) and multicultural skills (r = .268). Most demographic information (i.e., gender, race, sexual orientation, religion, counseling program) did not play a significant role in contributing to participants' feelings of self-efficacy with their client, and therefore was not controlled for in subsequent analyses. However, students in their second year of their program (n = 66) reported significantly greater self-efficacy with the client (M = 3.84) than students in their first year (n = 90, M = 3.51), and students in their third year (n = 9) reported significantly greater self-efficacy (M = 4.17) than both these groups F (2, 161) = 16.89, p = .00, partial eta-squared = .173.

When answering our second research question, we explored additional predictors of counselor self-efficacy (through the use of multiple regressions), which for the present study specifically referred to participant self-efficacy in working with the client presented in their clinical vignette. Multicultural awareness, knowledge, and skills, as well as empathic concern, and perspective taking. were all considered as potential predictor variables of counseling self-efficacy. Of these predictor variables, only multicultural skills (β = .588, $p < .001$) significantly predicted variance in self-efficacy scores. The other potential predictors (i.e., multicultural awareness, (β = -.017, $p < .80$); multicultural knowledge (β = .159, $p < .06$); empathic concern (β = -.071, $p < .33$); and perspective taking (β = .13, $p < .09$), did not contribute in a significant way. Alone, multicultural skills predicted 34.4% of participant changes in self-efficacy scores when working with the client in their vignette ($F(1, 163) = 85.09$, $p < .001$, $R^2 = .344$).

Considering the previously noted relationship between year in the program and self-efficacy, we further controlled for this demographic variable to ensure the variance reported

Table 1
Relationships Amongst Variables: Correlations, Means, and SD

Variables	1	2	3	4	5	6
1. CSE	–					
2. Awareness	.068	–				
3. Knowled	.443**	.103	–			
4. Skills	.588**	.164*	.622**	–		
5. Concern	.047	-.020	.162**	.109	–	
6. Perspect	.281**	-.047	.251**	.263*	.420**	–
Mean	3.68	26.71	40.36	29.33	22.59	21.30
SD	0.47	3.48	5.25	4.60	3.48	3.82
Range	1-5	10-40	13-52	10-40	0-28	0-28
α	0.87	0.65	0.84	0.85	0.70	0.75

Notes. **p < .01, *p < .05. CSE = Counselor self-efficacy, Awareness = MAKSS subscale, awareness, Knowled. = MAKSS subscale knowledge, Skills = MAKSS subscale skills, Concern = empathic concern, Perspect. = perspective taking.

was not being confounded with student year in the program. The variable of year in program was entered into the regression model in the first step, with multicultural skills then added in the second step. The hierarchical multiple regression revealed that the model was significant at step 1 ($F(1,163) = 33.94$, $p < .001$, $R^2 = .168$) and step 2 ($F(2,163) = 53.29$, $p < .001$, $R^2 = .391$), suggesting that even though year in the program was predictive of nearly 17% of the variance in self-efficacy, multicultural skills accounted for an additional 22% of this variance (see Table 2).

HIV Status, Race, and Self-Efficacy

To understand the influence of client HIV status on CITs self-efficacy (research question 3), the researchers performed a linear multiple regression with the dummy coded client HIV status variable as a predictor of self-efficacy. We used variance inflation factors (VIF) to assess issues of multicollinearity and deemed this not a concern (i.e., VIF < 10). Client HIV status served as a significant predictor, accounting for 3.4% of the variance in participant self-efficacy scores ($R^2 = .034$, $F(1, 164) = 5.79$, $p = .02$).

Last, we completed a factorial ANOVA to compare the interaction effect between client HIV status and race on CIT self-efficacy when working with this client (research question 4). Although clients reported higher mean CSES scores when presented with clients not living with HIV (n = 87, M = 3.75, SD = .43) in comparison to clients living with HIV (n = 78, M = 3.58, SD = .49), the main effect for HIV status yielded an F ratio of $F(3, 162) = 2.50$, $p = .062$. The observed power was .667. The main effect for race yielded an F ratio of $F(1, 163) = .724$, $p = .40$, indicating that the effect of race was not significant. This interaction effect between HIV status and race was also not significant ($p > .05$). The observed power was .262.

Discussion

The purpose of this study was to determine if client HIV status influenced CIT's self-efficacy when working with clients. We used four separate clinical case vignettes to assess these differences, in addition to instruments measuring counselor self-efficacy, multicultural competence, and empathy. Results from this study help to provide insight into how CITs feel with health-diverse clients, as well as how those training professional counselors can better prepare CITs in working with clients living with HIV. Results from this study suggest that despite the changing face of HIV, CITs still feel less efficacious counseling people living with HIV, regardless of the race of this client. Although a small effect size, these results serve as preliminary findings in an often-neglected research area and aim to serve as pilot work for future research expanding on these topics. Results also indicated significant relationships between multicultural competency factors (knowledge, skills) and self-efficacy, and the predictive influence of multicultural skills on CIT self-efficacy.

Our findings indicated that client HIV status was significantly predictive of CIT self-efficacy, albeit a small contribution explaining 3% of the variance in self-efficacy scores. This finding supports the notion that CITs may continue to feel less confident when working with clients living with HIV. Two potential explanations for this finding may be on-

Table 2
Hierarchical Regression Predicting Self-Efficacy

Variable	*B*	β	*t*	*p*	R^2
Step 1					.168
Year	.329	.416	5.83	< .001	
Step 2					.391
Year	.194	.245	3.77	< .001	
Skills	.051	.504	7.76	< .001	

Notes. Year = year in counseling program; Skills = MAKSS subscale skills

going bias and lack of education related to HIV in general, and counseling people living with HIV specifically (Mehnert et al., 2017). Counselor educators may consider utilizing tools that bring additional exposure to PLWHA into their classrooms (e.g., interviews or videos of the experiences of PLWHA) to increase often-limited exposure, and perhaps therefore increase self-efficacy (Rowan, Kabwira, Mmatli, Rankopo, & Long, 2012). CITs may further have misperceptions about PLWHA, which affects their ability to feel prepared or competent in working with such clients. Similarly, the narratives of PLWHA may not be present in service-provider training programs, or students may not be taking advantage of continued learning around this population, as is needed in order to allow CITs to feel confident in working with such clients (Rose et al., 2015). This finding supports previous research showing CITs often lack training in their graduate programs surrounding PLWHA (J. Campbell et al., 2020; Rose et al., 2015). It also updates research from a different era of HIV (e.g., Fliszar & Clopton, 1995; Hayes & Gelso, 1993) that suggests professional counselors may not be completely comfortable with clients living with HIV. To correct misconceptions and allow CITs to feel more prepared through increased knowledge, counselor education programs should consider partnering with local HIV/AIDS organizations to supplement existing curriculum with additional HIV/AIDS information. Likewise, the mental health needs of PLWHA have a place in multiple counseling courses, including multicultural courses, trauma-based courses, and rehabilitation counseling courses. Last, including clients with HIV in class role plays (e.g., clinical skills courses) will allow students more practice in this area to build additional efficacy. Adding experiential training approaches (e.g., the aforementioned role plays of clients living with HIV or in a theories-based course practicing different theoretical approaches with clients living with HIV) may be of particular importance in training programs considering our findings point to multicultural skills being more predictive of self-efficacy than knowledge or awareness. In other words, knowledge surrounding PLWHA may not be sufficient enough to boost CIT self-efficacy, and skill-based opportunities should be offered.

Knowing which variables had relationships with, and served as predictors for, self-efficacy, leads to better understanding of which areas of counselor training we can enhance to leave CITs feeling better prepared for working with these clients. The positive significant relationships between counselor self-efficacy and multicultural knowledge, and skills, demonstrates the strong link between each of these variables. Therefore, knowing that CIT self-efficacy was lacking when working with clients living with HIV, self-efficacy may increase as multicultural knowledge and skills increase (Matthews et al., 2018). Likewise, if CITs were able to gain additional self-efficacy in working with these clients, we would hope to see an increase in their overall multicultural competence as well (Barden & Greene, 2014). Most notably, multicultural skills served as a predictor of participant self-efficacy, suggesting this area of multicultural training (e.g., experiential skills activities such as culturally based role plays and practice sessions) may be particularly important in increasing CIT self-efficacy.

Limitations and Future Research

Like all studies, the current pilot study is not without limitations. Although providing initial support for continued bias in helpers-in-training, the study relied on self-report measures, so social desirability may be present. We have considered that the presence of social desirability may have affected the lack of interaction between HIV status and race and student's overall efficacy in working with Black clients (K. E. Larson & Bradshaw, 2017). Future studies exploring topics of CIT self-efficacy, multicultural competence, or empathy, would be wise to rely on client or faculty ratings to more accurately assess these areas, or to include a measure of social desirability. Some of the measures used in this study also had lower alpha levels than desired (i.e., IRI, .70 and .75; multicultural awareness, .65), suggesting more consistent results would come from more reliable instruments. Further, all participants are from the Southeast region of the United States. Future research should be more inclusive and expand to establish a larger, more representative sample. Additionally, exploration of the regional differences regarding this topic might yield interesting results, given the prevalence of HIV in the South, in California, and in major metropolitan areas in the North and Midwest. Last, the clinical vignette used in this study solely explored differences in race and HIV status. Given the existing research on HIV stigma, and its relation to route of transmission (e.g., drug use, sexual behaviors, diagnosed at birth, blood transfusion), as well as research citing additional stressors of holding multiple marginalized identities (e.g., race, gender, sexual orientation), future research should expand the case vignette to include this information. Additionally, stigma related to same-sex relationships might warrant vignette manipulation in terms of the clients' sexual orientation.

Conclusion

The current study is one of the first of its kind to examine the influence of client HIV status and race on CIT self-efficacy in working with that client. In addition, we explored relationships between this self-efficacy, multicultural competence, and empathy. Previous research notes the biases and lack of cultural awareness of helpers-in-training working with clients living with HIV (e.g., Fliszar & Clopton, 1995), but these studies have failed tobe updated along with changes in HIV treatment and prognosis. Additionally, these studies have solely focused on practicing professional counselors,

and not on CITs. Results from this investigation provide initial support for previous research and suggest that CITs continue to lack self-efficacy in working with PLWHA despite the changing face of HIV. Furthermore, this level of self-efficacy has relationships with aspects of self-perceptions of multicultural competence and the ability to take others' perspectives. This pilot study aims to be a precursor for future research focusing on pre-service providers' comfort in working with PLWHA and how this comfort potentially interacts with other marginalized client identities.

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"No One Can Make that Choice for You:" Exploring Power in the Sexual Narratives of Black Collegians

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Power is enacted to oppress others, pursue wellness, or resist oppression. For Black people, societal and relational oppression influences racialized and gendered expressions of power within sexual encounters. The current study analyzed power dynamics within Black university students' first and most recent sexual encounters. Using narrative inquiry within a critical paradigm, five narrative strategies were identified within participants' interviews: 1) Offering a Peek into Powerlessness, 2) Detailing Disempowerment, 3) Privileging Stereotypical Power, 4) Reclaiming Power, and 5) Emphasizing Empowered Sex. Racialized, gendered sexual socialization among Black students is discussed. Counseling considerations to increase sexual wellness for Black people are explored.

Keywords: sexual power; black; empowerment; qualitative; college students

Introduction

Power involves political and psychological processes (Prilleltensky, 2008), influenced by personal motivations as well as cultural influences. One domain where power dynamics become apparent is within sexual encounters. Individuals have three types of power in sexual encounters: "power to strive for wellness, power to oppress, and power to resist oppression and pursue liberation" (Prilleltensky, 2008, p. 121). In consensual, mutually pleasurable sexual encounters, participants share power to strive for and contribute to each other's wellness. Using power to oppress, participants non-consensually dominate or denigrate their sexual partners through manipulation, disrespect, coercion, or assault. For those using sexual power to resist oppression and pursue liberation, this may include subverting sexual stereotypes or reducing reliance on constricting gender roles. Ultimately, Prilleltensky (2008) argues that power is always present. For Black people, who historically and currently experience gendered, racialized oppression, sexual power is mediated by experiences related to marginalization.

Sexual power is expressed within three domains: personal, relational, and collective contexts (Bowleg, Lucas, & Tschann, 2004). For example, the interaction between two or more individuals in a sexual encounter involves the personal power of each individual (Connell, 2013). Furthermore, sexual encounters with others are by nature relational (Connell, 2013). In addition, politics of race, gender, sexual orientation, and other identities bring collective dynamics of power into sexual encounters (Bowleg et al., 2004). Specifically, in Black sexual encounters, there is an intermix of dynamics such as sex roles and beliefs (Bowleg et al., 2004; D. K. Lewis, 1975), gendered and racialized stereotypes (Givens & Monahan, 2005; Peterson, Wingood, DiClemente, Harrington, & Davies, 2007; Staples, 1978), and race relations within the context of interracial sex (Steinbugler, 2005)

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that manifest and impact the way Black individuals interpret and voice their sexual experiences. Sex positive literature focused on power in interracial sexual relationships is largely missing (Alexander, 2019; Loo, 2017). Further, research surrounding power dynamics and the impact sexual encounters have when the partners are both from marginalized groups is primarily negative (Bowleg, Valera, Teti, & Tschann, 2010). Thus, the narration and utilization of power in Black people's sexual encounters is an understudied phenomenon.

The Current Study

For this paper, we define power as the ability, actual or perceived, to enact one's desires individually, interpersonally, and within society. We conceptualize a spectrum of power that ranges from powerlessness to empowerment, with the potential for positive and negative expressions and purposes of power. Negative expressions of power align with power to dominate and oppress. Positive expressions of power align with power to strive for wellness and/or resistance and liberation from oppression. Therefore, empowerment occurs when someone's ability to enact their power positively is enhanced.

The current study qualitatively explored gendered and racialized power dynamics within the sexual experiences of 18 Black collegians at a large southeastern conference university in the United States (US). We highlight participant portrayals of power dynamics within the narration of their first and most recent sexual encounters and provide an analysis of the spectrum of powerlessness to empowerment these Black students experienced and how racism and gender roles informed those experiences. We then connect these power dynamics to the model posited by Prilleltensky (2008) described above.

Literature Review

Critical Sexuality

Few studies address how power defines and shapes the sexual experiences of Black individuals (Bowleg, Belgrave, & Reisen, 2000; Bowleg, 2004; Fahs & McClelland, 2016). Empirical depictions of Black sexuality are often stereotypical, enforcing tropes of Black sexuality as threatening and dangerous (Fahs & McClelland, 2016; L. J. Lewis, 2004) and neglecting to explore healthy and empowered Black sexuality. Fahs and McClelland (2016) propose a critical sexuality framework to study sex and power, which (a) is attuned to the participants' definitions and explores the experiences of sex and power, (b) recognizes the impact of socialization and intersectionality, and thus (c) challenges the universal definition of empowered sex that is devoid of socio-political context, history, and privilege. Pairing Fahs and McClelland's (2016) critical sexuality approach with Prilleltensky's (2008) power framework facilitates both a sexuality-specific and power-focused analysis across personal, relational, and collective domains. Further, we discuss the spectrum of powerlessness to sexual empowerment of individuals with racially marginalized identities and highlight the impact of gender socialization.

Sexual Empowerment and Gender

The experience of sexual empowerment may differ across genders (Bay-Cheng, 2011; Lamb & Peterson, 2011) and can be curtailed by cultural norms (Harvey, Beckman, Browner, & Sherman, 2002). As an example, Lamb and Peterson (2011) highlight the gendered experience of power among adolescent girls: (a) the particularly gendered pressure to please one's partner, (b) the influence of media on the sexual objectification of women, and (c) the power difference and vulnerability inherent in age. The authors challenge the idea of women's ability to engage in empowered sex when restricted by gender norms, age, media socialization, and potentially unrealistic conceptions of what healthy or "good" sex is. They question whether women ever truly have the "power to resist oppression and pursue liberation" (Prilleltensky, 2008, p. 121). This form of power is linked to sexual autonomy, or the ability for someone to determine under what circumstances they have sex (Grauerholz & Serpe, 1985; Sanchez, Fetterolf, & Rudman, 2012; Smith, 2007).

Sexual autonomy translates to a subjective and objective sense of sexual empowerment. Subjectively, sexual autonomy occurs when someone feels they are able to engage in sex in ways that align with their values and decisions about how they want to have sex (Lamb & Peterson, 2011). However, objectively, systemic and institutional power, including access to resources and the ability to influence and determine behaviors of others, may enhance or limit one's sexual autonomy (Lamb & Peterson, 2011). Therefore, sexual autonomy is restrained by gender, which may ultimately limit the experiences of empowered sex.

In heterosexual or heteronormative contexts, men are constricted to roles of proactive power (seeking out women, initiating; Orbe, Johnson, Kauffman, & Cooke-Jackson, 2014) and women to reactive power (accepting or refusing; Grauerholz & Serpe, 1985). Stereotypically gendered sexual socialization is constrictive for men and women because it prevents them from having a full sexual experience (Fetterolf & Sanchez, 2014; Sanchez, Crocker, & Boike, 2005). Further, these dynamics of sexual autonomy may only partly apply, or may apply differently in those contexts that are not heteronormative. While these data clarify the impact of gender on sexual empowerment, it is important to consider how gender intersects with a racially marginalized identity to influence sexual empowerment.

Impact of Gender and Racial Socialization

Empowerment enacted within gendered sexual norms (Bay-Cheng, 2011) are further shaped by the historical and contextual experiences of racialized Black individuals and power dynamics occurring at the collective level (Prilleltensky, 2008). Historically, Black men and women have been stripped of power to choose, discover, and engage in empowered sex (Collins, 2004). They continue to be socialized to embody both racialized and gendered sexual stereotypes (Townsend, 2008; Ward, Hansbrough, & Walker, 2005). This begs the question: how empowered can a choice be when an individual's power is inherently limited and oppressed by the confines of socialized gendered and racialized contexts?

For Black men and women, sexual stereotypes connected to the intersection of race and gender are prevalent in society (Collins, 2004, 2005). For Black men, these stereotypes include being hypersexual and dangerous or having high sexual prowess (Beasley, 2008; Crowell, Delgado-Romero, Mosley, & Huynh, 2016). For Black women, these stereotypes include the "Jezebel" and "Gold Digger," which represent Black women as hypersexual and transactional sex agents, respectively (Cowan & Campbell, 1994; French, 2012). These stereotypes were created and reinforced during colonization, enslavement, and segregation eras to dehumanize Black men and women as a means to justify those three White oppressive structures and behaviors (McGruder, 2008; Nagel, 2000). Subverting social norms that dictate limited acceptable sexual expression for Black men and women may have consequences that can manifest as social sanctions. Therefore, racist and sexist stereotypes limit sexual expression and experiences "because 'performing' gender in the bedroom robs them of the spontaneity needed for sexual satisfaction" (Sanchez et al., 2012, p. 172).

Consequently, the majority of existing research exploring power in the sexual experiences of Black US citizens is rooted in or reinforces stereotypes of Black sexuality (C. Hargons, Mosley, & Stevens-Watkins, 2017; Jones, 2018). Literature solely addressing risky sexual behaviors can be helpful for prevention. However, doing so without also exploring healthy and empowered Black sexuality is problematic for two reasons. First, Black bodies become racialized and portrayed as contaminated bodies (Fahs & McClelland, 2016), thus contributing to the stereotypes of Black bodies as dangerous. Second, in the absence of highlighting and exploring empowered and healthy Black sexuality, interventions lack empirical grounding and are informed by the subjective perspectives and beliefs surrounding Black sexuality (Jones, 2018). This study aims to contribute to the literature by exploring the full range of power in sexual experiences, including healthy and empowered Black sexuality.

Methods

As part of a larger study on Black university student sexual narratives, this narrative qualitative study highlighted the positioning of power in participants' sexual narratives about their sexual debut and most recent sexual encounters (Deppermann, 2013). This paper examines sexual debut and last encounter narratives through Prilletensky's (2008) description of power and a critical sexuality paradigm (Fahs & McClelland, 2016). A critical paradigm recognizes the power relations underlying thought and behavior, allowing power relations to be brought to conscious awareness and providing space for the questioning and transformation of power relations (Tracy, 2013). Furthermore, we used narrative inquiry, which recognizes how the stories participants tell shape their experiences and meaning making (Tracy, 2013). Utilizing a critical paradigm within a narrative inquiry framework allowed us to explore participants' positionalities on how their identities inform their experiences of sexual power in a more nuanced and intersectional way. The paradigm also guided us in setting the context for our qualitative approach towards interviews with participants in which five narrative strategies were identified (Ponterotto, 2005).

Subjectivities Statement

Different individuals contributed to this project at various stages. During initial data collection and analysis, the research team consisted of seven members, two identifying as Black women, four White women, and one White man. Due to changes within the research team, further analysis and write up of power within the narratives for this paper incorporated additional team members. These additional members included two Black women and two Black men. At the stage of manuscript creation and revision, two Black women and one White woman joined the team and revised the manuscript. The research team members predominantly identified as heterosexual, with two identifying as bisexual. All research team members were cis gender.

As researchers seek to understand the stories of their participants, it is important to evaluate their own narratives (Carter, Lapum, Lavallée, & Martin, 2014), as all identities included influence the interpretation of results. Utilizing a narrative inquiry framework, the power and data analysis included researchers coding participant's transcripts individually then collectively to capture the full story. Given the varied social locations of the research team, all members were trained on Black sexuality and narrative research methods during yearlong weekly research team meetings and two six-hour long training workshops led by the first author. The first author specialized in sexuality, Black sexuality, sex therapy, and various qualitative research methods, including narrative inquiry, through a decade of coursework and clinical training before undertaking this study. Throughout the research

process, the team discussed how its members' cultural identities may have influenced members' reactions and the co-construction of the research narratives. For example, conversations regarding intersectionality and reflexivity were ongoing to ensure an intersectional, sex-positive, critical sexuality lens remained at the forefront of the recruiting, interviewing, analyzing, and interpreting processes. Having gender, racial, and sexual identity diversity on the research team enhanced the research process overall.

There were no differences in the quality of the data elicited by White and Black research team members, but there were differences in content on occasion, particularly when the participant shared an interracial sexual encounter. We believe this difference was because White researchers were advised to name their Whiteness in the room and briefly acknowledge the possibility that the racial power dynamics may be uncomfortable given the racist history of White researchers and Black research participants. Aligned with a critical research paradigm, this self-disclosure and research reflexivity seemingly increased comfort for participants and permitted participants to disclose the negative aspects of their interracial sexual experiences.

Participants and Recruitment

Eighteen Black students at a large southeastern conference university consented to participate in this IRB-approved study. Participants were undergraduate and graduate students; all identified as Black, with three identifying as Black biracial and two identifying as Black with immediate African heritage from Zimbabwe and Nigeria (see Table 1).

In terms of gender, nine participants identified as women, eight as men, and one as a queer femme man. One participant identified as a gay male, one participant identified as a pansexual woman, and the remaining 16 participants identified as heterosexual/straight. Social identity labels used here, and throughout the results, reflect the autonomous language choices of the participants. Participants were recruited via flyers posted in locations around the campus that catered to Black students, listserv postings by Black student-focused organizations, and direct recruitment by handing out flyers in person on campus.

Procedures

Audio-recorded, semi-structured in-depth interviews ranged from 40 to 75 minutes. The study was broadly focused on Black students' sexual experiences, thus no questions explicitly inquired about power dynamics. However, an inductive coding process revealed both content and narrative strategies related to power dynamics. Interview questions included asking the participants about their identities and how they describe themselves. Next, participants were asked to recall the first time they had intercourse and gave details about the experience with questions like: How was it? What sensations do you remember? Was it good to you? Next, they were asked to recall their most recent sexual experience and to give detail with prompts like: What was it like? What emotions come to mind that you think of it? How would you describe the experience based on intimacy, satisfaction, and overall? Finally, participants were asked to process the interview and give feedback about the process.

Upon completion of the interview, the research team member who conducted the interview transcribed the interview verbatim. Pseudonyms were used in the transcription of interviews to substitute identifying information and protect confidentiality. Data collection was concluded at the point when no new patterns of narration arose relating to the initial patterns created for the study. However, for a narrative study, saturation is not the primary criterion for ending data collection, as the focus is centered on how participants describe their sexual narratives as much as it is what they share (Hiles, Čermák, & Chrz, 2017).

Data were analyzed using a narrative inquiry framework (Hiles et al., 2017), but constructivist grounded theory methods provided an analytic guideline for initial and focused coding (Charmaz, 2014). For example, each interview transcript was coded line by line initially, and the transcripts were reviewed by all members of the research team (Guest, 2008). Once research team members demonstrated competence in coding, transcripts were coded by individual research team members; however, all research team members were given the opportunity to review and add additional codes in this phase. During the focus coding phase, the research team began looking for overarching narrative strategies in the initial codes. The team constructed content-based patterns, including pleasure, power, and intimacy, while participant narrative strategies focused on the purpose behind what was and was not shared by the participants, as well as how certain aspects of content were used by participants to position themselves in their narratives (Connelly & Clandinin, 1990). The current study represents participants' positioning of power for themselves and their sexual partners in their first and last sexual encounters, with some narratives addressing sexual experiences that were intermediate when participants wanted to emphasize an aspect of their identity, power, and position.

Results

Participants described the myriad ways they experienced the spectrum of power within their first and last sexual encounters. Throughout the interview, participants were able to give meaning to the power dynamics in their sexual narratives. Participants described their experiences of sexual power using the following five narrative strategies: 1) Offering a Peek into Powerlessness, 2) Detailing Disempowerment, 3) Privileging Stereotypical Power, 4) Reclaiming Power, and 5) Emphasizing Empowered Sex (see Table 2).

Table 1
Demographics

Pseudonym	Age	Race	Gender	Sexual Orientation	Class-related Self-disclosures
Aaliyah	24	Black	female	heterosexual	"I buy what I want and what I need"
Binda	23	African-American	female	straight with prior same sex experiences	doesn't "see" class
Cliff	18	African-American	male	straight	
Devin	21	Black	male	straight	lower middle class
Eve	20	Black	female	heterosexual	foster system upbringing
Freeda	20	Black Nigerian American	woman	pansexual	
Gabrielle	19	"half Black half White"	female	straight	
Harry	22	Black	male	straight	
Isabelle	23	African-American	woman	heterosexual	middle class family/ lower class herself
Jack	21	African American	male	heterosexual	
Kevin	18	African American	male	heterosexual	middle to upper class
Lorna	21	African-American	woman	heterosexual	
Mario	18	African-American	man	straight	
Neal	18	Mixed: African-American and White	male	straight	middle class
Olivia	18	Black	girl	straight with "gay person tendencies sometimes"	upper middle class
Penelope	19	Black	woman	middle class	
Que	18	African-American	male	straight	middle class
Ralph	22	Black (dad is white, mom is black and from Zimbabwe)	uses masculine pronouns	queer	upper middle class

Offering a Peek into Powerlessness

Describing their first and most recent sexual encounters, participants shared their experiences of powerlessness. In sharing these experiences, participants showed their vulnerability, sometimes crying, with the interviewers. Offering a peek into powerlessness often came as participants disclosed experiences of sexual coercion. Eve, 20, described her first sexual experience as "the guy kinda forced himself on me," and she shared multiple factors that contributed to her feeling powerless in the moment:

> I was scared, but I felt like I couldn't do nothing because, one, I wasn't in my own city, I wasn't in my own car, my phone was dead, and I didn't want to call my mom because I would get in trouble.

For Eve, as a 20-year-old Black heterosexual woman, being in an unknown situation and other external factors led to her feeling trapped, which increased her sense of powerlessness. Eve's narrative aligns both with gender stereotypes, but also with the history of vulnerability and victimization that women face. Similarly, Gabrielle, a 19-year-old biracial heterosexual woman, shared moments from her first and last sexual encounters when she decided prior to the sexual encounter that she would forego sex and then felt unable to stand by her decision in the moment. Gabrielle stated, "it's like I let it happen. I go against what I decide in my head, and I just let it happen." Gabrielle offered the interviewer a peek into powerlessness by describing the feeling of betraying herself and her decisions. Coercion, unwanted sex, and sexual assault were an unfortunate reality that these women faced, and their narrative strategies represent the myriad ways their sense of powerlessness was imposed.

Isabelle, a 23-year-old Black heterosexual woman, described how social pressure influenced her decision to have sex: "Just because like one, all my friends had done it, and then, like, two, I kind of felt like if I didn't have sex with him then like he'd probably like find somebody else to go have sex with." Not only did she disclose her fear of being left out among her sexually active peers, she also indicated a level of vulnerability in disclosing fears of her partner finding someone else. Women traditionally have not had the power in sexual encounters due to patriarchal norms and sexism, and

Table 2
Definitions and Examples of Power Narrative Strategies

Narrative Strategy	Definition and Example
Offering a Peek into Powerlessness	**Definition:** Participants sharing moments of feeling a lack of power. They talked about instances of sexual coercion and abuse, and willingly (whether consciously or subconsciously) distancing from the "strong Black woman" or "John Henry" tropes. **Example:** "I was scared, but I felt like I couldn't do nothing because, one, I wasn't in my own city, I wasn't in my own car, my phone was dead, and I didn't want to call my mom because I would get in trouble."
Detailing Disempowerment	**Definition:** Detailing a moment where power was taken away from the participant. A reflexive process. **Example:** "And so, we were just hangin' out and then he kind of started making some moves like kissin' on me or whatever. And I was just like ehh… I don't think I'm ready for this.… And then I wouldn't say peer pressure but kind of peer pressured me into having sex, and we end up having sex. And I actually didn't bleed, which was surprising, but it was extremely painful."
Privileging Stereotypical Power	**Definition:** Participants discussed how the weight of their assumed power actually stripped them of it, otherwise preventing the exertion of that power (i.e. the pressure of racist sexual expectations). **Example:** "It does feel like, sometimes, white girls are like fetishists, you know… so, (pause) yeah, it kinda de-humanizes us to like, to be sexual objects… that's why whenever I have sex with a white girl, I have to like wow her… but it doesn't always have to be like that, I guess."
Reclaiming Power	**Definition:** Moments when the narrative space became a platform to retell the story in a way that reclaimed the lost power from their encounters. They may have reflected on insight gained since that experience to talk about what they learned, or they may have highlighted small moments where they did something that attempted to regain their power. **Example:** "Yes. When I first started having sex, I thought that the boy was supposed to take charge. Yeah, I can slow down, and he does whatever he wants to do. That's totally opposite now. I feel like if I want to have sex, I have to pleasure myself too. He can't just be the one at the end of the day pleasured."
Emphasizing Empowered Sex	**Definition:** Mention of positive, empowered sexual encounters, where they experienced pleasure, autonomy, and agency. Their joy in those experiences came through in the way they emphasized how they asked for what they wanted, said no for what they were not interested in, and shared mutual pleasure and typically connection with their partner. **Example:** "I feel like sex is, if I could sum it up, it would just be that sex is really about having fun, and, at least, in my opinion, and helping someone else have fun."

the above narratives show how that context informed these women's sexual power.

For these participants, offering a peek into powerlessness allowed them to be vulnerable. This vulnerability prevented participants from emotionally distancing themselves from their experience or minimizing their experience during the interview. In this way participants, either consciously or unconsciously, distanced themselves from the "strong Black woman" and "John Henry" tropes, which position Black people as unaffected by, or strong despite, pain and powerlessness. The "strong Black woman" trope is an internalized agency, seen as a double-edged sword that emphasizes re-

silience, perseverance, and the act of silence thus creating double-binds for Black women in higher education (Corbin, Smith, & Garcia, 2018). Whereas, the "John Henry" trope is a tactic utilizing high amounts of energy to cope with the chronic subjection to stressors such as discrimination which promotes elevated physiological risks (i.e., high blood pressure, exposure leading to hypertension and/or cardiovascular disease; Bennett et al., 2004). By subverting these stereotypical expectations of strength, participants were willing and able to express moments of confusion, pain, fear, and powerlessness.

Detailing Disempowerment

Participants who typically felt sexually empowered recounted moments where their power seemed to be taken from them. Different from offering a peek into powerlessness, detailing disempowerment involved greater detail and information about the event due to its salience to participants. Through detailing disempowerment, participants engaged in reflection and used the interview to create meaning of the event for themselves. For some participants, such as Devin, disempowerment was experienced because of race. He discussed a sexual encounter with a White female partner:

> Afterwards she was putting her clothes on, and she was saying "it's gonna suck the day I have to stop having sex with people of color."...I was like "how come," and she was like "because how you guys do with marriage and how you don't ever stick around."

For Devin, a 21-year-old Black heterosexual male, a sexual encounter he was enjoying suddenly changed, and his power was taken from him as he realized the racist beliefs of his sexual partner.

Other participants experienced disempowerment related to manipulation. For instance, Aaliyah, a 24-year-old Black heterosexual woman, described her first-time partner as a "cookie snatcher; he took everybody's virginity." However, she did not know this about her partner beforehand and found out during the relationship. Aaliyah detailed the relationship:

> Before, he was pursuing me, but then I think the connection ended up being mutual. I really started to like him; this is my first everything, so he was just it for me...Even though he was still doing 99 things [having sex with other people], I didn't know unless somebody told me.

Aaliyah described the importance of this partner and her attachment to him. However, learning about his reputation, and that "all six years he was having sex with other people" left her feeling disempowered within the relationship.

Finally, detailing disempowerment also included emotional abandonment. For example, on one hand, Binda, a 23-year-old Black heterosexual woman, felt sexually empowered when it came to her sexual decisions; however, she reported feeling hurt and disempowered after she became pregnant and her partner abandoned the relationship. Ralph, on the other hand, a 22-year-old biracial queer femme identified man, experienced disempowerment in his last encounter. He described:

> I was like, "I don't do my whole bag of tricks unless I'm in a relationship." So, he asked for the bag of tricks, and like I said, I was the magician. The fact that he did the stuff that I said I'd only want to do if I was in a relationship, and then he just disappeared, I was like wow...

Ralph felt empowered by setting clear boundaries with his partner before sex, but when his partner "disappeared" after leading Ralph to believe he was interested in pursuing a relationship, he then felt stunned and disempowered.

Privileging Stereotypical Power

Several Black male participants spoke of experiencing pressure, whether self-imposed or imposed by an outside factor, to fulfill stereotypical expectations of sexual prowess. Unlike the former two narrative strategies, individuals still felt a sense of power to dominate. However, participants explained how the stereotypical basis of this power was paralyzing and prevented them from exerting their power for liberation in the sexual encounter. Racial and gender expectations regarding how the sexual experience should be, and the roles Black male participants were supposed to assume, imparted pressure to perform in ways that satisfied their partner.

For example, Devin, a 21-year-old Black heterosexual man, highlighted both the pleasure and power he feels when he is able to fulfill expectations of sexual prowess. He stated, "it's about always being the best. So, to make sure that I am the best that she has ever had includes making her come at least twice... Unfortunately, I only made her come once." When Devin shared that he did not achieve this expectation, he began to examine how media such as pornography informed his beliefs about who he should be as a sexual partner.

However, another participant, Kevin, an 18-year-old Black heterosexual man, expressed wishing his first experience had been more pleasurable for his partner by sharing, "since I didn't know what I was doing, I couldn't really like fulfill her needs, because I was clueless. I didn't know what to do, like anything... how to really please her." For Kevin, his lack of experience and knowledge during his first sexual encounter limited his ability to enjoy his first time because of imposed beliefs about how he should have been able to perform.

Lastly, Harry, a 22-year-old Black heterosexual man, described his first sexual experience stating, "I remember thinking about you know, how she gonna judge me and like my performance anxiety and stuff was all getting to me." Harry went on to describe that he felt that his partner, who was a White woman, likely did not expect him to be a virgin and, "she probably had the expectation that I was gonna be, like amazing, just because it was like a White girl... so, like... I'm Black..so..." When having sex with a White woman, the cultural stereotype of Black men being sexually experienced created pressure to perform. He stated, "that's why whenever I have sex with a White girl, I have to wow her." The intersection of Harry's gender and race contributed to privileging stereotypical power that created experiences of performance anxiety when he was with White women.

For the narrative pattern of privileging stereotypical power, the relationship between ascribed stereotypes and lived experiences influenced these Black men's ability to exert their own power to liberate during sexual encounters. For these participants, anxiety seemingly emerged from the responsibility to use their power in stereotypical ways. This anxiety was paralyzing to their ability to sexually perform, support pleasure for their partners, and see themselves as more than a person expected to surpass others' sexual expectations.

Reclaiming Power

Participants, either consciously or subconsciously, recognized that in their narratives they may not have appeared as sexually empowered as they wished they had been in the moment or wished to be perceived by the interviewer. The narrative space, then, became a platform for them to retell the story in a way that allowed them to reclaim the power they lost from their experiences of the encounters. This included distancing from their disempowered past self and asserting their agency in the context of the research study through sharing their narrative. For example, Olivia, an 18-year-old Black heterosexual woman, reflected on instances where she prioritized her partner's needs over her needs, and then expressed a newfound sense of agency in saying "no" when she does not want to have sex. She initially stated, "So, I'll forget my needs and we would just have sex a lot. I'm ok with having sex, it feels good..." However, to reclaim her power, she said, "I don't have to have sex every day. It's something that I probably won't do no more, because I can do something else with my time rather than have sex all day, 24/7."

Eve, a 20-year-old Black heterosexual woman, shared that her first time was not consensual and was forced by an older man she had just met. When asked to reflect on what she would tell her first-time self, she shared, "you can let in whoever you want to let in, but it's your choice, and no one can make that choice for you." Eve shared her first time where she was powerless in her situation. However, in the interview space she was able to then reclaim her power by emphasizing her ability to choose and say no to subsequent sexual interactions.

Further, Aaliyah, a 24-year-old Black heterosexual woman, reflected on her last sexual encounter with a partner she was irregularly engaging in sex with. Aaliyah shared moments of feeling pressured to have sex with her first-time partner. However, during the interview, she sought to reclaim her power by emphasizing how she asserted power to dominate her most recent partner. She saw him cuddling with someone else at a party and decided he was not going to be with anyone else but her that night, even though she reportedly did not like him. She stated, "so he did what I said 'cause it wasn't no other option... I made him get up, and then we ended up going back and laying down afterwards and having sex." Feeling pressured to engage in sex limits a person's agency and power, regardless of gender; it serves as an act of domination. For Aaliyah, in her narrative retelling of her most recent experience, she wanted to reclaim her power and emphasize the power to dominate she used in choosing when to have sex and with whom her partner would have sex. Interestingly, she also indicated that she prioritized his pleasure in this dominating act, indicating that although she used the sex to reassert her power, she had an allergic reaction to the condom that prevented her from enjoying it. She "didn't want to leave him like that," so she offered him oral sex to ensure he had an orgasm. Using both power to dominate and power to liberate through pleasure exemplify the complex process of reclaiming power.

Emphasizing Empowered Sex

Lastly, participants shared their positive, empowered sexual encounters. They discussed their experiences of pleasure, autonomy, and agency during their first and most recent sexual encounters. Some discussed how they shared pleasure with their partners, how they connected with their partners, and how their perception of sex has changed. Lorna, a 21-year-old Black heterosexual woman, expressed how her current long-term relationship helps her to feel comfortable and empowered when they are having sex. Because of the trust and comfort within her relationship, Lorna shared, "I feel so comfortable with my body and just doing anything, and so I go 'you know, let's try this.'" The connection with her partner and her positive body image empowered Lorna to ask for what she wants during a sexual encounter. The sexual relationship provided power to liberate.

Participants also emphasized how they gained feelings of empowerment over time or have increased their ability to emphasize their power in sexual encounters. For instance, Freeda, a 20-year-old, Black Nigerian American pansexual woman, shared that learning and becoming empowered to ask for her needs and wants during sex came with time. At her most recent sexual encounter, Freeda reportedly initi-

ated sex by saying, "I was horny. I was like, 'let's have sex!'" Freeda had previously learned that the person with the most experience takes the lead during sex. Her current ability to initiate sex regardless of experience showed growth in Freeda's understanding of power within sexual encounters.

Comparatively, Olivia, an 18-year-old Black heterosexual woman, related to Freeda's found sense of empowerment. She noted, "I feel like we can have sex when I want to have sex. I don't want to just have sex because you want to have sex. I don't want to feel like you can just call me whenever you want to have sex." Olivia spoke to the level of empowerment she felt that allowed her to decide if she would like to have sex or not. This increased autonomy allowed her to more thoroughly enjoy the sexual experience.

Emphasizing empowered sex allowed participants to identify the joy in sexual experiences where they felt empowered. These moments typically came from asking for what they wanted, saying no to what they were not interested in, and sharing mutual pleasure and power with a partner with whom they feel connection.

Discussion

This research described how dynamics of power manifested within the sexual experiences of Black collegians and how they narrated their experiences across a spectrum of power. By examining the first and last sexual encounters of Black college students, our results were able to portray three different ways that power was used to oppress individuals, and how some participants were able to reclaim their power through several different means, one of which may have included the act of retelling their story on their terms.

As noted previously, power is a multidimensional construct defined by its paradoxical ability to inflict, as well as combat, oppression (Prilleltensky, 2008). When power emerges in sexual relationships, contextual (e.g. political) factors such as systemic and institutional oppression, access to sexual resources, sexual knowledge, and "notions of sexuality that are socially constructed" may also be present (Bay-Cheng, 2011, p. 715). Structural bias and socially constructed sex roles can work to oppress individuals who are marginalized based on their racial identity, sexuality, and gender, to name a few. The results from this study additionally demonstrated how contextual factors pertaining to marginalized identities affected power and oppression within the sexual relationships of our participants.

Power involves allowing one's needs to be met or preventing one's needs from being met, thus rendering individuals vulnerable (Prilleltensky, 2008). Our sample offers rich data on the spectrum of sexual powerlessness to empowerment of Black collegians. For participants in the current study, their needs for safety, autonomy, and respect in sexual and romantic encounters often went unmet. For women, this often related to sexual coercion by a male partner. For men, this often related to the interpersonal imposition of gendered, racial stereotypes. As a result, they were vulnerable and forced into a position of either suffering from powerlessness or channeling strength to resist disempowerment, whether immediately or through their meaning-making processes. Extant research on college students of color has found that Black students experience vulnerability due to minority student status stress (e.g., academic stress, race-based stress, social stress, environmental stress) at rates higher than American Latinx and Asian students (Cokley, McClain, Enciso, & Martinez, 2013), and specifically, that their race-related stress is associated with relationship and dating worries (Chao, Mallinckrodt, & Wei, 2012). Given that Black students are experiencing significant minority status and race-related stress, our findings indicated that they also experience vulnerability in their intra- and interracial sexual relationships.

Gender Socialization Among Black Collegians

For all of our participants, issues pertaining to stereotypical gender norms were a critical piece to their sexual relationships. Moving beyond stereotypically gendered sexual socialization was key to reclaiming power for several participants. For women in our sample, gendered sexual socialization impacted their ability to feel empowered in their sexual relationships. For Eve, 20, sexual assault thwarted her ability to choose when, where, and with whom she had sex. This assault goes beyond the typical feminine gendered norms that ask women to be the gatekeepers of sex (Jozkowski & Peterson, 2013). However, Eve did not let her sexual assault impede her desire to remain a sexual gatekeeper. She reclaimed power by reclaiming her gatekeeper status. In this regard, being a gatekeeper in the face of unwanted sex or coercive sex is empowering.

Other women struggled with the role of sexual gatekeeper, and the use of submissive, passive, or suggestive means for exercising their power (Geary, Baumgartner, Wedderburn, Montoya, & Catone, 2013; Harvey et al., 2002). Aaliyah, 24, described being "pursued" by her partner and dating him for six years despite his repeated infidelities. She was the gatekeeper because she let him pursue her until she was ready to have a sexual relationship with him based on her feeling ready to have sex for the first time. For Olivia, 18, she described feeling just "OK" with having sex with her partner because he enjoyed it. Eventually, her sexual empowerment grew to enable her to prioritize her own needs, which entailed determining how often they have sex. She transformed from a more passive recipient of sex (Geary et al., 2013; Grauerholz & Serpe, 1985) to a proactive sexual being who prioritized and articulated her own needs. Lastly, Binda, 23, gave the sense that her sexual power came from her ability to choose when and with whom to have a sexual relationship, but it was also subverted by her partner's ending of their relationship after she became pregnant. For Binda, 23, her power

to choose when to reproduce was not curtailed by a man's aggression, force, or manipulation, but the lack of support she felt afterwards was disempowering and hurtful.

For many of the men in our sample, adhering to masculine ideology contributed to their feelings of power within their sexual relationships (C. N. Hargons, 2019). Many of the men, including Jack, Devin, and Harry, were the active initiators of sex and pleasure (Harvey et al., 2002), as they endorsed wanting to be an "alpha," using sex as a means to gain popularity, and a desire to "wow" their partners and be "amazing" in bed. This desire to please their partners could be empowering if achieved, but it was also disempowering when it failed or was subverted by racial stereotypes. Conversely, one participant who did not initiate sex, Kevin, 18, was inhibited by his partner's advances and had trouble becoming aroused when sex was suggested by his partner. For Jack, 21, the desire to attain intimacy became a way to achieve a form of power and pleasure that went beyond the gendered norm that suggests men gain power by sleeping with many different women.

These disempowering experiences in sexual relationships, complicated by broader dynamics of racial oppression, may overwhelm Black students' capacities and lead to trauma reactions (Rederstorff, Buchanan, & Settles, 2007). For our sample, participants experienced paralysis and silencing, often lacking ways to reclaim their power within the sexual dyad and increasing the significance of our interview with them. However, through their interviews, participants were able to provide a testimony of their experience that allowed them to position themselves as more agentic and, hence, reclaim power.

Future Research

Future research should continue to investigate the intersection of race and gender on sexual socialization for Black college students. More broadly, both researchers and clinicians should call on an intersectional framework to seek to understand the way power is experienced in sexual relationships of Black people. While the literature on barriers to wellness for Black collegians is growing (Chao et al., 2012; Cokley et al., 2013; Whaley & Dubose, 2018), the current study introduces gendered racialized sexual disempowerment as an area of vulnerability to be explored by counselors interested in this population's wellness. It may benefit Black collegians if further research on sexual empowerment is conducted within a critical sexuality (Fahs & McClelland, 2016) framework.

Additionally, although much of the existing scholarship presents a monolithic view of the Black community (Okpalaoka & Dillard, 2012), it is important to recognize Black people are not a monolithic group carrying the same lived experiences. Though some experiences may be similar, other experiences can weigh a heavier toll depending on the individual's intersecting identities. Previous studies have shown biracial individuals are in constant battle with their "racial identity work" and deciding their preferred racial identity to showcase (Khanna & Johnson, 2010). Some authors have also suggested that once Africans are cognizant of society's racial hierarchy containing American Black people at the bottom, they may choose to distance themselves by emphasizing their ethnic identities (Okpalaoka & Dillard, 2012). Although our study asked participants to describe these identities, we did not explicitly ask them to consider how they may have affected sexual power. Future research should more intentionally investigate how these racial and ethnic identities influence sexual socialization and sexual power dynamics among Black students.

Implications for Counseling

By making the power dynamics that contribute to vulnerability in sexual and romantic relationships for Black collegians visible, counselors may be able to uncover pathways to increasing or celebrating sexual empowerment for this marginalized group. We suggest a key area of inquiry for counselors and other professionals invested in the study of Black sexuality and/or in engaging in therapy with Black collegians: gender socialization among Black collegians. Counselors engaging in therapy with Black students should create space for processing sexual experiences, perhaps utilizing narrative approaches such as therapeutic journaling or interviews (Neimeyer, 2004). Additionally, therapists may consider exploring the way misogynoir, in the form of boundary violations or gendered racialized stereotypes, reduces power for their Black women and femme clients. As Lamb and Peterson (2011) posit, one's capacity for empowered sex is limited by sociocultural and environmental factors. Increasing client consciousness about how power has influenced their sexual relationships may facilitate more empowered sex for all Black people. As noted by participants in this sample, empowered sex is possible and happening among Black students. Continuing to highlight these stories is another important area of empirical and practical focus.

Limitations

This narrative inquiry study elicited important strategies about how participants discussed, experienced, and responded to power in their first and last sexual encounters. However, there are some limitations to the study. The identities of the diverse research team influenced both the content of the interview data that was obtained, as well as its interpretation. Despite efforts made by White research team members to reduce power differentials and address racial differences, our Black participants may have been more guarded in their interviews with these researchers. Relatedly, having higher numbers of cisgender women and White people on the research team also may have shaped the interpretations

of the data. These dominant identities of the research team have the potential to influence the researchers' interpretation and explanation of the data. However, this was accounted for through our data analysis processes wherein the team stayed close to the data, engaged in memoing, and had ongoing discussions about our positionalities with respect to the narratives and our potential blind spots. This study also lacked diversity in the sexual orientations of the participants, therefore limited information about LGBTQIA+ power dynamics was gleaned. An additional limitation involves the indirect focus on power. Because this study did not have power analysis as its central purpose, but participants repeatedly and representatively described sexual power dynamics, there were no explicit questions in the interview protocol about power. Future research on this topic may expand upon these findings through the use of direct questions about how Black collegians ranked themselves within the power hierarchies and experienced sexual agency and autonomy given their positioning.

Conclusion

To be a Black collegian who engages in sex is to be a racially marginalized person navigating complex power dynamics both in and out of the bedroom. The narratives explicated in this study describe how participants disclosed their sense of powerlessness, share the truth of their disempowerment, privilege identifying with tropes associated with their race and gender, work to reclaim previously lost agency through narration (Froyum, 2010), and engage in empowering sexual behaviors. By amplifying the voices of our participants and attending to the narrative choices they made in their interviews about their first- and last-time having sex, this study explicates the wide range of sexual experiences of Black students. Prilleltensky's (2008) power analytic helps counselors and others concerned about Black collegians' sexuality recognize the differential needs and concerns of a vulnerable, though not powerless, population. Whereas some participants experienced their sexual partners' use of power to oppress them, participants also articulated their process of using the sexual space as a site of power to resist oppression and enhance wellness.

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The Influence of Cyber-Sexual Assault on the Mental Health Outcomes of Survivors

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Researchers examined data collected from the only national sample of cyber-sexual assault (CBSA) survivors (N = 97; 3.75% response rate to the online survey) using three valid instruments that measure symptomology of sexual assault. We found that participants scored high across each of the inventories, indicating CBSA survivors respond in ways that are similar to sexual assault survivors concerning emotional dysregulation, depression, and post-traumatic stress symptomology, particularly if they had a history of sexual assault. Implications for counselors are reviewed, and clinical recommendations are offered.

Keywords: cyber-sexual assault, revenge-porn, sexual violence, rape culture

Introduction

While non-consensual pornography has received considerable attention in popular media, researchers are still trying to understand the consequences for the victims. Non-consensual pornography includes: sexting, revenge-porn, and cyber-harassment, among others. All forms share some common features: intimate and/or sexually explicit images or videos are shared via electronic media to be viewed by people without the participants' consent. This behavior is more common than many counselors may recognize. In a recent nationwide study that examined 3,044 adults (54% women), 8% (1 in 12) reported victimization through non-consensual pornography (Ruvalcaba & Eaton, 2020). Just over 5% (1 in 20) of respondents has perpetuated nonconsensual pornography. The non-consensual sharing of intimate and sexually explicit images and videos is creating a significant public health challenge, especially among young adults. The continued dissemination and nonconsensual sharing of the sexually explicit materials has contributed to the mental health distress and suicidality for victims (L. Bates, 2014; Borsuk, 2013). The purpose of this article is to measure the mental health outcomes for the victims of this behavior and explore how these outcomes are related to or vary based on participants' demographics, their history of previous sexual victimization, relationship to perpetrator, and frequency of checking for their online material. The results of this study will help clinicians have a better understanding of how to identify and treat adult survivors of cyber-sexual assault.

The evolving terminology for this phenomenon reflects a changing social context and impact on the victims of non-consensual sharing of sexually intimate material (McGlynn & Rackley, 2016);many of these factors are outside of the scope of this study. These acts are non-consensual, have the potential to harm the victim, and are sexual in nature, so it is quite appropriate to consider non-consensual pornography to be a form of sexual violence. To characterize the fact that these sexual assaults occur via electronic mass-media, we use the term "cyber-sexual assault" (CBSA) to describe these activities. In doing so, we focus on the effect of the assault in the victim and set aside issues related to the intent of the person who distributed the intimate materials (e.g., "revenge" porn; Bloom, 2014; Walker & Sleath, 2017) or whether the material includes images (Bloom, 2014) or video (Osterday, 2015). We also set aside the method of creation and the modality of distribution (Henry & Powell, 2014; Humbach, 2014; Marganski & Fauth, 2013).

Even when nonconsensual online sharing of naked photos and videos is legal in some jurisdictions, the consequences are likely to be akin to in-person abuse and may have social impacts on victims. Perpetrators proliferate the assault by sharing the nonconsensual material, often quite broadly, through technology and cyberspace (Citron & Franks, 2014).

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Potential employers, current support systems or colleagues, family, and friends have access to private material (Citron & Franks, 2014). While research on the psychological consequence is limited, 47% of CBSA survivors had reportedly contemplated suicide (Bloom, 2014; CCRI, 2016) after their material was shared online. In order to anticipate other likely psychological effects on the victims of cyber-sexual assault, it is helpful to compare it to three related phenomena: intimate partner violence, sexual assault, and cyber-harassment (Marganski & Fauth, 2013).

Intimate partner violence (IPV) is committed by a current or former spouse or partner, and is perpetrated through physical, sexual, and psychological means (Flasch, Murray, & Crowe, 2015). Estimates of the prevalence of IPV vary. One national study found that 1 in 4 women and 1 of 13 men experienced physical and sexual aggression by an intimate partner within their lifetime (Tjaden & Thoennes, 2000). More recent studies suggest that one of two males and females experienced psychological violence from an intimate partner within their lifetime (Black et al., 2011; Marganski & Fauth, 2013). Similar to IPV, in a sample of 244 adult victims on nonconsensual pornography, nearly 71% (n = 173) reported that their perpetrator was a current or former partner (Ruvalcaba & Eaton, 2020). In a national sample from the National Violence Against Women Survey (NVAWS), women (n = 6,790) and men (7,122) were asked about their psychological well-being in correlation with their lifetime experiences surrounding IPV. Individuals with a history of IPV reported chronic health conditions, current poor health, and mental health symptoms of anxiety and depression, which correlated with the long-term and adverse effects of IPV (Coker et al., 2002). Cyber-sexual assault draws parallels to IPV, and thus we expect victims to show similar psychological distress.

The term sexual violence implies any form of nonconsensual sexual act, gesture or threat, including childhood sexual assault, adult sexual assault, and sexual harassment; the term completed rape is a more specific form of sexual violence that involves sexual intercourse without the victim's consent (Centers for Disease Control and Prevention, 2010). In a longitudinal (1980-2009) research report by the U.S. Census Bureau (2012), 88.1% of violent crimes were completed rape (N = 81,280). Prevalence rates of sexual assault are high, and the psychological impact is harmful. In fact, sexual assault is among the most severe of all traumas, evident in the severity and duration of mental health outcomes (Campbell, Dworkin, & Cabral, 2009). Sexual assault survivors have reported a range of mental health concerns: sexual dysfunction, depression, suicidality, substance abuse, and post-traumatic stress disorder (Russell & Davis, 2007).

The literature on cyber-sexual assault has identified constructs parallel to both sexual assault and cyber-harassment (e.g., depression, suicidal thoughts, emotional dysregulation, post-traumatic stress) through both quantitative (Holladay, 2016) and qualitative (S. Bates, 2016) research studies. Further, cyber-harassment research has shown severe mental health consequences such as depression, anxiety, suicide, and decreased well-being (Washington, 2014).What makes cyber-sexual assault a unique form of violence is that sexually explicit postings are permanent (e.g., website cache), victims can relentlessly search online for their material, and the number of perpetrators per victim can extend to thousands instantly due to the increased usage of technology among Americans (Ruvalcaba & Eaton, 2020). There is a gap in the literature surrounding mental health outcomes among this population.

The effects of cyber-harassment, sexual assault and IPV extend long after the assault; the trauma can have longstanding emotional, psychological, and physical consequences for survivors. Depression (Campbell et al., 2009; Russell & Davis, 2007) and post-traumatic stress disorder (Campbell et al., 2009; Lancaster, Teeters, Gros, & Back, 2016; Norris, 1992) are the most frequent and debilitating psychological outcomes of sexual assault, while emotional dysregulation (Bjureberg et al., 2015; Najdowski & Ullman, 2011; Livingston, Testa, & VanZile-Tamsen, 2007) exacerbates and lengthens symptomology among survivors of sexual assault. Further, researchers have pointed to the interplay and comorbidity of depression and PTSD among trauma survivors (Dekel, Shaked, Ben-Porat, & Itzhaky, 2019). As such, the current investigation assessed the psychological outcomes of CBSA through a lens of sexual violence, in addition to being informed by prior research on IPV and cyber-harassment.

The purpose of our investigation was to examine the presence and comorbidity of Depression, PTSD severity, and Emotional Dysregulation among a sample of adults who have experienced cyber-sexual assault; prior research has identified these as the most consequential mental health outcomes among survivors of sexual assault (Campbell et al., 2009; Bjureberg et al., 2015; Lancaster et al., 2016). The researchers used previously validated instruments that measure these constructs (i.e., DERS-16; CESD-R; IES-R). The researchers hypothesized that each of these mental health outcomes (i.e., emotional dysregulation; depression; PTSD) would be higher for those participants who had a history of previous sexual assault, and among those who checked for their online material with hypervigilance. Furthermore, we examined how participant-level variables (i.e., ethnicity, sexual orientation, and relationship to perpetrator) would be related to these mental health outcomes, if at all.

Methods

Participants

The sample was comprised of mostly female (n = 91, 93.8%) participants, while the participants ages ranged be-

tween 19-65 years (M = 32.03, SD = 9.93). The majority of participants identified as Caucasian/White (64.9%), followed by those who identified as Asian (8.2%), Hispanic or Latino (8.2%), African/African American/Black (5.2%), two or more races (Biracial/Multiracial; 4.1%), American Indian or Alaska Native (1%), and Native Hawaiian or Pacific Islander (1%). Most participants self-reported as heterosexual (83.5%), followed by bisexual (11.3%), gay/lesbian (2.1%), and other (1%).

Sampling and Data Collection Procedures

Participants of this study were recruited online (i.e., website and social media), using the only national nonprofit organization listserv that serves the CBSA population: Cyber Civil Rights Initiative (2016). Additionally, participants were invited through the Rape, Abuse and Incest National Network (RAINN) listserv. Through these nonprofit organizations, approximately 2,600 individuals were invited to participate; this yielded a 3.75% usable response rate (N = 97). Participants who experienced cyber-sexual assault and completed over 80% of the items on the instruments were included in this study. Prior to data collection, the IRB at the University of Central Florida reviewed and approved the study. Data was collected anonymously and all participants provided informed consent before starting the survey.

Prior to accessing the surveys, participants were provided definitions. Sexual assault was defined as "any type of sexual contact or behavior that occurs without the explicit consent of the recipient (such as rape, attempted rape, unwanted fondling, molestation, and/or child molestation." In addition, cyber-sexual assault was defined as follows: "[A]lso known as 'revenge porn' or 'nonconsensual pornography,' this form of sexual assault occurs when sexually explicit or nude photos/videos are shared online, without the pictured individual's consent." Participants were reminded to answer the questionnaire as it related to their experience of cyber-sexual assault.

Inventories

Demographic questionnaire. To minimize the perceived threat for participants who had traumatic experiences online, the researchers collected minimal demographics information to preserve anonymity of the participants. Demographic data collected were age, sex, sexual orientation, organization of belonging (CCRI; RAINN), and relationship to perpetrator. In addition, participants were asked about sexual assault history and cyber-sexual assault history (e.g., "how many times have you been cyber-sexually assaulted?"). For the questions related to sexual assault and cyber-sexual assault, participants were provided with an option of "other" and invited to qualitatively respond to the questions. Finally, prior to moving forward with the quantitative measurements, the participants were reminded to answer the remainder of the questionnaire related to their experience(s) with cyber-sexual assault, which is/are defined as, "sexually explicit media that is publicly shared online without the consent of the pictured individual."

Hypervigilance of checking for online material was assessed via three items: "In relation to your cyber-sexual assault, when it was at its worst, how often did you search for our online material [photo(s)/video(s)]?" "Is your material (photos and/or videos) still posted online?" and "In relation to your cyber-sexual assault, presently, how often do you currently search for our online material [photo(s)/video(s)]?" An option of "other" where respondents could qualitatively answer these three questions was offered. Last, we asked participants "In relation to your cyber-sexual assault, what was your relationship to the perpetrator?"

Emotional dysregulation. To measure emotional dysregulation in our sample of survivors of cyber-sexual assault, we used the Brief Version of the Difficulties in Emotion Regulation Scale [DERS-16] (Bjureberg et al., 2015). The inventory assesses emotional regulation difficulties through the presence of maladaptive coping skills via three constructs: (a) emotional regulation and related constructs, (b) psychopathology, and (c) clinically-relevant behaviors stemming from emotion regulation deficits. Participants indicated difficulties with emotional regulation strategies (e.g., "impulse control difficulties") through a self-report 5-point Likert-scale ranging from "Almost never" to "Almost always." Bjureberg and colleagues (2015) identified excellent internal consistency (α = 0.92) for the scale, high test-retest reliability (.85; $p < 0.001$), as well as high construct validity, especially when compared to similar measures. Further, Cronbach's α for the DERS-16 scale with these data was .942, which is considered excellent (Hair, 2006).

Post-traumatic stress severity. Post-traumatic stress symptomology was measured by the Impact of Events Scale Revised [IES-R] (Weiss & Marmar, 1997, 2004). The self-report instrument of 22-items measures post-traumatic stress severity according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; APA, 1994). At the time this study was completed, the scale aligned with three domains of post-traumatic stress disorder (PTSD): avoidance, intrusion, and hyperarousal. The inventory assesses for PTSD symptomology "over the last seven days" with respect to the three domains of PTSD symptoms resulting from the traumatic stressor (Weiss & Marmar, 2004). Self-reported responses were collected through a 5-point Likert-scale. The IES-R has excellent six-month test-retest reliability (.89–.94) (Weiss & Marmar, 2004). The scale has excellent internal consistency (.79 to .90) among the three subscales (Weiss & Marmar, 1997) and across samples: intrusion subscale (.85), avoidance subscale (.83), arousal subscale (.81), and composite (.91) (Vassar, Knaup, Hale, & Hale, 2011). Furthermore, the inventory accurately discriminates between trauma

victims and non-trauma victims (Leskinand, Kaloupek, & Keane, 1998; Weiss & Marmar, 2004). Cronbach's α for the IES-R scale with these data was .931, which was excellent (Hair, 2006).

Depression. Lastly, levels of depression symptomology were assessed using the Center for Epidemiologic Studies Depression Scale revised [CESD-R] (Eaton, Jacobs, & Ruvalcaba, 2017), which was developed to align with the nine diagnostic criteria according to the DSM-IV (APA, 1994). An updated version was not yet available when this study was conducted. The depression measure has displayed excellent psychometric properties, including high internal consistency, strong factor loadings, and convergent and divergent validity (Van Dam & Earleywine, 2011; Eaton et al., 2017). Prior to its use within this study, the CESD-R was deemed to be a strong measure of depressive symptoms among sexual assault survivors (Najdowski & Ullman, 2011). The 5-point scale measured participants' depressive systems over the past two weeks through items ranging from "not at all or less than one day" to "nearly every day for two weeks." The CESD-R has excellent internal consistency (.923 - .928), as well as excellent convergent and divergent validity (Van Dam & Earleywine, 2011). Cronbach's α for the CESD-R scale with these data was .963, which was excellent (Hair, 2006).

Analysis

To examine the presence and comorbidity of Depression, PTSD severity, and Emotional Dysregulation in a sample of survivors of cyber-sexual assault, the researchers analyzed the survey data using: (a) ANOVA, (b) Spearman rho correlation, and (c) t-tests. T-tests (see Tables 1, 2, and 3) were used to examine mean differences for the binary, nominal data (i.e., biological sex, sexual assault history, and whether material was still online). Spearman's Rho (see Tables 4 and 5) was utilized to examine the relationship among the scales and the ordinal demographic variables (e.g., frequency of searching for online material). One-way between groups analysis of variance (ANOVA) was used to explore the significant relationships found between the demographic variables (e.g., nominal; ordinal) and instruments' total scores (DERS-16, IES-R, and CESD-R).

Data Cleaning and Imputation

We deleted cases with over 20% missing values, as were the cases of participants who had not experienced CBSA, resulting in the final total of 97 cases. The Little's Missing Completely at Random (MCAR) test showed significance greater than .05 (p=.738); this indicates the data were missing at random (Little's MCAR test; χ^2 =1090.506, df = 1121, p = .738). Data were imputed for the cases with less than 20% missing data (Schumacker, 2010) using mean estimation via SPSS (Version 23). After imputation, the data distribution revealed normalcy and no univariate or multivariate outliers were identified. Multicollinearity was not evident among the independent variables (e.g., independent variables were not highly correlated; Tabachnick, 2013).

Results

Differences in Trauma Symptomology based on Sexual Assault History

More than half (N = 54, 55.7%) of participants reported the experience of prior sexual assault. Regarding number of lifetime sexual assaults experienced, 47 (48.45%) of the participants reported a wide range for number of past sexual assaults 1-100 (M = 6.53). A few of the non-numerical responses included: "Too many to count - throughout childhood;" "cannot quantify;" "multiple assaults;" and "I lost count." Regarding number of lifetime cyber-sexual assaults experienced, 74.23% (N = 72) of the participants reported a wide range for number of cyber-sexual assaults experienced: 1-100 (M = 26.2, SD = 43.2). The data about sexual assault history provided by participants were highly skewed and vague, so only the dichotomous variable (Yes; No) was used in the analysis. An independent sample's t-test (see Table 2) was used to examine if differences in symptomology based on prior sexual assault experience. There was a moderately large, statistically significant difference (t(95)= 2.02, p = .05, d=0.41) in emotional regulation scores for participants who had previously been sexually assaulted compared to those who had not. The other two scales did not exhibit practical or statistically significant differences: PTSD severity (t(95)= 0.276, p = .78, d=0.05), depressive symptomology (t(95)= 0.214, p = .83, d=0.04).

Differences in Trauma Symptomology Based on Checking Behaviors

Three questions on the survey were geared to explore how often the individuals returned to visit their trauma: whether the material was still available online, how frequently they check their material "when it was at its worst," and how frequently they checked at the time they completed the survey. Nearly half of the participants' (42.3%) reported that "yes," the non-consensual, intimate materials (i.e., photos or videos) were still online. A smaller percentage reported "no," that the materials were not still online (30.9%), and a large percentage reported "other" (26.8%). Among those reporting "other," a large majority (n = 22, 85%) answered qualitatively that they did not know or did not care to look. Independent sample t-tests (see Table 3) showed that participants who answer "Yes" to the question "Is your material still posted online?" exhibited statistically and practically significant greater levels of psychological trauma on two of the three scales: emotional dysregulation (t(69)=1.97, p=.05, d=0.48) and post-traumatic symptomology (t(69)=4.38, p=.00, d=1.05). The third measure, depres-

Table 1
Results of t-tests and DERS-16, CESD-R, and IES-R by Biological Sex

	Group						95% CI for Mean				
	Male			Female							
Outcome	M	SD	n	M	SD	n	Difference	t	df	*p*	*d*
DERS-16	60.5	16.5	6	49.6	15.0	97	-1.70, 23.5	1.71	95	.089	0.69
CESD-R	58.7	18.5	6	39.7	22.4	91	.405, 37.6	2.03*	95	.045	0.92
IES-R	70.7	12.7	6	50.3	18.47	91	5.05, 35.5	2.64*	95	.010	1.28

Note. * = p < .05

Table 2
Results of t-tests and DERS-16, CESD-R, and IES-R by Sexual Assault

	Group						95% CI for Mean				
	Yes			No							
Outcome	M	SD	n	M	SD	n	Difference	t	df	*p*	*d*
DERS-16	53.0	14.4	54	46.8	15.7	43	.107, 12.3	2.02*	95	.05	0.41
CESD-R	41.3	20.6	54	40.3	25.1	43	-8.2, 10.2	.214	95	.83	0.04
IES-R	52.1	17.9	54	51.1	20.0	43	-6.59, 8.72	.276	95	.78	0.05

Note. * = p ≤ .05

Table 3
Results of t-tests and DERS-16, CESD-R, and IES-R by Material Online

	Group						95% CI for Mean				
	Yes			No							
Outcome	M	SD	n	M	SD	n	Difference	t	df	*p*	*d*
DERS-16	53.9	16.6	41	46.4	14.4	30	-.085, 15.0	1.97*	69	.05	0.48
CESD-R	47.2	22.7	41	36.4	23.1	30	-.404, 21.5	1.92	69	.06	0.47
IES-R	62.2	16.3	41	44.8	16.9	30	9.46, 25.3	4.38*	69	.00	1.05

Note. * = p ≤ .05

sion symptomology, did not show a statistically significant difference (t(69)=1.92, p=.06), though the effect size was moderate (d=0.48).

At its most frequent, a plurality of participants 44 (45.4%) reported searching online for their material daily followed by 28 (28.9%) participants who searched hourly. Among the remaining participants, 10 (10.3%) reported never searching, seven (7.2%) reported "other," six (6.2%) reported searching once a week; and 2 (2.1%) who reported searching for their material online once a month. The relationships between the three scales used to measure trauma symptomology and frequency of checking online "when it was at its worst" was assessed using Spearman's rho (see Table 4). Depressive symptomology (CESDR) exhibited a statistically significant correlation with how frequently participants checked whether their materials were still online, (r = -.1357, p = .000; r2 = 1.8%), though the relationship was weak. The correlations for the other two measures of trauma symptomology were not statistically significant: emotional dysregulation (r = -.195, p = .055; r^2 = 3.8% variance) and PTSD symptomology (r = -.132, p = .198; r^2 = 1.7% variance).

In contrast with their most frequent checking online, at the time they completed the survey none of the participants (0%) reported searching hourly for their material and only 14 (14.4%) reported searching daily. Among the remaining participants, 26 (26.8%) reported never searching, 24 (24.7%) searching monthly, 12 (12.4%) searched weekly (1 participant chose not to report (1.0%) and 20 (20.6%) reported "other"). Spearman's rho (see Table 5) was used to identify a statistically significant correlation between PTSD symptomology and how current searching behavior (r = -.217, p = .034; r^2 = 4.7% variance). The other two measures of trauma symptomology did not exhibit a statistically significant relationship with their current searching behavior: emotional dysregulation (r = -.025, p = .812; r^2 = .06% variance) and depressive symptomology (r = -.173, p = .091; r^2 = 3%).

Table 4
Results of Spearman's Rho and DERS-16, CESD-R, and IES-R by Searching at at Worst

Variable	*r*	Variance	*p*
DERS-16	-.195	3.8%	.055
IES-R	-.132	1.7%	.198
CESD-R	-.136	1.8%	.000*

Note. * = p ≤ .05

Table 5
Results of Spearman's Rho and DERS-16, CESD-R, and IES-R by Searching Presently

Variable	*r*	Variance	*p*
DERS-16	-.025	.06%	.812
IES-R	-.217	4.7%	.034*
CESD-R	-.173	3%	.091

Note. * = p ≤ .05

Differences Related to Ethnicity, Sexual Orientation, and Relationship to Perpetrator

Mean differences in traumatic symptomology scores for the sub-groups within the demographic data reported for ethnicity, sexual orientation, and relationship to perpetrator were explored using a one-way between groups analysis of variance. The most frequently reported relationship to the perpetrator (of CBSA) was a partner/significant other (35%), followed by a causal relationship (14%), a friend (12%), and then marital partner (8%). No statistically significant differences were identified for any sub-group on any of the three scales. No differences were evident for levels of emotion regulation difficulties: ethnicity (p = .932); sexual orientation (p = .191); or relationship to perpetrator (p = .781). No differences were evident for PTSD symptomology: ethnicity (p = .667); sexual orientation (p = .315); or relationship to perpetrator (p = .206). And no differences were evident for depressive symptoms: ethnicity (p = .711); sexual orientation (p = .685); or relationship to perpetrator (p = .821).

Discussion and Recommendations

We found that participants scored high across each of the inventories, indicating CBSA survivors respond similar to sexual assault survivors concerning mental health outcomes after the assault. Researchers have reported females are 1.5 times as likely to experience CBSA compared to men (Eaton et al., 2017), and we also found the majority of survivors in this study of cyber-sexual assault were female (N = 93.8%). In addition, this research examined differences and relationships of the outcome variables associated with trauma symptomology when compared to participant variables (i.e., sexual orientation, ethnicity, previous sexual assault, relationship to perpetrator, material currently online and past/current checking behaviors). Specifically, the researchers explored emotional dysregulation (Bjureberg et al., 2015), depression (Campbell et al., 2009), and post-traumatic stress severity (Lancaster et al., 2016), as these are among the most significant mental health outcomes among survivors of sexual assault.

More than half of the respondents had experienced previous sexual assault in addition to their experiencing cyber-sexual assault. Regarding number of cyber-sexual assaults experienced, nearly three quarters of the participants responded and reported prolific numbers of cyber-sexual assaults experienced, 1-100 (M = 26.2, SD = 43.2). Such high numbers (likely due to the permanency of the non-consensual material), and the multiple lifetime assaults, will both influence and exacerbate mental health consequences among survivors. Emotional dysregulation was significant for CBSA survivors with a history of sexual assault. Emotional regulation difficulties are a common outcome of sexual assault, particularly revictimization. Keep in mind that nearly two of three individuals sexually victimized are revictimized (Classen, Palesh, & Aggarwal, 2005), and research has empirically established that the majority of those who experience sexual assault will experience multiple sexual assaults throughout their lifetime (Grauerholz, 2000). The results in this study of CBSA survivors suggests to clinicians that for many, CBSA may be a form of revictimization and should be clinically treated accordingly, and based on revictimation literature (Classen et al., 2005; Grauerholz, 2000).

In addition to the quantitative response, participants were provided with an option of "other" to qualitatively respond to the question surrounding how many times they had experienced CBSA. A few of the individuals who did not quantify the number of times they had experienced cyber-sexual assault reported: "I don't know. You cannot put a value on this because you cannot track your photos"; "Unsure of total photos and websites"; "countless"; "ongoing"; "dozens." Most likely, because the material is permanent (Citron, 2014) once posted online, the photos or videos rarely disappears (e.g., website cache). The material spreads from site to site and disappears and reappears until the survivors lose count of how many times they were assaulted. Essentially, the original poster only needs to post the nonconsensual material once, then anonymous individuals can share this material for years after the original posting.

Most sexual assault survivors had some relationship to their perpetrators (i.e., casual relationship, family, friend, marital partner, partner/significant other, other). Cyber-sexual assault and sexual assault draw parallels regarding relationship to perpetrator, as CBSA may be another form of interpersonal violence since 69% of the participants had a relationship to their perpetration specific to cyber-sexual assault. Therefore, the experience of CBSA as a form of interpersonal violence, domestic violence, and sexual violence should be assessed for when treating individuals of CBSA, since it is possible that CBSA will be the presenting issue of a larger abuse related to their perpetrator. Meanwhile, it is essential to note that the severity of trauma symptomology did not vary by relationship type. Further, while most of this sample knew their perpetrators, there are plenty of situations where private photos were hacked and shared by an unknown person; in this sample 31% of the victims had no known relationship.

To assess the effect of victims revisiting their trauma, participants were asked how frequently they searched for their photos or videos online. When the participants first learned that intimate or sexual materials depicting them were posted online without their consent at the height of their online searching, almost half reported that they searched for their online material daily and almost an additional one-third reported they searched hourly. However, over time, participants' checking behaviors declined substantially, with none searching hourly and only one-sixth checking daily. In the open-ended responses, participants described a range of tactics, from checking every few months to once a year, to having a friend check.

At the time of data collection, about one-third of participants qualitatively reported that they did not care to look for their online, nonconsensual material. When these data were collected, laws were being drafted to criminalize CBSA, and therefore many participants did not have legal recourse (CCRI, 2016). If participants had no legal ability to remove and destroy the material (see Tungate, 2014), they may have elected to disengage altogether. The following section will explore how the varying responses (e.g., hypervigilance of checking behaviors; history of SA) influenced degree of distress among CBSA survivors.

Emotional Dysregulation

As anticipated, emotional dysregulation was significant for adult survivors of cyber-sexual assault who had experienced previous sexual assault, consistent with prior research (Walsh, DiLillo, & Messman-Moore, 2012). Further, participants who had prior histories of sexual assault and whose material is still posted online did show statistically significant greater levels of emotional dysregulation. An overwhelming amount of literature highlights that the majority of those who experience sexual assault will experience multiple sexual assaults (e.g., revictimization; Grauerholz, 2000). Empirical research overwhelmingly supports that sexual victimization, particularly revictimization, negatively affects emotional dysregulation, post sexual assault adjustment, and psychopathology (Boeschen, Koss, Figueredo, & Coan, 2001; Burgess & Holmstrom, 1978; Najdowski & Ullman, 2011; Ullman, Peter-Hagene, & Relyea, 2014; Walsh, DiLillo, & Scalora, 2011; Walsh et al., 2012). Heightened levels of emotional dysregulation, in turn, exacerbate psychological distress (e.g., depression) for sexual assault survivors (Boeschen et al., 2001; Cloitre, Miranda, Stovall-McClough, & Han, 2005; Walsh et al., 2011, 2012). These findings suggest emotional dysregulation is an area of intervention among CBSA survivors.

The relationship between emotional dysregulation and current searching behaviors for CBSA material presently was not statistically significant. However, the analysis also suggests that participants who search most often for their material online, when their searching was most hypervigilant, exhibited greater levels of emotional dysregulation. This suggests to the researchers that reducing levels of hypervigilance may benefit CBSA victims. Due to the correlation of higher searching behaviors and higher emotional dysregulation concerns (e.g., lack of coping, lack of goal oriented behaviors, etc.), interventions targeting these behaviors are suggested.

Post-Traumatic Stress

The relationship between PTSD symptomology as measured by the IES-R (Weiss & Marmar, 1997) and searching for CBSA material when at its worst was not statistically significant; however, the relationship between PTSD symptomology and searching for CBSA material presently was significant. Furthermore, if the CBSA survivors' material was still posted online at the time they completed the study, PTSD symptomology was significant. While PTSD is associated with the experience of a traumatic event, for a diagnosis to be warranted symptoms must be present for a month (APA, 1994). Therefore, heightened levels of PTSD symptomology appear to correlate with those who continued to search for their material long after the acute stage wherein individuals first learned they had become victims of cyber-sexual assault. The Impact of Event's Scale –Revised (Weiss & Marmar, 1997) asks about PTSD related symptomology in the past seven days. As such, it is no surprise that current behaviors as well as current material being online were significant of PTSD symptomology (i.e., present searching behaviors of material and the material currently being accessible online). Because post-traumatic stress disorder (Lancaster et al., 2016; Norris, 1992) has been identified to be among the most profound and persistent psychological outcomes of sexual assault it is a likely outcome for CBSA survivors, particularly when they continue to revisit their crime online. PTSD should be assessed for and treated where appropriate among this population.

A significant relationship was identified for PTSD symptomology and biological sex (see Table 1). Gender contributes to the development of PTSD (Breslau & Davis, 1992; Breslau, Davis, Andreski, & Peterson, 1991; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Shalev et al., 1998). This is significant because most sexual assault survivors are women, and within this study, the majority of cyber-sexual assault survivors were female as well. Females are more likely than males to be exposed to rape and molestations; additionally, females are more likely to develop PTSD (Breslau & Davis, 1992; Kessler et al., 1995; Shalev et al., 1998). Please note, however, that due to the small sample of men, these results should be interpreted with caution, and group differences cannot be explored.

Depression

A statistically significant relationship was identified for depression symptomology and searching for CBSA material when at its worst; however, the relationship between depression and searching for CBSA material presently was not statistically significant. This suggests that depression is not a long-lasting outcome for individuals that search for their material long after it was posted, especially when compared to post-traumatic stress, though future research would benefit from exploring this finding. Further, participants whose materials were still online exhibited statistically significant greater levels of depression symptoms. Depression is the most profound and persistent psychological outcome of sexual assault (Russell & Davis, 2007). These findings suggest that depression rates were higher for those that were searching for their online nonconsensual material often, and for those individuals whose material was still online. Interventions initially aimed at reducing the hypervigilance of checking behaviors may reduce symptoms of depression.

Limitations

The data presented in this study were limited in a few ways, suggesting opportunities for future research. This study focused on the mental health outcomes of cyber-sexual assault and not the means for transmission (e.g., sexting; Facebook; email). The mechanisms of transmission could influence trauma symptomology. Furthermore, although a representative sample of the population was sought, diversity is limited within this sample. For example, a range of options were provided for both gender identity, sexual orientation and affirmation, and relationship to perpetrator but responses were limited. For example, participants self-identified as male or female only. In this sample, six of the participants identified as male. As such, the results are reported (see Table 1), but comparison cannot be made due to this large group difference. Finally, all participants were recruited from the online nonprofit organization, CCRI, which may influence the responses as well.

Future research would benefit from utilizing a mixed-methods approach to increase the richness of the data and help address some of the limitations pointed out in this study. Further, the limited sample size and diversity within the sample will influence generalizability of this study; some subsamples may not be representative of the population of victim of cyber-sexual assault. While the overall sample size provided adequate power for the statistical tests reported here, the small sample of some sub-groups limits generalizability of some findings. As a result, some of the statistically non-significant results should be interpreted with caution, especially when the effect sizes were moderately large. The low response rate to this online survey, generally and among some sub-populations, could be due to victims' experiences with having their privacy violated online; however, the causes of this low response remains unclear.

Regarding instrumentation, the three measurements used offered both reliability and validity, and construct validity has been measured for each inventory with CBSA survivors (see Holladay, 2016). The three questions surrounding hypervigilance of checking behaviors were not validated, limiting generalizability. As such, content validity, or the ability to know we are measuring a specific construct of interest (Cronbach & Meehl, 1955) may be lacking specific to these items. Because new areas of study often lack validated instruments (Marganski & Fauth, 2013), we proceeded noting the importance for utilizing validated instruments in research design. In addition, while explicit definitions of both sexual assault and cyber-sexual assault were offered at the beginning of this survey, and participants were asked to answer the measurements based on their experience of cyber-sexual assault, other factors may have influenced how participants responded. While no validated instruments exist to quantify the experience of CBSA, participants reported a wide range of SA (M = 6.53) experiences and CBSA (M = 26.2) experiences.

Conclusions

As the first study to investigate the psychological outcomes of survivors of cyber-sexual assault, this study offers clinicians several recommendations when working with survivors of CBSA. Based upon previous sexual violence (Campbell et al., 2009) and cyber-sexual assault (S. Bates, 2016) literature as well as these findings, it appears that targeting emotion regulation strategies is key for survivors, especially for clients who have experienced sexual revictimization. Helping survivors regulate how often they look for their material seems especially important as this may help to decrease the distressing psychological outcomes. Future research would benefit from exploring this linear relationship of checking behaviors and increased distress to learn about successful intervention strategies. Finally, while learning emotional regulation strategies may be a key part of any intervention, assessing for and treating both depression and PTSD is essential for survivors of sexual violence, including CBSA. Based on these findings, depression may be more likely initially after the posting, while PTSD may be more likely among individuals who continue to search for their material online. Due to the devastating impact CBSA can have on survivors, future research geared towards the creation of interventions specific to this population are necessary, especially in the age of technology.

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Mental Health Workers' Perceptions of Risk Factors for Human Trafficking in Nairobi, Kenya: A Preliminary Qualitative Investigation

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The researchers of this pilot study conducted three in-depth semi-structured interviews with four mental health workers in Nairobi to obtain a deeper understanding of their perceptions of human trafficking in Kenya. Four themes that increased vulnerability for entrance into the human trafficking trade were identified. Individuals were at increased risk for forced labor exploitation due to socioeconomic factors, traditional African practices, cultural beliefs, and political risk factors. This article provides implications for practice and support for community mental health workers, counselors, and educators working with survivors of human trafficking. Implications for future research and practice are discussed.

Keywords: human trafficking, sex trafficking, Kenya

Introduction

The United Nations has recognized human trafficking and other forms of transnational organized crime as serious global problems that require a comprehensive response (United Nations Office on Drugs and Crime (UNODC), 2003). In December 2000, the United Nations General Assembly convened in Palermo, Italy, to identify preventative strategies and combat transnational crime more effectively. These international efforts resulted in the Convention Against Transnational Organized Crime (UNODC, 2003) and the Palermo Protocols. Of the three Palermo Protocols, The Protocol to Prevent, Suppress, and Punish Trafficking in Persons represented the first attempt to define human trafficking.

Prior to the Palermo Protocols, the definition of human trafficking had remained vague (Laczko & Gramegna, 2003). Since then, the UNODC (2003, p. 42) clarified the definition of "trafficking in persons" to include the recruitment, transportation, transfer, harboring or receipt of persons through force, fraud, or coercion, for the exploitative purpose of controlling another person. The UNODC (2003) additionally established that the recruitment, transportation, transfer, harboring or receipt of a person under eighteen years of age for the purpose of exploitation constitutes an act of human trafficking. The Palermo Protocols and the UNODC's (2003) definition of human trafficking represented important global steps toward identifying and combating the transnational crime of human trafficking.

In many cases, traffickers exploit their knowledge of local systems, behaviors, social structures, and vulnerabilities within their communities (U.S. Department of State, 2018). As a result, human trafficking must be understood within its local context to develop a meaningful response (U.S. Department of State, 2018). In recent years, Africa has seen a significant increase in rates of human trafficking (International Labour Organization (ILO), 2017; U.S. Department of State, 2018. In 2017, approximately 24,138 sex trafficking victims and 5,902 labor trafficking victims were identified in Africa (U.S. Department of State, 2018). An extensive review outlining the deleterious effects of human trafficking on survivors' sexual wellness, mental health and overall wellbeing has been established (de Chesnay, 2013; Hossain, Zimmerman, Abas, Light, & Watts, 2010; Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2008) and is beyond the purview of this study.

Since 2008, global trafficking reports have increased by a rate of 259% per year (Gerassi, 2015). Given these estimates, counselors and other mental health professionals should have

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the social injustice of human trafficking on the forefronts of their minds. To effectively combat this social injustice, counselors and other health professionals must obtain a deeper understanding of the risk factors which influence this crime. This pilot study employs a phenomenological approach with mental health professionals in Nairobi, Kenya to answer the following research question:

> What are the beliefs and experiences of human trafficking in mental health workers in Nairobi, Kenya?

The following sections outline the cultural, socioeconomic, religious, and political factors that may serve as human trafficking risk factors. Also, using the lenses of mental health workers in Nairobi, this study will detail the epistemological worldview and the theoretical frameworks used to obtain a deeper understanding of the beliefs and risk factors of human trafficking.

Human Trafficking

According to the Trafficking Victims Protection Act (TVPA), human trafficking encompasses both labor and sex trafficking (U.S. Department of State, 2013). The ILO Forced Labour Convention in 1930 defined forced labor to include any forms of work or services performed by persons under a third party, under threat of a penalty (e.g., physical harm), and in which the person performing the labor cannot leave by his or her own free will (ILO, 2017). Labor trafficking may take the form of domestic servitude, agricultural labor, sweatshop labor, and begging (U.S. Department of State, 2018). According to the ILO (2017), of the 24.9 million people in forced labor scenarios worldwide, 16 million were exploited in the private economy either by individuals or enterprises. The remaining 4.1 million people in forced labor were subjected to state-imposed forms of work such as prisons, militaries, or rebel armies. The ILO (2017) further estimated 4.8 million people across the globe were victims of sex trafficking including one million children and adolescents.

Sex trafficking involves forced labor in a variety of areas, including commercial sex, exotic dancing, pornography, and massage parlors (Logan, Walker, & Hunt, 2009; Richard, 1999). When threats, force, or coercion are used for the purpose of sexual exploitation, victim consent is impossible because people cannot consent to enslavement or forced labor (Logan, 2007; Richard, 1999). Sex trafficking can be understood as an organized crime activity and a crime of a relational nature (Verhoeven, van Gestel, de Jong, & Kleemans, 2013). Traffickers may promise women modeling jobs, nanny positions, educational opportunities, and other law-abiding careers only to forcibly sell them into the sex trade (U.S. Department of State, 2018).

Although trafficked individuals may be moved across borders, most trafficked people are moved domestically within their country of origin by persons of the same nationality (U.S. Department of State, 2013). Despite compelling statistics, the true prevalence of human trafficking remains unclear; thus, statistics should be cautiously interpreted (ILO, 2017; Laczko & Gramegna, 2003; U.S. Department of State, 2018).

Human Trafficking in Africa

Human trafficking to, from, and within African countries occurs at alarming rates (U.S. Department of State, 2018). The International Labour Organization (2017) reported an estimated 7.6 out of 1,000 people in 2016 were exploited through forced labor. Of the 3.8 million adults involved in the human sex trafficking trade globally, an estimated 8% were exploited in Africa (ILO, 2017). Awareness about human trafficking varies by region and is largely influenced by challenges associated with victim identification (ILO, 2017; Tyldum & Brunovskis, 2005). Across the continent of Africa, the transnational crime of human trafficking is estimated at 13.1 billion U.S. dollars (USD) annually (May, 2017). Kenya has been identified as a source, transit, and destination country for children, women, and men trafficked for forced labor and sexual exploitation (International Organization for Migration (IOM), 2018; Odhiambo, Kassilly, Maito, Onkware, & Oboka, 2012; U.S. Department of State, 2018), generating an estimated worth of $40 million USD on the black market (Caraway, 2005). Kenya's coastal region has been identified as a hotspot for the human trafficking trade (International Organization for Migration, 2018) and is used as part of the transit route for women and girls trafficked from Ethiopia and other East African countries to Europe and South African countries (U.S. Department of State, 2018). In Kenya and Uganda, young girls, especially orphans, are at increased risk for forced sexual exploitation and domestic servitude. Specifically, girls under the age of 16 represented the largest demographic of missing persons in Kenya (Odhiambo et al., 2012). The International Organization for Migration (2018) identified rates of poverty, loss of parent or parents, lack of education, and drug abuse as contributing factors to the human trafficking trade in Kenya . Due to these factors, children and young adults were forced to work as street beggars or work within agricultural settings (U.S. Department of State, 2018).

Influence of Socioeconomic Factors and Traditional Practices

Severe poverty, traditional African practices, and a lack of vocational, educational, and work opportunities have been identified as factors that influence rates of labor and sex trafficking in Africa (Dottridge, 2002; IOM, 2018; Onuoha, 2011; Swart, 2012). As a result of these intersecting factors,

African children commonly move from rural to urban areas (Salah, 2001). Also, parents or guardians who experience income inequality are more likely to place their children with families in larger cities to benefit from their wages (Adepoju, 2005; U.S. Department of State, 2018). The breakdown of nuclear family structures through the death of one or both parents also increases the likelihood that children may be moved into larger cities (Salah, 2001).

This movement of children takes on two forms: kin fostering and placement. Kin fostering is a more permanent type of placement where children move between and within families to increase access to better resources and care (Blackie, 2014; Rochat, Mokomane, & and, 2015). Yet, kin fostering is not focused on legal processes or protection and uses less formal fostering practices (Abebe, 2010). In these instances, children from poor families move into the homes of richer relatives or very close acquaintances to provide domestic help. In exchange for their services, these children receive opportunities to attend school or obtain an apprenticeship. Most children who are kin fostered become fully integrated members of the families, are treated with respect, and enjoy greater access to privileges (Ikeora, 2016).

Whereas kin fostering is established between and within families, placement occurs outside existing family systems. In placement scenarios, children are relocated into the homes of acquaintances or strangers and perform light housework in exchange for education and better opportunities (Iroanya, 2018; Salah, 2001). Unfortunately, placement creates opportunities for traffickers to exploit existing cultural systems. Notably, parents in rural settings who experience income inequality may be targeted and victimized by traffickers who promise to place their children in wealthier, urban homes for a better life (Ikeora, 2016). Upon arrival to their new home, trafficked children are forced to work long hours that ultimately deprive them of education and endanger their health (Salah, 2001). Importantly, not all cases of placement result in child trafficking (United Nations International Children's Emergency Fund (UNICEF), 2003).

Children who are forced into domestic servitude report experiences of discrimination and isolation that result in physical, psychological, and sexual violence (Ikeora, 2016; ILO, 2017). These experiences often lead to significant disparities related to the development, health, and wellbeing of these children (Boateng & West, 2017; Bellis & Zisk, 2014). According to a review of research on human trafficking, parents and guardians of trafficked children are unaware of the severe exploitation their children endure (Adepoju, 2005).

Influence of Cultural and Religious Beliefs

African countries enjoy a diverse range of cultural and religious beliefs, some of which may contribute to the prevalence and rate of human trafficking. For instance, marriage represents a valuable institution that is deeply ingrained in African cultural values (Awoniyi, 2015). Quantitative studies have linked sexual exploitation and sex trafficking with forced marriages in African countries (McAlpine, Hossain, & Zimmerman, 2016; Msuya, 2017). In addition, some rural African communities believe engaging in sexual intercourse with a virgin can prevent or even cure human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and other sexually transmitted diseases (Salah, 2001; Swart, 2012). Thus, children and adolescents are at greater risk for forced sexual exploitation due to their vulnerability and the belief that they are healthier (Smith & Vardaman, 2010).

Influence of Political Factors

Political instability, corruption, societal crisis, and a lack of legislation aimed at protecting victims and prosecuting traffickers contribute to maintaining the status quo (Onuoha, 2011; Swart, 2012). Kenya currently lacks the political policies necessary to develop anti-trafficking laws, prosecuting traffickers, and protecting victims (Adepoju, 2005; Fitzgibbon, 2003). As a result, traffickers benefit from a high-profit, low-risk means of exploitation (Bales, 2007). Also, Kenya does not have up-to-date legislation to support families with children who have been abducted, placed, or taken from rural to urban areas. According to Kenyan law, a missing person is presumed to be dead if they have been missing for more than 7 years (Odhiambo et al., 2012). Thus, law enforcement ceases to search for missing Kenyan children who are trafficked after placement and presumed dead after 7 years.

A paucity of qualitative research exists within the current body of literature examining the scope of trafficking of persons in Africa (Fitzgibbon, 2003). Additionally, much of the research on trafficking has been funded, commissioned, or facilitated by international organizations or by non-governmental organizations (NGOs) to support specific programs (Pharoah, 2006). Other studies on human trafficking in Africa have focused on the survivors' experiences rather than the mental health workers with whom they help (Urama & Nwachukwu, 2017; Walker & Hüncke, 2016). During the therapeutic process, counselors' attitudes typically inform the amount of empathy and rape myth acceptance, thus, understanding these mental health professionals' perspectives is of utmost importance (Litam, 2019).

The researchers of this study have identified several socioeconomic, cultural, religious, and political factors that influence human trafficking in Nairobi, Kenya. The current study sought to contribute to the existing body of research on human trafficking by examining the beliefs and perspectives of mental health workers who provide services to trafficked survivors. Semi-structured interviews were conducted with mental health workers in Nairobi, Kenya to obtain a deeper understanding of their beliefs and experiences related to human trafficking. The methodology of this study as well as

these semi-structured interviews are detailed in the following section.

Method

Study Design

According to Rubel and Okech (2017), qualitative research has the potential to address issues of social justice and culture and is necessary for researchers to understand a social phenomenon (Wiersma, 2009). Moreover, qualitative research is helpful when researchers seek to develop a complex or detailed understanding of experiences (Creswell, 2013). Within the fields of counseling and counselor education, qualitative inquiries continue to gain credibility and acceptance (D. G. Hays, Wood, Dahl, & Kirk-Jenkins, 2016). Prior to conducting qualitative research, the researchers' theoretical lens and epistemological beliefs must be established. Specifically, the researchers of this study adhered to a post-positivist theoretical lens with constructivist and critical realist epistemological influences. A post-positivist worldview is evidenced through the use of logically-related steps of data analysis and rigorous methods of qualitative data collection (Creswell, 2018; D. Hays, 2012). Consistent with a post-positivist worldview, this study's researchers recognized how participants may hold multiple perspectives rather than a single reality, and they understood the aspirational nature of maintaining complete objectivity (Moustakas, 1994). Throughout the analysis process, the researchers sought to interpret the data so to recognize how meanings are socially and historically negotiated (Moustakas, 1994). Furthermore, the researchers considered how researchers and participants are conscious beings who interpret and act on the world around them within networks of cultural meaning (Giorgi, 1995). These epistemological beliefs align with the constructivist stance, a belief system that asserts meanings are constructed from conversations between researchers and participants (Morrow, 2005). Finally, this study's results, discussion, and conclusion sections are offered as part of a larger discourse rather than presented as infallible truths. According to Trochim (2020), critical realists recognize that theories are revisable and constructed meanings are imperfect due to the infallible nature of perception and observation. Thus, critical influences are also evidenced through the researchers' assumption that the study methods embody societal imbalances and hierarchies (Rubel & Okech, 2017).

This study uses phenomenological inquiry to describe the meaning of lived experiences related to mental health workers' understanding of human sex trafficking in Kenya. Specifically, transcendental phenomenology is used to demonstrate the dynamic intersection of research activities and lived experiences (Moustakas, 1994). Also, the researchers of this study adhered to the systematic steps of data analysis procedures and guidelines established by Moustakas (1994). The research context included both urban and rural sites. Data was also collected through semi-structured interviews with four mental health professionals — two counselors, a psychologist, and a psychiatrist — who resided and worked in Nairobi. Participants were recruited through telephone and email with the help of knowledgeable Kenyan colleagues who worked at a private university in Kenya. These colleagues selectively chose participants who exemplified a strong grasp of the English language to limit the possibility of a language barrier between Kiswahili, the official language of Kenya, and English. One Kenyan colleague was present during each semi-structured interview to facilitate translation between English and Kiswahili if needed. Participants were purposely chosen to represent a range of mental health specializations.

The data analysis process employed the use of bracketing, horizontalization, organization of themes, and the construction of a textural description (Merriam & Grenier, 2019; Moustakas, 1994). To promote bracketing, a peer auditor examined the depth of descriptions and associated themes to ensure researchers maintained distance from their own subjectivity. Horizontalization was conducted to provide a deeper understanding of participant experiences. Throughout the process of horizontalization, researchers met frequently to create in-depth descriptions while continuing to review and discuss meanings as they emerged from the data. These clusters of meanings were reduced into themes that influenced the textural description of participant experiences (Moustakas, 1994). Finally, researchers provided a composite description that outlined the essence of the phenomena, or the essential invariant structure (Moustakas, 1994). Researchers employed phenomenological techniques to reduce individual experiences into a description of the universal essence or phenomena (Creswell, 2013).

Researcher Subjectivity

Alongside coding data, the researchers increased the trustworthiness of the study's results by identifying salient social locations, identities, lenses, and biases (Saldaña, 2015). The researchers' self-disclosure provides a deeper context of how various intersecting identities may have influenced the development of worldviews. The lead researcher self-identifies as a foreign born Filipina and Chinese American woman. She is a counselor educator, assistant professor, and clinical counselor who advocates for and conducts research on topics related to human trafficking and human sexuality. This research manuscript is her first study based on human trafficking data collected outside the United States. The lead researcher identified her existing biases and expectations of results to include the influences of poverty, lack of education, and sociocultural influences as factors that influence entry into sex trade. The second researcher identifies as an African American woman, and she has previously worked

in administrative roles within the K–12 school system. She is a counselor educator and assistant professor with a desire to understand ways to prevent domestic child servitude in vulnerable populations. The second researcher identified her existing biases and expectations to include a lack of family support and awareness as risk factors for forced labor and sex trafficking. The third researcher is an American woman and a counseling psychologist. She is a professor who has brief experience with forced labor and sex trafficking in Africa, and she joined the research team to prevent the forced labor exploitation of African children. The third researcher identified her expectations of results to include a lack of education and low rates of self-efficacy due to negative messages from parents and teachers. The final researcher is a professional American woman who is a psychologist and associate professor. She has minimal experience with forced labor trafficking in Africa but possesses doctoral-level knowledge of qualitative methods. Her expectations of forced labor trafficking included the disproportion of girls and women vulnerable due to poverty. The subsequent section Strategies for Trustworthiness of Interpretation will discuss the efforts to sustain bracketing of subjectivity.

Strategies for Trustworthiness of Interpretation

Qualitative research requires standards of quality such as dependability, credibility, transferability, and trustworthiness (Morrow, 2005; Shenton, 2004). To promote trustworthiness, researchers completed member checks in a continuous process throughout the interviews and data analysis. By using member checks specifically as a continuous process, the researchers developed the study in a trustworthy manner (Guba, 1981). The researchers also employed peer scrutiny by inviting colleagues to offer feedback and fresh perspectives. As the project developed, researchers employed reflexive commentary by utilizing ongoing evaluation. Finally, the researchers compiled descriptions of co-researchers and participants' review of themes and conclusions. To confirm understanding of every informant's statements, the lead researcher restated the major points after each question throughout the interviews. In response, participants checked the researcher's notes at the end of the interview to confirm the data. The researcher also explained that the pilot study was designed to learn about acts of forced labor that occurred in Nairobi. Specifically, the researcher defined forced labor as the recruitment, harboring, transportation, provision, or obtainment of a person for labor or services through force, fraud, or coercion for the purpose of involuntary servitude (U.S. Department of State, 2018). To help analyze the data, the lead researcher used follow-up questions and analytic memo writing.. These memos were shared with each informant at the end of the interview to confirm the accuracy of responses.

When justifying smaller sample sizes in qualitative studies, researchers engage in transparency when pragmatic considerations arise (Vasileiou, Barnett, Thorpe, & Young, 2018). In this study, researchers faced several issues related to patient care and time constraints. The severe shortage of mental health workers in Nairobi created limitations to the sample size. Although additional interviews were desired, the researchers considered how an hour spent with key informants resulted in an hour that left many ailing community members without care. In the counseling clinic and the private practice, both key informants were the only staff members working in their respective clinic locations. Additionally, researchers noted the ethical issue of time constraints for the mental health workers in the psychiatric hospital. A dilemma arose between the tension of maintaining research methods, research ethics, and the researchers' commitment to social justice. The researchers recognized that interviewing two participants in one interview would not result in participant confidentiality. However, the mental health professionals had to uphold the broader ethical standard to do no harm to the community being served. Ultimately, the researchers decided to prioritize research ethics rather than methodology. Thus, both participants were jointly interviewed by the first author to avoid separating them from their clinical work and compromising ongoing patient care.

Procedure

Selection of sites and participants. The study consisted of interviews with four mental health professionals residing and working in Nairobi. To protect confidentiality, researchers gave pseudonyms to all informants. At the time of the study, the first informant, Mary, was a 35-year-old Kenyan woman with 13 years of counseling experience. In Kayole, Mary had established a small counseling clinic and had worked over the past 4 years to provide mental health services to marginalized populations. Specifically, Mary provides mental health counseling services to approximately 10 to 15 trafficked individuals per month. The second informant, Kioko, was a 31-year-old psychologist who had worked in a private practice for 8 years. Notably, Kioko identified himself as a member of the Kikuyu tribe, and he moved to the Westlands area of Nairobi to attend a university. Kioko had worked with trafficked individuals and provided detailed information regarding the sociocultural and governmental influences pertaining to human trafficking. The third informant, Samuel, was a 52-year-old psychiatrist who had worked in a psychiatric hospital for 30 years. He was a member of the Kenyan community where he had lived for most of his life. Lastly, Akina was a 28-year-old counselor who had worked in a psychiatric hospital for 3 years. She was born and raised in Nairobi. Both Samuel and Akina had worked with survivors of human trafficking, although they were unable to detail an approximate number of cases due to challenges with victim identification. The basic demographic

information for each key informant is listed in Table 1.

Table 1
Basic Demographic Information About Key Informants

Key Informant	Gender	Age	Profession	Years of Experience
Mary	Female	35	Counselor	13
Kioko	Male	31	Psychologist	8
Samuel	Male	52	Psychiatrist	30
Akina	Female	28	Counselor	3

Because individuals from any socioeconomic status may become trafficked (McClain & Garrity, 2011), researchers selected a diverse sample of participants who worked in low, middle, and high socioeconomic areas to obtain rich, descriptive data about trafficking beliefs from various perspectives. Each of the participants had reported direct experiences working with human trafficking survivors. One participant, Mary, worked in Kayole, a low socioeconomic area. According to the United Nations High Commissioner for Refugees and the Danish Refugee Council (United Nations High Commissioner for Refugees and the Danish Refugee Council (UNHC), 2012), the majority of Kayole residents earn less than $1300 USD annually. Another participant, Kioko, worked in the Westlands, a high socioeconomic area. Individuals who reside in the Westlands earn approximately $1450–3400 USD annually (Cyronn Real Estate, 2017). Two participants, Samuel and Akina, worked in a mental health facility located in Mathare, a middle to low socioeconomic area. The average income per year for Mathare is approximately $1200 USD (Corburn, Ngau, Karanja, & Makau, 2011). In total, researchers interviewed four participants for this qualitative study. To obtain objective information, the researchers did not interview mental health professionals with whom they had built previous relationships.

Interview protocol and questions. Researchers obtained Internal Review Board approval prior to beginning this study. The researchers conducted three 90-minute, semi-structured interviews in English to obtain rich, descriptive data on the beliefs about and risk factors for trafficked individuals in Nairobi. The interviews were conducted in February 2018, and each interview was audio recorded. Participants gave researchers consent to be recorded, and participants were informed that they could end the recording and/or interview at any time. The semi-structured interviews included the following questions:

1. Are you aware of incidents of forced labor that occur within Nairobi?
2. How are people subjected to acts of forced labor?
3. To the best of your knowledge, how do people enter these scenarios of forced labor?
4. What are the contributing factors that influence people to enter scenarios of forced labor?

Data analysis and coding. A total of three researchers (the first and third authors and a recent counseling graduate student) analyzed the data and independently identified themes. The researchers used attribute coding for demographics, initial coding, and theming (Charmaz, 2014; Saldaña, 2015). For passages of significant length, the researchers used lump coding rather than line-by-line coding (Saldaña, 2015). These approaches align with the practice of epistemological research questioning (Saldaña, 2015).

Researchers identified, named, and categorized consistent themes. Researchers additionally read and reevaluated data to identify emerging themes through constant comparison. Researchers evaluated inter-rater reliability by determining the percent agreement between each of the three raters on themes. Themes that met the minimal agreement percentage of 75% are presented in the results. When the mental health professionals found consistent information pertaining to factors of forced labor exploitation in Kenya, saturation was reached.

Results

Regarding the results of the grounded theory analysis, researchers found that Kenyan mental health workers perceived the intersection of socioeconomic factors, traditional African practices, cultural beliefs, and political factors as risk factors to human trafficking in Nairobi. These findings, presented below, contribute to the established literature on human trafficking.

Influence of Socioeconomic Factors and Traditional Practices

All participants identified poverty as playing a significant role in influencing human trafficking in Kenya. Each of the informants described how impoverished families relied on the traditional practice of placement, particularly, when kin fostering was not available, rural children are relocated to urban homes and perform light housework in exchange for education and better opportunities (Iroanya, 2018; Salah, 2001).In many cases, families were approached by traffickers who offered to connect their children to more affluent homes in the city. Informants detailed that young girls were in greater demand than young boys for placement as full-time house help. Mary described how children are forced to work full-time as house help despite the promise of receiving an education:

> Due to low income of their parents, girls, maybe 14 years old, are forced to go and work instead of being in the education system. These young girls must clean houses, take care of other young children, and complete domestic chores.

Kioko described that, for young girls in many cases, full-time work was the only viable option. He explained that young girls who seek placement as domestic help are often exploited by people who want cheap labor:

> The majority of what we know about is house help. Underage girls who are employed to work as domestic servants tend to be employed to do that work because they [the employers] want cheap labor. Cheap labor means there is no max [to what] that this child can do. Sometimes the girls are from rural areas, so they have come to Nairobi from the village and they don't know a lot.

Participants discussed that child placement from rural areas into the city is driven by families' need to earn additional income. Additionally, many children have intentions of sending money back to their families. Akina described this practice as a common plight of many impoverished African families: "People know around this place, most of us end up being house help. If you want to make money, that is the easiest way, and it also helps us to send money back to home." Samuel echoed similar sentiments when he described how many African families have instilled the value of hard work to support their families in poverty:

> We look at our parents. They grew up in hardship and they work hard to put us in a good lifestyle. They are telling us from an early age to work hard, in our minds, this is what they say. They want to give us something that they never had. Now for us when we are growing up, this is when we realize, we have to work hard, we have to do something to help and it is not easy.

According to participants, although some children who are placed enjoy access to better education and living environments, not all children benefit from these new privileges. Children who work as house helpers are at risk for physical abuse, sexual abuse, and other forms of child endangerment and exploitation. Mary described how children who leave their homes and work as house help may not receive basic needs, are forced to provide hard physical labor, and are subjected to poor living conditions:

> I provided [counseling] for a girl who was taken, for two months, to Saudi Arabia and then was promised to be paid. But then for two weeks she was beaten and forced to lay a foundation for a house. They [the children] are beaten, they [the children] are not given enough food. The sleeping houses are not very well made, there were four cots in a hall.

Kioko described that children are more vulnerable to exploitation because of their age and ease of controllability:

> We find that there are younger people, younger and younger people being employed, because it's easier to pay them. You can beat them up if they misbehave, you can detain them if they misbehave, it is much easier to get some work done. Children as young as 14-year-old are being trafficked.

Samuel explains that placed children are vulnerable and oftentimes experience abuse and neglect in their new house; consequently, this abuse negatively affects their mental and emotional health. He noted that placed children may resort to physical violence against infants whom they are expected to protect and raise:

> Either they are locked up in the houses with no chance of escape or even if they escape, they do not know the town very well, so they wind up getting lost and [this] increases their chances of harm. Now, sadly though, in some cases, we have tended to see that when a child is abused as an employee and the family leaves, the baby that has been left in the care of the child gets the hit. Some babies have also died under their care because they have turned their aggression onto this kid, and then they disappear. Most cases are not documented. These kids are scared of the police.

A gendered pattern of labor also emerged from the data. Whereas girls were more likely to work as forced house help, boys were more likely to provide forced labor on farms. Mary described an instance when boys were taken from their shamba, or rural area, to work on a farm:

> Three boys, ages 18, 19, and 22, were taken and forced to work on a farm. Their parents released them to go and work somewhere in another country to make money. Someone took their passports, and for a month, they were kept in a hall, taken to different farms to work, given one meal a day, dinner. A lady would coordinate 10 workers; if she gives you the worker, you don't pay the worker, you pay her.

Kioko explained how impoverished families from rural areas placed boys as young as 14 on coffee or tea farms. Upon arrival at these locations, traffickers forced many boys to work long hours with little or no pay, and they deprived many boys from receiving education. He noted:

> It is easier to get these boys to go pick tea or coffee or work in the factories where the demand for cheaper labor is higher. It is like a norm. You have to go help your parents and I think one of the disadvantages of this is that in most cases,

> families do this because they themselves need the money.

When children from impoverished families are unable to obtain employment, they are oftentimes forced to engage in criminal activities. Samuel described how many rural children struggle with a detrimental thought process:

> You have a dream, we all have dreams, but you are not able to achieve this dream, so you start getting ideas of how else you can take it. You steal from your neighbor, you steal from your friends. We do not have a plan. You have pushed yourself, you get depressed, but you still do not have the dream you are chasing after.

Participants also linked sexual exploitation to poverty. According to Kioko, the recipient of the placed child may exploit impoverished families' lack of financial resources:

> Now of course they [the family] are unaware of the risks because it is within these roles that the sexual predators are going, "I know your family, you can't do anything about it, they can't take me to court, they don't have any money. So, you are my house help but I am going to do with you what I please."

Samuel mirrored the challenging effects of poverty; he explained: "I think it is something of a cycle that has no beginning cause and no ending cause. Our resources are limited." Even if they become aware of their child's exploitation, impoverished families lack the financial resources to advocate on their behalf. Kioko described this process of coercion from the perspective of the placed child:

> It becomes a very difficult case working with such [trafficked] people because both parties [parents and trafficker] are willing [to participate in placement]. The child believes, "I'm going to come and just send the money back home." So for those that now, in our society, are maybe forced, who are kidnapped, who are tricked into believing for example, "I am going to take you from your home, I am going to bring you to Nairobi, I am going to make you my secretary," and then when you come to Nairobi you end up discovering that no, you are brought in as a sex slave, there is nowhere you can go. You are duped. You are promised something, but in reality, you get something different.

Family disintegration also played a significant role in the sexual exploitation of young girls; Akina states: "When parents abuse [the children], this affects the children. By the time they [the children] are 5, they [the children] have been traumatized to such the extent that they learn to expect the abuse." Mary supported Akina's claims, and she explained that children were at greater risk for entry into the sex trafficking trade when a breakdown in the nuclear family occurred. Furthermore, Mary noted that the relationship between poverty and the rural African belief that younger sex partners are healthier and do not have AIDS or HIV represented a vulnerability factor for entry into the human sex trafficking trade:

> I had a case last week, a 14-year-old [girl], who had anxiety. I wanted to know where is this anxiety from? I called the mother and found out it is a commercial [sex] job for the mother. She tells the girl it [commercial sex] is an easy way for income. They can make as much as 20 [shillings], and some don't get paid at all. Some girls get pregnant. They are only 9 years, as early as 9 years or 10 years [old].

Mary also described cases of single mothers selling commercial sex as well as selling their daughters for profit: "The mother tells them [the buyers], 'I also have daughters. They are healthy.' Maybe they are 5 years [old]. They are raped, and the mother is paid."

Influence of Cultural Beliefs and Political Factors

Researchers and informants identified the conflicting nature between Kenyan law and traditional African cultural values and beliefs as an issue that left trafficked children without proper legal protection. For example, Kioko described a case where a 14-year-old girl was raped after being placed in an affluent home. Although the resident, a 50-year-old man, was taken to court, the judge was willing to overlook the act of sexual assault as long as the girl was willing to marry her assailant. Kioko explained:

> They took this child to court and took the perpetrator to court. A 50-year-old raped a 14-year-old, and she is now pregnant. The judge asked, "So, what are your plans?" Now the judge is asking the girl, "So do you want to have a family? Do you want to start a family with this man?" The judge completely forgets that the point of these laws is to jail this guy. If the child is willing to become a wife to him, at 50-something or 60 years old, that is okay. And this is a challenge of our legal system. You get a lot of work done, long hours put in, and then you finally bring it to the people who are supposed to effect it and they go back to traditions.

As evidenced by this informant's story, the Kenyan law did not protect the 14-year-old girl. In this case, the Kenyan justice system determined that the traditional African belief that

identifies marriage as a valuable institution (Awoniyi, 2015) was more important than convicting a man for the sexual exploitation of a child. This child remained in her perpetrator's home instead of being reunited with her family. According to the informant, the child's family was never informed of this crime, and they lacked the resources needed to find and protect her.

Similar to this child's neglect, participants asserted that children are negatively affected by the authoritative childrearing style that is consistent with the traditional African culture. These African values, as Akina noted, seemed to affect children's ability to advocate for themselves:

> I think maybe another challenge we are having in Kenya is that most of the parenting style is authoritarian. In African culture, you are not allowed to question your parents. It is in very rare cases that a child will ask their mother or father [a question], and this affects mainly the self-esteem of the child. The child does not have the confidence to speak or to ask for help.

Similarly, Samuel shares Akina's observation:

> Most of them [the parents] are very cold. This affects the children. By the time they are 5, they have been traumatized, to such [an extent] that they learn to not speak their mind. The parents are actually failing the children because they are not able to help.

Mary also confirmed Akina's and Samuel's perspectives:

> You will see some people who really have no parents, 10 years old. Some, I ask, "Where are the parents?" They [the parents] are there physically, but they are not really concerned. So, this young one can easily be picked up, can easily be in drugs, easily sourced for money, any kind of abuse. The parents will protect and nurture [the child] for maybe 10 years, then it is the belief the child can be independent.

Kioko adds to the previous informants' observations by discussing teachers' authoritarian attitude towards children:

> Especially in rural schools, the attitude of the teachers toward the students has been problematic. The way they speak to these kids, "You will never amount to anything, you must stand up like your parents, you cannot even read or write, who do you think would employ you?" So all these negative statements these kids turn to and believe, so even when they have the same opportunity as another child, they do not believe they can do it. It is self-defeatist thinking that is reinforced by the teachers. Students perform poorly, they come home, their parents reinforce the self-defeatist thinking.

This type of treatment may cause the child to become disenfranchised from their family. According to all four informants, disenfranchised children may become rebellious, act out, and be forced onto the streets, where they are vulnerable to opportunistic traffickers. Akina comments on the intergenerational effects of such trauma and the need for a multisystemic change:

> We have a lot of people hurting in our society from their childhood, and now they're starting families, and they are hurting them, and these kids will also hurt their families, so the law needs to do what it needs to do, the leaders in all the sectors, the church leaders, the chiefs, the corporate entities, the other agencies, they need, as part of their daily life, to think "What can I do to support this cause?"

Discussion

Intersections between socioeconomic factors, traditional practices, cultural beliefs, and political factors were identified as risk factors for entry into the human trafficking trade in Nairobi, Kenya. The findings of the present study are consistent with, and add depth to, existing research. As confirmed by participants, young girls in Kenya are at increased risk for forced sexual exploitation and domestic servitude as house help (U.S. Department of State, 2013). One informant described scenarios in which young girls were sold for sex due to perceptions from buyers that they do not have HIV/AIDS or other sexually transmitted diseases. This finding aligns with literature that identified younger victims at greater risk for forced exploitation (Salah, 2001; Swart, 2012) due to traffickers' beliefs that they are healthier and more vulnerable (Smith & Vardaman, 2010). Participants described girls who were forced into domestic servitude as being, on average, between the ages of 9 and 14. This finding is consistent with data that identified girls between the ages of 5 and 14 years as disproportionately representative of the majority of individuals forced into domestic servitude (ILO, 2017; Swart, 2012; U.S. Department of State, 2018).

Researchers have identified severe poverty and lack of vocational, educational, and work opportunities as factors that influenced rates of forced sex and labor trafficking in Africa (Dottridge, 2002; Onuoha, 2011; Swart, 2012; UNICEF, 2003), and participants echoed these factors. One informant described how traffickers exploit parents' dreams of providing a better life for their children. His account was consistent with the literature on human trafficking (Salah, 2001; U.S. Department of State, 2018).

Researchers have identified disintegration of families and lack of parental presence as factors that would increase the risk of becoming trafficked (Salah, 2001; UNICEF, 2003). Participants in this study noted that family disenchantment, the African authoritarian style, the practice of placement, and the breakdown of nuclear family structures represent significant risk factors that put children at risk for forced labor and sexual exploitation.

Implications for Practice

Regardless of geographic location, community mental health professionals and counselors must obtain a deeper understanding of human trafficking. Participants in this study identified the need for additional training, awareness, and education related to serving children and families affected by human trafficking. Researchers have indicated that the completion of training significantly influences the effectiveness of counselors who work with sex trafficking survivors (Litam, 2019). Therefore, it would behoove counselors and mental health professionals in the United States and abroad to receive training on topics related to human trafficking. The following strategies may be used by community mental health workers and counselors while working with trafficking survivors:

- Facilitate trauma-informed screenings to determine whether an individual may have been trafficked or whether he or she has experienced traumatic events.
- Discuss the impact of trauma and communicate this information to community members and other stakeholders to advocate for laws that support the safety and wellbeing of trafficked persons and the prosecution of traffickers.
- Provide individualized mental health support that addresses unique needs of survivors.
- Establish a strong therapeutic rapport characterized by trust, empathy, and openness.
- Honor the language used by the survivors of forced labor exploitation. and recall that many individuals may not identify as having been trafficked.

Forced labor exploitation threatens children's social, emotional, mental, and physical development and wellness. Unfortunately, school-aged children constitute a high percentage of forced laborers in Africa. As such, K-12 educators and administrators must learn strategies to support students in situations of forced labor. Three out of the four informants identified the need for teachers to recognize the signs of forced labor in their students and advocate on their students' behalf. The following strategies may be used by educators and administrators to support survivors of forced labor:

- Be aware of and report physical abuse symptoms.
- Provide professional development training to teachers concerning ways to identify students who may be in forced labor situations.
- Create procedures in the school setting detailing how to report abuse and identify community resources to protect children and adolescents.
- Build rapport with students so they have a trusted adult outside of the home environment.
- Be mindful of students with patterns of absent attendance.

Recommendations for Future Research and Limitations

The researchers adhered to a post-positivist worldview with constructivist and critical realist epistemological influences. Given these influences, readers must consider several implications regarding ways of knowing and the socially-constructed nature of meaning-making. First, the findings proposed in this study occurred as a result of constructed conversations between researchers and participants (Morrow, 2005). Although the researchers sought to bracket their previously held notions, expectations, and lived experiences, this notion represents an aspirational goal (Moustakas, 1994). When considering that the proposed, invariant structures may be appropriate for other scenarios, readers must reflect on the similarities and differences that may exist within their own sociocultural contexts. Finally, readers must recognize how these results, discussions, and conclusions are presented with the intention of contributing to the existing body of discourse and should not be accepted as infallible. Consistent with critical influences, the researchers assert that the study methods, results, and conclusions are inherently characterized by societal imbalances and social hierarchies (Rubel & Okech, 2017). Furthermore, this qualitative pilot study was limited to a specific group of mental health professionals in Nairobi. One specific study limitation included poor acoustics in some settings, which impeded the clarity of transcriptions. Additionally, researchers noted that a language barrier between the Kiswahili and English language was a possibility.

Finally, the small sample size of four participants may serve as a limitation. Although extant qualitative studies have justified small sample sizes due to pragmatic considerations such as time shortages (Vasileiou et al., 2018), a larger dilemma between research methodology, the researchers' commitment to upholding social justice standards, and challenges related to patient accessibility to healthcare existed. Although additional interviews were preferred, mental health workers would have been forced to serve as key informants at the expense of providing patient care. According to Vasileiou

and colleagues (2018), researchers are called to critically consider how parameters that affect sample size pertain to the specifics of the particular project (p. 16). To avoid doing harm to the community, this study only used four participants as key informants in the study. Readers are cautioned to consider how the presence of the small sample size may limit transferability across diverse scenarios.

Future areas of research may seek to understand the cause of familial disintegration that exists within some Kenyan families. Furthermore, research related to training on human trafficking in rural areas may be helpful for families to better understand the possible risks of placement and how to differentiate trafficking from the traditional African practice of kin fostering. Also, researchers have identified further research regarding education and legislative advocacy that may support individuals to maintain cultural traditions without compromising legal issues as important. Implications for trauma-informed practice provided by mental health professionals and educators in school settings must also be considered.

Conclusion

Millions of individuals are impacted by forced labor (ILO, 2012). In this study, researchers identified four intersecting themes that served as risk factors for human trafficking in Nairobi, Kenya —socioeconomic factors, traditional African practices, cultural beliefs, and political factors. Based on these findings, suggestions for mental health professionals, counselors, and teachers were provided.

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Implications for Supervisors and Counselor Educators in Human Sexuality

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This article reports a phenomenological analysis of 13 counselor educators about their supervision experiences with sexuality counseling topics. The eight resulting themes were managing conflicting emotions, creating conditions, values, advocacy, student focus, language, multicultural competency, and student autonomy. Findings suggested the importance of supervisors working with process rather than sexual content when supervising Counselors in Training (CITs) for sexual health topics they encountered during counseling training. Participant experiences and tools were discussed, such as allowing CITs personal processing, and teaching contextual understanding. Implications for supervision and future research shared.

Keywords: counselor education, supervision, human sexuality, sexuality counseling

Introduction

Supervision plays an important role in informal sexuality counseling education (Berman, 1997; LoFrisco, 2013; Rutter, Leech, Anderson, & Saunders, 2010). Counselors in Training (CITs) have been hesitant to initiate human sexuality conversations with clients, and research has varied in the conclusion of reasons. For example, lack of adequate preparation (Decker, 2010; Miller & Byers, 2010; Reissing & Giulio, 2010), lack of knowledge from didactic training (Harris & Hays, 2008; Troutman & Packer-Williams, 2014), uncertainty regarding proper language use, or unwillingness and discomfort (Harris & Hays, 2008; Juergens, Smedema, & Berven, 2009) have been examined as contributors to avoidance of sexual health topics by graduate students with clients. Interestingly, CITs struggle with initiation of sexuality topics in counseling sessions, even when they report increased knowledge and comfort with sexuality topics (LoFrisco, 2013).

Supervision could be a helpful context to mitigate these challenges. While findings have been mixed as to why human sexuality topics are avoided by CITs in their training process, consensus exists that incorporating a sexuality class at the graduate level is helpful for CITs to increase knowledge, willingness, and efficacy in working with human sexuality topics in counseling sessions (Bidell, 2005; Cardona & Farago, 2017; Harris & Hays, 2008; LoFrisco, 2013). Currently, not all graduate programs offer a human sexuality class, which highlights the importance of supervision to address sexuality counseling needs that clients bring to CITs. This phenomenological study aims to understand supervisors' lived experiences in counselor education who have provided supervision in human sexuality topics. The term human sexuality encompassed any client or CIT topic related to sex, sexuality, sexual functioning, behavior, or attitude.

Few programs across the United States require sexuality counseling classes as part of the regular graduate level curriculum (Troutman & Packer-Williams, 2014). Therefore, if CITs face client human sexuality topics in practicum and internship, supervision becomes crucial for processing internal reactions, and making decisions in how to respond to a client. Broaching sexuality topics in counseling sessions can be difficult for CITs without adequate sexuality training (Hanzlik & Gaubatz, 2012; K. Hays, 2002). This reluctance could effect both client disclosure of sexual concerns (Hanzlik & Gaubatz, 2012) and disclosure in supervision about client sexual topics. Supervisors' role in increasing student comfort and efficacy could be crucial, as often supervision is the only opportunity for CITs to share and process experiences that include client sexual topics. Counselor Education and Supervision (CES) programs include extensive supervision training but, with the lack of training specific to human sexuality in graduate programs, supervisor experiences with client sexual health concerns is not yet understood.

Over the past decade, there has been a shift in public dialogue regarding sexuality across the world and in the United

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States (Ford Foundation, 2005). Socio-political issues embedded in legislation (Troutman & Packer-Williams, 2014) have created a divide in communities and families, creating opportunity for counselors to learn how to talk with clients who may face such issues. The increased exposure to sexuality related topics in daily life has created the need for counselors to receive training and development in helping clients through counseling. In addition, CITs increasingly inquire about how to effectively talk about human sexuality issues with clients (Decker, 2010; Harris & Hays, 2008; LoFrisco, 2013), further increasing the need to address these topics during training. It has been clear that sexual issues have continued to permeate public awareness both inside and outside of academic settings, which has created the need to understand how to prepare CITs better for these conversations in counseling settings.

Literature related to how to best train CITs to work with client sexual health has increased (Burnes, Singh, & Witherspoon, 2017; Hanzlik & Gaubatz, 2012; Troutman & Packer-Williams, 2014). A growing body of research has emphasized the benefits of sex positive training in higher education (Burnes et al., 2017) to include expanding knowledge and competency in a wide range of topics. Research has focused on contributing factors to clinicians addressing sexual health with clients, such as knowledge (Hanzlik & Gaubatz, 2012; Harris & Hays, 2008), and willingness (Berman, 1997; Miller & Byers, 2010; Reissing & Giulio, 2010). Due to rigorous supervision training requirements in CES programs, supervisors are well-positioned to work with graduate students' ability to effectively address client sexual health topics. Supervision provides an individually tailored opportunity to understand the client's sexuality and sexual health related concern from a contextual standpoint, as well as help students grow in their own awareness and understanding of human sexuality. The purpose of this study was to understand the lived experiences of supervisors in counselor education who have faced sexual health topics brought forth by clients to CITs.

Literature Review

Supervision is the second highest predictor of counselors initiating sexual discussions with clients (Harris & Hays, 2008). Further, supervision's role in building CIT willingness and comfort to address sexual issues in counseling has been shown to be more impactful than counseling experience or sexual knowledge (Harris & Hays, 2008; Juergens et al., 2009; LoFrisco, 2013). Specifically, supervisory support is essential for processing CIT worries and fears (Rutter et al., 2010) and decreasing CIT anxiety (Harris & Hays, 2008) with client sexual issues. Supervision provides an opportunity for informal education which has been a key component in increasing CIT comfort levels (Berman, 1997). Comfort level with sexual topics is a key predictor in taking action to discuss sexual topics with clients (Harris & Hays, 2008; LoFrisco, 2013). Supervisor support is essential in increasing CIT comfort level with sexual issues (Berman, 1997; Harris & Hays, 2008) but currently more understanding through research is needed in how to manage sensitive topics in supervision (Hardy, 2016). Clinical supervision for sexual health issues is an "understudied area in the literature" (Decker, 2010, p. 19).

Supervision and Counselor Development

The supervisory relationship provides a unique opportunity for counselor development on multiple levels: working through feelings, discomfort (Heru, 2006; Ridley, 2006), enhancing skills, developing reflective ability, increasing administrative skills, and knowledge and can be tailored to the individual needs of the supervisee (Bernard, 2014; Borders, 2005; Hardy, 2016; LoFrisco, 2013). Clarifying CITs subjective, internal worldviews (Ridley, 2006) is helpful for a variety of reasons, such as enhancing cognitive complexity (Borders, 2005) and self-awareness (McAuliffe, 2011). Regarding sexual health topics, it could possibly promote counselor's ability to help clients address their own subjective worlds as well. A key element in processing feelings is for supervisors to assist CITs in their sexual reactions such as disgust or arousal (Ridley, 2006) towards clients as both can be difficult in a professional setting. At times, supervisors may be in the same position as CITs with their levels of discomfort, perhaps leading to an avoidance of the topic altogether. However, supervisors have several functions, and they will likely have less trouble addressing uncomfortable feelings than new counselors or interns (LoFrisco, 2013). In addition, a positive supervisory relationship can enhance CIT comfort level with sexual topics more than clinical experience (Harris & Hays, 2008; K. Hays, 2002).

Comfort Levels

Research has been inconclusive regarding the relationship between counselor knowledge and comfort in addressing sexuality issues in counseling (Berman, 1997; Decker, 2010; Harris & Hays, 2008). Comfort levels may increase with conceptual discussions in sexuality outside of sessions, such as in the classroom or supervision, but knowledge itself did not translate to comfort in counseling sessions in all studies. Another significant finding has been that CITs who have shown high motivation and report willingness to address sexual health with clients did not actually initiate these topics in counseling sessions (Harris & Hays, 2008; Rutter et al., 2010). While there has been no clear correlation found between sexual knowledge and increased comfort levels for CITs in sessions, research has shown that CITs were more comfortable discussing sex-related topics with clients of the opposite gender (Decker, 2010; Ford & Hendrick, 2003).

In terms of educating CITs in human sexuality, Berman (1997) found informal methods of delivering sex education more effective than formal classroom education, such as supervision opportunities. Comfort with sexual issues has been studied (Decker, 2010; Fluharty, 1996; Haag, 2009) and the factors contributing to it, however, supervisors must keep in mind that the increased comfort built through formal classroom work does not translate into behaviors of initiation in the counseling room (LoFrisco, 2013). This would leave opportunities to help CITs develop in their comfort levels, knowledge, and initiation in supervision.

Studies regarding supervisor comfort levels in a related field conducted by Decker (2010) explored the degree to which supervisors (n = 103) from the California Association of Marriage and Family Therapists (CAMFT) addressed human sexuality counseling issues with marriage-therapy trainees with a survey instrument created by the researcher. Findings indicated that over 50.0% of CAMFT supervisors felt they had adequate knowledge to address sexual values or relationships within the context of supervision but lacked comfort in addressing sexual issues when it was the primary concern. This was the same finding for CITs; even when adequate knowledge was reported, there was still a high level of discomfort and willingness to address sexuality in counseling or supervision. For example, supervisors were least comfortable with discussing sexual variations such as alternative lifestyles and fetishes (31.1%) and sexual issues with clients with disabilities (33.0%). Other scores included medical factors influencing sexual issues (40.8%), sexual dysfunction (45.6%), sexual relationship enhancement (41.7%), with addressing sexual compatibility issues (46.6%) being the highest among these ratings for comfort level. Looking closely at these findings, higher discomfort topics were intersectional and layered concerns, while higher comfort topics included a conceptual understanding. Human sexuality knowledge and comfort levels had no correlation to supervisors providing supervision in human sexual topics, which matched the same findings for counselors who also had no correlation in these two variables when counseling clients. In another study (Hanzlik & Gaubatz, 2012), findings indicated that, whereas, male and female trainees reported similar levels of comfort discussing sexual issues with female clients, female trainees reported significantly less comfort discussing sexual issues with male clients than did male trainees.

Normalizing Human Sexuality Concerns

Historically, treatment of sexual health concerns has followed a path from intrapsychic psychodynamic theory to the sexual dysfunction focused medical model followed by behavior therapies, all having a primary focus on genital functioning. The medical model has dominated understanding of sexual behavior since the 18th century (Bullough, 1975; Mallicoat, 2013), leading to sexual concerns understood as an illness or dysfunction. Medical understanding has been rooted in the disruption in the sexual response cycle (Kaplan, 1974; Masters, 1966) where healthy functioning equates to "the ability to experience desire, arousal, orgasm and satisfaction" (Bradley & Fine, 2009, p. 76), often identifying one partner as the cause of disruption in the cycle (Bullough, 1975). From a medical perspective, sexual health issues have been a medical concern and alleviating the symptoms of the disorder has been the primary goal. A new humanistic approach to sex therapy and human sexuality has focused on the client's internal process of self-regard and worth and its interactions with others (Walker, 2012). With no clear predetermined explanation of sexual health and a view of disorder, this approach was, and still is, concerned with the nature of human experience, not symptoms or problems (LoPiccolo & Miller, 1975). The focus on interpersonal conflicts rather than anxiety and performance was believed to improve a person's functioning rather than symptom treatment. The current understanding of sexuality and sexual health have shifted the focus from an oversimplified view of genital functioning, desire, and lack of orgasm to viewing human sexuality in the full context of the clients' identity and life.

Sex Positivity

A positive sexuality framework is a contextual model of human sexuality. It allows a view of the human sexual experience, and sexuality, as multidimensional and contextual (Murray, 2017). Each individual has influences on their sexuality and personal sexual lens, both within themselves and relationally. Positive sexuality views a client's sexual health from a developmental perspective and is rooted in growth, acceptance, consideration of cultural background, individual mental health, gender identity, intimate relationships, and physiology (Murray, 2017). Moving away from diagnosis based on genital functioning and frequency, supervisors and CITs have a new opportunity to explore a multidimensional view of clients rather than a unidimensional view of sexual functioning as a separate construct from the individual. Using a contextual theoretical view of client experience is a fitting and familiar practice in both counseling and supervision. A conceptual understanding of client sexual topics within this framework allows supervisors, CITs, and the researcher to seek a wide-lens, contextual understanding of what is happening in not only the counseling room but how to address client sexual health and difficulties in supervision sessions.

Multicultural Considerations

Counselor educators, regardless of their supervision training years, arrive at their supervisory role with a wide range of training experience (Borders, 2005). One aspect of supervision training is learning how to apply existing knowledge in the supervisory role. A second part of training is developing a framework for conducting supervision, a map in organizing

the acquired skills and knowledge with deciding "how and when to use them" (Borders, 2005, p. 2). Third, supervision training includes interventions and legal considerations (Dye & Borders, 1990). There are multiple supervision models and frameworks to choose from, but supervisors never fully divorce themselves from their underlying theoretical beliefs (Bernard, 2014). One of the ongoing tasks of a supervisor, therefore, has been to identify personal beliefs, with close reflection on the strengths and limitations of their beliefs and values (Borders, 2005). Beyond these set of tangible skills, lies the ability to conduct supervision from a multicultural perspective, taking into consideration both the CIT and client worldviews, in both a narrow and broad sense (Hardy, 2016) arriving to a contextual and meta understanding of nuances of subjective worlds. Within this cultural and highly individualized contextual space, supervisors can help CITs recognize both overlaps and blind spots to assist clients with sexual health concerns and conversation in counseling.

Methods

Using qualitative methodology (Creswell, 2014), I aimed to gain a rich understanding of supervisors' lived experiences with supervising sexual health topics in graduate programs. I used interpretive phenomenological analysis (IPA) to explore how participants make sense and meaning of their experiences with this phenomenon (Creswell, 2014; Moustakas, 1994; Smith & Osborn, 2003). Using IPA also allowed a broad range of meaning into reflective awareness (Manen, 2014). Further, IPA allowed for the inclusion of a conceptual or theoretical framework, in this case, positive sexuality and a multiculturally sensitive perspective. I used semi-structured interviews lasting approximately 1 hour with each participant. This type of data collection allowed the exploration of the participants' subjective experience with the phenomena (Moustakas, 1994). The semi-structured interview format also allowed open expression from participants. Data analysis specific to IPA was used to find common themes and capture the "essence" of supervisor experiences.

Participants

All 13 participants held a Ph.D. in Counselor Education from a Program accredited by the Council for Accreditation of Counseling and Related Programs (CACREP), with 11 participants working as faculty members, including 3 participants' primary supervision work in a clinical setting. Supervision experiences included practicum supervision, internship supervision, and live supervision. Four participants stated their primary responsibility was supervision, not teaching. All participants were licensed as a mental health provider. Participant ages ranged from 33-69 years. Participants self-identified as White, Caucasian, Hispanic, Latinx, Asian Indian, Caucasian/Hispanic, Black, and White/Mexican. Three participants identified as male, 10 as female.

Employed supervision experience in academia ranged from 3 1/2 years to 23 years, and clinical experience ranged from 4 years to 41 years. Geographic locations represented Midwest, South, Southeast, East, Northeast, North, Northwest, and the Rocky Mountain Region. I refrained from specific participant profiles, as age, gender, years in the field, region, experience, work within the field, and professional interests may all or in part reveal participant identity, which I intend to safeguard.

None of the participants had supervision training specifically in working with sexual health topics. Ten participants had sexuality counseling training in undergraduate, graduate, or doctoral-level training and stated that more extensive training was needed and wished it was mandatory in their current programs. Two participants had not received any formal coursework in human sexuality. All participants spoke about being self-taught, due to either a clinical experience encountered or a supervision experience encountered, or due to teaching a sexuality course, such as human sexuality. One participant received coursework in four or more topics related to sexuality counseling, which was the highest number of formal training among all participants. Seven participants stated that consultation with a trusted colleague, mentorship, supervision of supervision, or experience in how to have difficult conversations prepared them to supervise sexual health issues. All supervisors engaged in self-directed education to broaden their skills to work with sexuality and multicultural issues. Self-directed learning included categories of workshops, self-study, learning on the job, looking up information, career long learning, and learning from modeling. Table 1 summarizes participant demographics and training.

Role of Researcher

During and prior to the engagement of this study, I found it important to explore my relationship and possible biases that would be relevant to this study (D. Hays, 2012). As a single author engaging in phenomenological research, this reflection process was also crucial for journaling and bracketing. I identify as a heterosexual cisgender female. At the time of this study, I was a doctoral candidate, self-employed as a licensed professional counselor and certified sex therapist in private practice, and co-teaching graduate-level courses in sexuality counseling, among other counseling courses, as a Graduate Assistant. This study was my dissertation for my Ph.D. in Counselor Education and Supervision. My teaching experience at the time of the study allowed insight into CITs' feelings and thoughts about working with human sexuality topics. Working with couples as a sex therapist, I was able to feel and explore how my own knowledge and comfort was impacted in counseling sessions. In live supervision training at this time, as a doctoral student supervisor in sev-

Table 1
Participant Demographics

Supervision	Years Employed as Supervisor	Years Employed in CES	Years of Clinical Experience	Sexuality Training Types
Live	4.0	1	4.0	Masters
	11.0	12	15.0	Teaching CEUs
	4.0	4	11.0	Undergraduate Masters
Field-Based	10.0	10	22.0	Multiple Graduate
Private Practice	3.5	4	24.0	Graduate
Clinic	20.0	10	36.0	Doctoral
	2.0	4	9.0	None
	2.0	< 1	3.5	None
University Clinic	17.0	20	22.0	Masters
	23.0	18	41.0	Masters Doctoral Workshops Conferences CEUs
	5.0	7	8.0	No courses CEU Clinical Work
Training Clinic outside of University	9.0	9	12.0	CEUs Teaching
	19.0	6	26.0	Undergraduate Masters

Notes. Counselor Educators participants (N = 13) held a Ph.D. in Counselor Education. Continued Education Units (CEUs) 10 participants (76%) completed coursework in human sexuality and 3 participants (23%) have not received training in human sexuality. Years employed in Counselor Education and Supervision (CES) ranged from < 1 to 20, with a median of 8.6 years. Employed supervision experience ranged from 2 to 23 years with a median of 9.96 years. Regional information not reported for the protection of participant confidentiality.

eral Couples and Family Practicums, I was able to witness and address human sexuality topics with masters level CITs who expressed desire to effectively approach human sexuality with couples. My relationship with addressing human sexuality was present in my counseling work, my dissertation work, and in my supervision training work.

Data Collection

In this study, I was interested in exploring the experiences of counselor educators who have supervised CITs experiencing human sexuality topics in their counseling sessions during training. I received Institutional Review Board (IRB) approval from my university prior to beginning the study. Recruitment was conducted through a professional counselor educator listserv. Purposeful sampling was used (Merriam, 2009) to select participants who fit the inclusion criteria of the study. This allowed the exploration of counselor educator experiences who had the same training background. The recruitment criteria included: (a) Have a doctoral degree, (b) licensure by any state as a professional counselor or hold a certification in counseling, (c) history of providing supervision in their employment setting regarding sexual health, and (d) have verbally addressed any topic within human sexuality pertaining to adults with CITs in supervision. Potential participants were asked to email me if they were interested in participating in the study. I screened potential participants for eligibility for the study and, when criteria were met, I emailed each participant a consent form and demographic sheet which included a request for a pseudonym. To ensure participant confidentiality, pseudonyms were used throughout the study. Description of specific client sexual health issues and CIT-supervisor experiences in supervision was avoided to protect participants, CITs and clients, as these specifics would allow both supervisors and students to identify themselves and one another when reading this study.

Participants were informed in the recruitment email that the study would require an hour-long interview, therefore, at this stage they were asked if they choose video conferencing or phone call for the interview. As confidentiality was important for all participants, each participant elected a phone call for the semi-structured interview. I used a semi-structured

interview protocol, adapted from Smith and Osborn (2003) and Creswell (2014). Example questions from the interviews included: Please think back to an experience in which you were supervising a graduate-level CIT for a client's sexual concern, one on one. Can you describe that experience for me (how you introduced the topic, what was the conversation like)? How is this experience different from supervising CITs in other issues brought to you in the supervision process? What are your concerns, if any, in addressing client sexual issues with CITs? Please think back to one of the experiences you talk about, can you describe how you handle language and communication about sexual topics in supervision with CITs? These questions were a few examples in answering my two overarching research questions: How do supervisors in graduate level counseling programs understand the meaning of their experiences in one on one supervision with CITs regarding client sexual issues and How are supervisors addressing client sexual topics with CITs?

Data Analysis

Each semi-structured interview was transcribed verbatim (Smith & Osborn, 2003) and sent to each participant for accuracy (D. G. Hays, Wood, Dahl, & Kirk-Jenkins, 2016). This allowed participants to provide feedback, ask questions, and establish accuracy of the data. I journaled after each interview to help bracket my own thoughts and biases (Creswell, 2014). Identifying information was redacted from the transcription as requested by the participants.

Next, I began reading the transcripts for reflection and bracketing and, using Smith and Osborn's (2003) recommended sequence for IPA analysis, I began taking notes on the margins in an effort to summarize and paraphrase noting connections that came to mind. Emerging themes were noted in the transcripts, looking for connections between them, then clustered, referring back to the original text ensuring its connections to the transcript. This allowed isolating themes based on the meaning of the phenomena, giving voice to supervisor experiences. I sat each transcript and its notes and themes aside, to start new with each interview transcript, but also acknowledging new emerging themes and noting reoccurring ones. Overarching themes emerged in subsequent interviews, which helped illuminate them further. Themes were broken into categories. I produced a table of themes with supporting participant quotes. Prevalence and richness of passages helped determine the focus of the themes. In an effort to establish confirmability, I used peer debriefing in the data analysis process with two other doctoral candidates from the department who were also engaged in qualitative research projects. I aimed to provide thick description and rich context for the reader to decide transferability to their own supervision context (D. G. Hays et al., 2016). Each participant expressed concerns with confidentiality for their students and themselves and requested that the findings or any reporting include only general descriptions of their professional identity. Seven participants requested to exclude geographical locations with their participant quotes to ensure confidentiality further. Each participant quote, therefore, included only pseudonyms, because any combination of description of years of experience in counselor education, location, and ethnicity in addition to the quote ran the risk of identifying either the participant or their CIT's experience.

Trustworthiness

To ensure trustworthiness of the study, I used the same interview protocol with each participant. I read the interview question exactly as written and in identical order (Smith & Osborn, 2003). Semi-structured interviews allowed for the same questions to be asked with flexibility in follow-up questions to deepen and illuminate participant experiences. I provided each participant with the verbatim transcript of our interview, allowing participants any comments or clarifications. In this process, participants asked to redact identifying information from their interviews, including case information and geographical location. This member -checking process (Lincoln, Guba, & Pilotta, 1985) enhanced the trustworthiness of the research process, ensuring that I analyzed data that was accurate. In the data analysis process, I checked my emerging themes against the interview content and research questions, to ensure my findings were consistent with the data collected. Each participant was employed at a different university to bolster credibility (Shenton, 2004). I triangulated findings pertaining to the supervision process and relationship with the literature. I asked two peers not involved in this study, who were familiar with phenomenological methodology, to provide feedback between the congruence of the interview and the themes found in the analysis. Reflexive journaling after each interview helped monitor any assumptions I may have held throughout the study. Additionally, I tracked my reflections during the data analysis process in the same journal. Last, I aimed to offer a rich, thick description of participant experiences to allow readers to determine transferability (Merriam, 2009) to their own supervision experiences (D. G. Hays et al., 2016).

Findings

This study included the following topics and number of occurrences within human sexuality; same sex attraction (5), religion (9), values conflicts (8), crime (4), teenage issues (2), transgender topics (6), victimization (5), sex and disability (2), attraction (2), heterosexual couple concerns (3), fantasy (2), sexual inadequacy (5), ethics (2) and boundaries (3). From the analysis of the data, eight central themes emerged that described participant experiences with sexual topic supervision. These included: managing conflicting emotions, creating conditions, values, advocacy, student focus, language, multicultural considerations, and student autonomy.

Managing Conflicting Emotions

A central theme that emerged for the majority of the participants (n = 10) was managing CITs conflicting emotions about client sexual health topics. Each CIT had a unique history and their own meanings regarding sexual health, so it is expected that they would have personal reactions to client sexual health topics. Instead of focusing on specific client concerns, supervisors first address personal emotions from CITs that could often be conflicting. As a first step in supervision, participants described this as an opportunity to check in with the CIT before client conceptualization would begin. Making time for CITs' own reactions allowed insights into potential barriers to explore sexuality topics. Diane, who has been teaching and supervising CITs for four years explained,

> I also encourage people, students, counselors, to explore that discomfort, not with the client. If they're uncomfortable asking this question, think about that. Explore that. Where does that come from for you? And wherever you want to explore that is fine because if you're not ready, you're not in a place where you feel like you can walk with the client through their answer, then there needs to be some work done just like anything else. If you have trauma in your past and you haven't processed through that, then it might be difficult to walk with a client through that.

According to Mary, who has worked as a counselor educator for over ten years,

> If they can't be inclusive then we have a problem, you know, and, and so as we try to find out their own background with whatever issue is coming up because usually if there's a barrier, it's just something related to their background, whether it's their values, their family of origin, something traumatic that happened to them. And they don't have to tell me everything, but I do try to get an understanding of their point of reference with that particular content. So, whether it's a sexual concern or orientation or whatever it may be, I do try to get a little bit of a where I'm working with, when it comes to the supervisee because it makes a big difference.

Participants allowed CITs time to think through their values and feelings before conceptualizing the client concern. Participants explicitly stated that they ensured this time in supervision "does not become a counseling session," per Diane and AD, who has supervised CITs for over two years, with nine years' clinical experience. However, "it sometimes resembles one," says Mary, depending on the personal processes the CIT was going through at the time of clinical training. The goal, however, was that supervision became a time when CITs could take a moment to understand and reflect on their own relationship with the sexual health topic the client had raised. This may include thoughts, feelings, messages from childhood, or experiences. In either case "intentionality," says Leslie, who has worked with human sexuality in supervision for four years on a regular basis "was extremely important." In other words, supervisors asked CITs to become aware of their own reactions and provided a space where they could express these reactions if they chose to. Joya, a counselor educator for twenty years, expressed a CIT experience as "going places where she couldn't reach" due to this awareness. This illuminates the growth CITs can experience as they learn to understand themselves in relation to their clients' human sexuality concern.

Creating Conditions

Participants (n = 7) found it crucial to create an environment in supervision sessions where CITs felt they could bring up sexual issues clients raised. Intentionality was crucial in order for the CIT to raise both client sexual topic and openly discuss their own potential struggles with the topic. According to Lilly who has been a counselor educator for over 10 years and a clinician for over 20 years, there's more responsibility on me, as I see it, as a supervisor to create the conditions of supervision than my supervisee created the conditions in the therapy session." Dr. J., who has been teaching and supervising for four years and has over 20 years' experience as a clinician, stated,

> I think, internally, I'm thinking, okay, I have to make this something that we can talk about, I had to train myself not to approach it so that it becomes that way because the students themselves have spent more hours doing this and talking about it [. . . .] but I have to just try to make it okay to talk about. And I take the lead from the students on this.

Creating an "atmosphere," says Corky, who runs a training clinic in addition to a faculty role, is where CITs were comfortable enough to raise questions, keeping in mind that too much formality may hinder permission to talk about client sexual topics. Participants believed that the relationship they were able to create with CITs would influence the likelihood for open communication.

Values

Participants (n = 6) found it important to understand both CIT and client values, to foster a counseling and supervision environment that was inclusive of all values. Value conflicts centered in reconciling religious beliefs with sexual attraction and sexual identity. Supervisors helped CITs learn

how to hold onto their own values and simultaneously help the client hold onto theirs, which was an intentional developmental milestone participants worked towards. "Someone helped you hold onto your values all your life, now the client needs you to help hold onto theirs," explained Aurora, who has been supervising for two years. Leslie, a counselor educator who has been a clinician for over ten years explained,

> I encouraged her to maybe explore what the consequences of that might be, especially if it [extramarital affair] was consensual within the partnership. But my student had a pretty heavy, strong boundary based on her own beliefs about an extra relational intimacy, sex really, she has a very strong belief that that's not okay. And so she set a pretty strong boundary with that.

Aurora, who has supervised CITs for over two years, spoke about navigating multiple, value-based points of views. She explained,

> It was a values conflict and a values conversation. The question for me was how to navigate that. How do we navigate conservative or religious views? It's the counselor's job to be authentic, be ourselves but not put ourselves on top of the issue because then how are we impressioning the client.

Diane expressed feeling "unsettled" by CITs expressing religious beliefs as a barrier to addressing client sexual topics, as did several other participants. Supervisors were very clear that they were not attempting to change the CITs' viewpoints but struggled with "navigating" working with client needs and CIT values that seemed to be opposing. According to Aurora, it was crucial to not "impression" the client with CITs beliefs, especially when it was opposing to the clients' value. Supervisors used these times as an opportunity for CITs to explore new ways of thinking, in order to continue working with their client.

Advocacy

The theme of advocacy was present in two ways, participants (n = 7) expressed a need to advocate for the client at times, and at times for the CIT. The need to advocate arose from protecting CITs from discrimination or discomfort caused by client judgement and advocating for clients by challenging CITs resistance to human sexuality topics that clients needed to share. Advocacy was applied in a variety of ways, such as participants using motivational language with CITs, or offering another perspective through reframing. Diane stated,

> I feel like an advocate. I feel like I'm advocating for people, absolutely, because I think we, as counselors, do our clients such a disservice by not talking about sexual issues in counseling and I think it's so common for counselors not to address this topic, but it's rare that you hear about a counselor saying, okay, you know, you're feeling depressed or feeling anxious. All right. You're not sleeping well. All these things. What about your sexual health? It's so rare.

Mary also spoke about her students with a sense of advocacy, saying

> No discrimination was going to occur, and this was not going to impair our student along the way, you know. So, a lot of advocacy on their part, the student's part. And for us, for the university as advocates for our students, while they're getting their supervision experience done.

Supervisors felt an ethical responsibility to advocate for client needs with sexual topics. Advocacy took on two separate forms: when there was a need to advocate for client needs and when supervisors experience CITs in need of advocacy. In reflecting in a general manner during the interviews, supervisors felt that neither training programs nor society as a whole addressed sexual issues in a healthy manner. The lack of exposure to human sexuality discussions left counselors uncomfortable and ill-equipped to effectively address client sexual issues. Sometimes supervision was the only opportunity for CITs to explore where they stood regarding sexual issues. This left supervisors feeling the pressure in counseling programs to be one of the few resources CITs had during their training programs to explore their own views. Supervisors created meaning from this responsibility and approached such conversations as a need for advocacy.

Diane called the lack of addressing sexual topics a "disservice" to clients. She added that "as a society we do not do a very good job" and that she felt she was advocating for clients when addressing sexual topics in supervision. Corky stated, "We are not here for us, we are here for the clients" because "everybody deserves counseling," so he found meaning in speaking in a motivational manner about being competent counselors. This mindset was advocacy in and of itself for client well-being. Dr. J., who had also been a faculty member and supervisor for over four years, explained concerns for client well-being without advocacy on their behalf to the CIT:

> It concerns me that she would say she wasn't going to treat somebody in a category with whatever the category was. So, we explored that a little bit. She was still adamant that she was not going to do it. So it was, it was like I said, a developmental process for her.

Regarding CIT advocacy, Mary expressed that "empowering" CITs to advocate for themselves with their own sexual expression could contribute to a strong professional identity. Supervisors felt equally protective of client advocacy and CIT advocacy.

Student Focus

When supervising for a sexual topic in counseling sessions, all supervisors (n=13) initially focused their attention on the CIT. Shifting the focus from client need to CIT reactions and impact was an important conceptual shift for supervisors. Diane explained,

> What that looked like in supervision was first I always like to check in with a counselor and ask them how it was for them to talk to their clients about that because I think depending on the counselor's experience with talking about such things, I think a lot of different personalization can come up.

Dr. J. spoke about focusing on the relationship and getting to know the CIT in order to nurture the possibility of sexual topic conversations. She stated,

> Building rapport, getting to know the folks and just getting them to talk about some other things early on. And tell me about yourself. What are some things you like to do? Just something, to sort of ease. I think everybody's apprehensive because most clients don't necessarily want to talk about those [sexual topics] things either.

Joya explained the process of students coming to new realizations:

> [When students say,] 'Oh I don't know. I don't know how to ask him. So, I asked what are you imagining would happen?' And essentially, she didn't actually want to hear details about sexual orientation, and she didn't want to hear about anything that would sort of make her uncomfortable. And then we process what she thought she would hear. So essentially, she thought that if she broached the subject it would become this sexualized discussion. So, for me as a supervisor, it's the clinical work she does, who the client is, is less important than the overall realization. That she can go places she didn't know she could reach.

Lilly described the importance of focusing back on the student when supervisors observed a lack of progress in the counseling process over multiple counseling sessions:

> I've been watching this for three sessions, four sessions, five sessions, and you're not touching this generally, how, what, what will be helpful for you to open this up because this has got to be dealt with. So, I can't continue to say, gosh, what do you think about gender and power? I'm really wondering about in this case, you know, if a student's not doing it, then if I've tried all that, and then we need to be direct.

Participants described using the student-focused perspective both in the beginning of the relation-building process as well as if the CIT was stuck in the counseling process. This was an important step tied into creating conditions as well to help student barriers and initiation of sexual topic conversations.

Language

All Participants (n = 13) described the need to address CIT hesitation in context to both values discussed previously and in lacking correct terminology. Language was not explicitly described as reason for barriers in supervision per se, more so in context of CIT worries of offending a client by lacking up-to-date knowledge in correct language specifically in relation to gender and sexual minority (GSM) clients. Participants experienced CITs as having mixed experiences in efficacy in how to address sexual topics. While some CITs thought they were committing an ethical violation, others worried about the counseling dialogue becoming too graphic. AD has supervised for two years and MM for over 10 years and both are employed as faculty members. They describe their experiences with language use,

> **AD:** I definitely think that there are two extremes, therapist students who can barely talk about it. And then there the ones who can sometimes take it too far and I've had to remind them, okay, this is a professional setting. It's good to know the street lingo, but when we're talking about this in a professional setting, when we're trying to work their case, use professional terms. So, they would sometimes say terms that you wouldn't say is professional or academic. It was more slang or something. And you had to redirect that. I think that's because they're uncomfortable.

> **MM:** And sometimes I defer to the fact that everyone uses different language. You don't have to use the language of your client, but it doesn't hurt if you're not completely offended by the language [. . .] I always tell them, if I'm saying the word penis or vagina or something like that and it causes you to be uncomfortable, then

> I want you to go out and say that word 10 times this week.

Supervisors were comfortable offering students correct language use, even looking up together what the correct terminology was but emphasized the importance of saying the words out loud to practice before session. As language and terminology can change quickly in areas of human sexuality, supervisors felt it was appropriate and normalizing to lookup terms together with CITs during supervision.

Multicultural Competencies

This section contains themes that fell within the understanding of Multicultural Competencies in Counselor Education. Participant experiences ranged from emphasizing the importance of multicultural considerations, including intersections of constructs, to understanding their supervision experiences from the multicultural competency point of view. All participants (n=13) incorporated multicultural considerations into their supervision work when discussing sexuality topics. Joya explains,

> I'm on multiple levels as well, as the relationship that the supervisee has with their clients on multiple levels. And ultimately how I respond to the supervisee is to some extent, is shaped by how I perceive the clients. [. . .] My listening to him is impacted by the fact that I, on a personal level, I am myself in a [. . .] relationship. How much is impacted by the fact that my supervisee is, a heterosexual man. How much is impacted by how he then with all his identities, gender, race, and sexual orientation experience, and so I want to kind of work with all of those patterns. They are complex, and we address them all in the time we have. So, I've asked to also go very intentionally and get the supervisees' sort of explicit understanding, decide where we choose to focus.

Additionally, Mary also addressed multiple layers in the following:

> We really want [CITs] to examine multiple layers when they're working with their clients [. . .] I mean not everyone's the exact same. You still have to examine those intersection. So there's an ongoing check in that the students have to do with themselves to understand their own locations [. . .] okay, sex doesn't come up, gender doesn't come up, but the client keeps saying they just don't like themselves. They don't love themselves. They're stuck. Which is actually a very common thing.

Dr. Sit explained his viewpoint on sexual topics being part of a larger, contextual cultural picture in the following way:

> Sexuality is a part of life, part of what clients bring. Just part of who they are. The one thing that I think that supervisors should do is, make sure that sexuality is assessed., I do think that when I, when I am supervising other issues, I will ask my supervisees you know, what, what's the orientation? What'd you find out about? What's their sex life basically? And I don't know that other supervisors do that. [. . .] Can I also ask about their religious life? There are a lot of things that I ask about. Probably those two things more than maybe many supervisors.

When supervisors have deep awareness of multiple dimensions overlapping in personal perception, multicultural awareness and conceptualization would offer a helpful framework to understand all the layers of interaction and belief systems. Based on this understanding and solidifying this understanding as a common ground with CITs, multiculturally aware and responsive treatment decisions could be made for the client.

Student Autonomy

When CITs became increasingly open to discussing sexual topics with clients, supervisors (n=13) understood the importance of the implementation fitting for the CIT. For example, some students thrived in methodical steps, others wanted to address sexual topic "right," within ethical boundaries, others had to create their own phrasing for broaching the topic. Once CITs allowed themselves to be influenced by the supervisor's direction of addressing sexual topics, autonomy in delivery was seen as important developmental step for CITs. JW explained, "[We] processed that piece to a point where she feels she can take off and be autonomous now."

Corky explained the importance of fostering CIT independence in the following,

> I think developing them and what their box [comfort zone] is, it's the only way that you can really develop good therapists because they're going to be without their supervisor in a short period of time and I want to develop them during that time. Not giving them, this is the way you do therapy, this is the way you got to do it. These are the rules. That's not [what I want] because it's part of the science [they learn in school] and I want to develop their art.

Dr. J. explained taking the time to allow students to formulate their own way of approaching counseling in the following:

> They have a particular series of steps they go through. So, each client I think, does step one and step two and step three, so that helped this particular person who likes everything very methodical and predictable. So, I think that in and of itself gave her and the whole situation some predictability. That's a very fortunate event, certain circumstances that she's able to get steps for this type of work and that she's the person who can follow that too because it fits with her style.

The interview process highlighted the importance supervisors placed on student autonomy. Regardless of the training level of the student, supervisors enjoyed seeing CITs creating their own way of working with client sexual health issues. Counselors in Training have faced various barriers to be able to address sexual topics, sometimes rooted in lack of training, other times rooted in moral or ethical concerns. However, once supervisors were able to work through personal or professional barriers with CITs, their willingness and motivation to address sexual topics were strong. When CITs understood themselves and learned to empathize with client struggle, they could build confidence if allowed personal and professional autonomy in how to go about introducing the topic in counseling. Cory acknowledged that CITs would be "without their supervisors" before long, meaning taking safe risks while still under supervision created freedom and allowed space for CITs to work through broaching sexual topics with their clients.

Discussion

The findings suggested that counselor educator supervisors were reflective and intentional when addressing human sexuality topics in supervision with graduate students. The interviews demonstrated that supervision training in doctoral programs has prepared counselor educators to handle the complexities of CIT and client topics surrounding human sexuality, even without extensive sexuality counseling training. Rather than the specific sexuality topic, supervisors in this study focused on the process within the CIT, as well as the process between CIT and client with regard to human sexuality and contextual considerations.

Participant experiences in this study could indicate that a process and context focused discussion in supervision could be helpful for CITs to feel ready in addressing client sexual health. Rather than focusing on client sexual symptoms and words, supervisors focused on CIT reactions and empathizing with clients. Based on participants' experiences, a sequence of steps could aid in focusing on the client process in regard to sexuality, rather than the sexual topic itself. Supervisors in this study employed a few common steps: First, begin with checking CIT reactions to the client concern. Participant experiences all included spending time processing these emotions as a first step. Participants shared two reasons for this, which is supported by the literature as well; CITs need time to reflect and understand where they themselves stand on various issues. This foundation shifts and expands CIT worldviews. This shift was commonly practiced in graduate level counselor training for CITs to build awareness, and working towards cognitive complexity (McAuliffe, 2011). Second, as a required multicultural competency, CITs can be sensitive and competent counselors only when they understand their own attitudes and beliefs, within the context of their own influences (Arredondo, 1999). This critical self-reflection was a key approach to multicultural competence, to engage CITs to consider worldviews that differ from their own, leading to meaningful self-reflection and CIT growth (American Counseling Association [ACA], 2014; McAuliffe, 2011; Roysircar, 2004; Tomlinson-Clarke, 2013). This step fostered the idea that multicultural competence began with knowing oneself (ACA, 2014; Hardy, 2016). After examining (a) CIT reactions to the sexual health topics the client raised, supervisors in this study typically encouraged students to (b) consider the origins of these beliefs. Participants have stated they were mindful of not making the discussion a counseling session, rather holding space if the CIT would like to share anything about the origins of their reactions. Next (c) supervisors built empathy in CITs toward the client by wondering what it might be like for the client, with their own particular worldview, to experience their concern. Lastly, (d) supervisors invited CITs to consider this tension for the client and explore what it was like for the CIT to consider this tension.

Implications for Supervision

This study could help counselor educators consider how to approach human sexuality topics in supervision. Similar to any study and intervention in supervision, counselor educators and supervisors must keep in mind that there are limitations to these findings. For example, page numbers limit somewhat sharing all relevant quotes that can help the reader make decisions for their own supervision sessions. Data was rich, and the more I added, the more I had to reduce each one. Further studies could focus on more specific nuances in supervision based on these findings, as this study answered more broad questions.

While listening to the participants' experiences and careful analysis of the data about participant meaning-making, it appears that the goal of a process-oriented sequence was to (a) move away from content discussion of the sexual topic and deepen the meaning of the client concern, (b) foster self-awareness in the CIT about their own beliefs and values, (c) foster awareness and empathy about client struggle, (d) assist supervisors in creating a shift in barriers in CITs, (e) foster "both and" thinking for holding more than one viewpoint of values simultaneously, (f) begin conceptualizing the client in

a multiculturally sensitive manner with considerations embedded in a positive sexuality framework (Murray, 2017), (g) meaning focusing on contextual and multicultural considerations (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) for each client. Further research is needed to explore this process-oriented approach in supervision with human sexuality topics.

Previous research related to supervising human sexuality concerns has been primarily quantitative in nature. This study was the first qualitative analysis in supervision of human sexuality and more research is needed to understand a process, rather than topic-focused approach. Additionally, future research could examine each topic within human sexuality topics represented in this study, with a larger sample to create deeper understanding of each area for supervision.

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