Conceptual Analysis of Counselor-Led Parent Interventions Across Cultures:
Measures to Reducing Shame in Parental Conversations on Sexuality

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# Abstract

Parental communication and support help prevent children and adolescents’ from engaging in risky sexual behaviors; therefore, this conceptual analysis addresses the problem of common concerns among immigrant parents and their understanding of effective measures to initiate conversations about sexuality and sexual health. Findings indicated that counselor-led interventions that address multiple risky behaviors are most effective, and parents of diverse cultural backgrounds can learn to initiate meaningful conversations about sexual health and sexuality. Counselors should be knowledgeable of cultural differences and ready to offer help to immigrant parents who struggle with initiating a parent-based sexual health conversation.

*Keywords*: Immigrants, parent-child conversations, cultural shame, sexual health

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Parents play a critical role in the lives of children by shaping, modeling, and guiding them and laying the foundation of values and behaviors related to sexuality and sexual practice (Volk, Thomas, Sosin, Jacob, & Moen, 2016). Moreover, researchers confirm that sex education is critical as it helps prevent children and adolescents’ from engaging in risky sexual behaviors (Gabbidon & Shaw-Ridley, 2018; Kajula, Sheon, De Vries, Kaaya, & Aarø, 2014; Koren, 2019; Motsomi, Makanjee, Basera, & Nyasulu, 2016; Noe et al., 2018). However, there is a lack of research on effective interventions that promote parent-child conversations concerning sexual health specifically concerning immigrant families. Using the social cognitive theory as a theoretical basis, this conceptual paper will address the problem of common concerns among immigrant parents and their understanding of effective measures to initiate conversations about sexuality and sexual health. As counselors should be knowledgeable and ready to offer help to struggling immigrant parents, the goal of this paper is to identify and highlight measures that have been identified as successful interventions concerning parental conversations on sexuality and sexual health.

# Background

Studies reveal that adolescents ranging in age from 15 to 25 years account for half of the estimated 20 million new sexually transmitted diseases occurring annually within the United States (Gabbidon, Shaw-Ridley, & George, 2017). Pariera and Brody (2018) shared that parents help improve the safety and sexual health of the next generation through meaningful conversations. However, many parents struggle with the feelings associated with sexual conversations, such as sexual shame, feelings of being uncomfortable, and shyness (Gabbidon & Shaw-Ridley, 2018). Often, parents feel that they are not knowledgeable enough to answer questions that their children may pose about sexual health (Christensen, Wright, & Dunn, 2017). Furthermore, researchers have noted that there are more barriers to parental conversations among parents from diverse cultural backgrounds (Gabbidon et al., 2017). Understanding effective measures and interventions that can help immigrant parents initiate conversations about sexuality and sexual health is the focus of this conceptual analysis. This section will present background information that is important to understanding cultural differences of immigrants and promoting parental conversations on sexual health, including sexual education, parental communication, culture and tradition, and shame.

## Sexual Education

According to Hall, Jones, Witkemper, Collins, and Rodgers (2019), almost all U.S. students (97%) have received some variation of sex education before the age of 18. However, the type of sex education varies from state to state, and the curriculum is mandated on individual state levels. Hall, Sales, Komro, and Santelli (2016) explained that in the United States sex education is primarily focused on abstinence as a primary means of prevention and in-depth discussions on sexual health are brief as the sex education curriculum has to compete with other teen health concerns such as substance use, suicide, and bullying. Hall et al. (2019) noted that public schools are regarded as the primary platform for presenting sex education, as many parents are uncomfortable talking about sexuality and sexual health. In a study by Toor (2016), research was conducted on attitudes towards sexual education among teachers and parents. Toor found that male teachers had a more positive attitude towards sex education than female teachers. Toor (2016) also noted that highly educated parents had a more positive attitude towards sexual education than parents with less education.

## Parental Communication

Parent communication is essential in helping young adolescents understand the consequences of risky behaviors (i.e., pregnancy, STDs, and drug addiction). Research studies that have examined the benefits of parental communication have indicated that conversations between parents and their children can help increase positive sexual behaviors (Pariera & Brody, 2018). Diiorio, Pluhar, and Belcher (2003) noted that the benefits of parent communication concerning sexual health include adolescents that will delay intercourse, practice safe sex, have fewer sexual partners, and have positive views on sexual health. Pariera and Brody (2018) stressed a need for identifying resources that can help parents have meaningful conversations with their children. The researchers noted that many parents wait until it is too late to have conversations about sexual health and noted some of the possible reasons for hesitating. Pariera and Brody (2018) and McKee and Karasz (2006) noted that the content of conversations is essential to how youth perceive sexuality. Researchers have expressed how parents do not know how to begin a conversation with their children (Pariera & Brody, 2018), or they focus on the basics of risks and do not discuss more intimate details (McKee & Karasz, 2006).

## Culture and Tradition

Although many public-school systems offer educational programs that introduce sexual health and sexuality (Hall et al., 2019), many students are not getting the much-needed guidance and support from their parents. Parent communication is important to re-enforcing the necessary information that is presented in the school system (Jerman & Constantine, 2010); however many parents of diverse backgrounds face challenges in initiating conversations about sexuality. Culture and ethnicity are important factors to consider when examining why some parents struggle to initiate conversations about sexuality.

Agbemenu, Hannan, Kitutu, Terry, and Doswell (2018) conducted a study on African immigrants in the United States, examining how culture impacts communication with children concerning sexual health. Agbemenu et al. noted that African immigrants are often hindered by their culture, myths, and taboos when faced with having conversations about reproductive health concerns. In another study on cultural influences, Gabbidon and Shaw-Ridley (2018) studied Haitian and Afro-Caribbean mothers concerning sexual conversations. Gabbidon and Shaw-Ridley shared that Haitian mothers were more reluctant to having sexual conversations with their children than Afro-Caribbean mothers; however, both groups studied shared religious and cultural upbringings that created barriers and hindrances to initiating conversations. Many participants in Gabbidon and Shaw-Ridley’s (2018) study shared their religious beliefs in abstinence. So, instead of parental conversations on sexuality and sexual health, many participants that held strong religious convictions on abstinence before marriage only talked about abstinence with their children.

In a study on Hispanics and parental conversations on sexuality, McKee and Karasz (2006) found that, while highly respected in comparison to other cultures, Hispanic mothers are the primary communicators to parental conversations on sexuality. However, due to religious and cultural traditions, many Hispanic mothers only have conversations on the basics of sexuality and the consequences of risky sexual behaviors (McKee & Karasz, 2006). Compared to European Americans, many minority cultures are rooted in religious and cultural traditions that present barriers to open and confident conversations with children concerning sexuality and sexual health (Agbemenu et al., 2018; Gabbidon & Shaw-Ridley, 2018; McKee & Karasz, 2006).

## Shame

Studies show the root cause of sexual shame from a young age, including sexual secrecy (Clark, 2017; Ussher et al., 2017), sexual abuse (Haboush & Alyan, 2013; Pulverman & Meston, 2019), exposure to pornography (Volk et al., 2016), religious shaming (Dale & Keller, 2019), being dressed to hide the body (Clark, 2017), or being shamed for masturbation or promiscuity (Hastings, 1998). Previous research indicates that a high level of religiosity, religious views, and traditional norms contribute to sexual silence, making it difficult for parent's child communication (Noe et al., 2018). Then there is also sexual silence and cultural taboo, which often create shame when initiating sexually-related conversations with children, including adolescents (Gabbidon et al., 2017). Shame is often associated with cultural taboos concerning conversations about sexual desires and parts of an individual’s body that are not permitted for shared discourse (Mollon, 2005).

Having conversations about sexual desires or sexuality are considered off-limits in many cultures (Clark, 2017). Shame concerning sexually-related topics creates a potential barrier to meaningful conversations. It is the type of shame associated with initiating sexually-related conversations with children, including teenagers. Kyle (2013) discussed the root cause of shame associated with communication, including how some cultures forbid kids to know about sexuality, childhood sexual abuse, and growing up in an extremely religious environment. Sexuality has two sides: a privacy side and a silent side, and while society must respect the privacy side of sexuality, it should not keep sexuality silent (Kyle, 2013).

Sexual shame can also be a cultural problem. Research studies have indicated that sexual shame stems from sexual silence and secrecy. Hosken (1993) confirmed that in some cases shame is associated with the genital mutilation of little girls whose ordeal took place in their homeland before they migrated to the United States. Sexual shame is also associated with menstrual shame. For example, Ussher et al. (2017) noted that girls described feelings of shame and shyness when discussing their first period due to the sexual silence associated with menstruation. They also reported isolation during menstruation. Then, researchers have also noted a connection between shame associated with menstruation and its impacts on sexual decision-making (Schooler, Ward, Merriwether, & Caruthers, 2005). In other words, sexual shame about menstruation can affect women's general approach to sexuality.

Ussher et al. (2017) conducted a study exploring the sexual needs of migrants and refugees. Their findings confirmed that sexual shame negatively impacted communication about sexuality between immigrant parents and their children. The target population included 169 migrant and refugee women recently resettled in Sydney, Australia, and Vancouver, Canada, from Afghanistan, Iraq, Somalia, South Sudan, Sudan, Sri Lanka, India, and South America. Participants described sexual shame and religious convictions as dominant factors preventing meaningful parent-child conversations.

# Theoretical Framework

When synthesizing past empirical research studies to answer new questions, using a theoretical basis similar to that of studies examined is appropriate. The social cognitive theory (SCT) is often used to explore behaviors, experiences, and emotions (Schunk & DiBenedetto, 2020). As the focus of this paper is on understanding the common concerns among parents of diverse backgrounds (i.e., immigrants) and their understanding of effective measures to initiate conversations about sexuality and sexual health, a theoretical basis using SCT is appropriate.

 The social cognitive theory emphasizes the significant role of social factors that impact an individuals' behavior, motivation, learning, and self-regulation (Schunk & DiBenedetto, 2020). Bandura (1989) was the originator of the social cognitive theory, and the theory was developed when societies were less diverse. However, the SCT has been used as a basis in many cultural studies examining motivation by reviewing an individual's agency and self-efficacy. Past studies that have used the SCT as a theoretical basis have indicated that self-efficacy may be influenced by cultural variables (Bandura, 1989).

 Many studies with a focus on diverse cultures and immigrants have used the SCT as a theoretical basis. For example, Garcia, Sharma, De Massis, Wright, and Scholes (2019) used SCT as a basis to study how immigrant parents communicate career development. Dutta (2018) conducted a study on Bengali parents that immigrated to Canada. Dutta used SCT to examine how acculturation and immigration influenced Bengali parenting, considering past cultural differences in gender equality. Another study by Peacock-Chambers, Martin, Necastro, Cabral, and Bair-Merritt (2017) used SCT to explore how self-efficacy influenced immigrant parents' home learning environment. As many studies have effectively used SCT as a basis for conducting research with immigrant parents and families of diverse cultures, SCT is an appropriate theoretical framework to use for this conceptual analysis. In this study, the lens of SCT is used to explore how cultural behaviors impact immigrant parents and their understanding of effective measures to initiate conversations about sexuality and sexual health.

# Rationale and Significance of Research

A study on cultural shame and sexual health education is critical because it will help the counseling profession understand feelings of fear and cultural shame around discussions of any sexually-related health concern, which is embedded in diverse cultures. By way of example, the Glasgow culture does not allow for discussion and disclosure of sexual health and reproductive topics. Therefore, they have a closed attitude toward seeking help. Thus, counselors and mental health workers must be sensitive to culture and find ways to help clients. In a study conducted by DeJong and El-Khoury (2006), researchers confirmed how culture taboo and shame prevent people from making any attempt to seek professional help.

A lack of effective parental conversations on sexuality and sexual health is common among immigrant families in the United States. As an immigrant, the researcher for this conceptual paper understands the struggles of initiating sexually-related conversations with his children and with other immigrant parents that have the same cultural struggles. As sexual health and sexual education have been proven successful in preventing risky sexual behavior among adolescents, understanding how to promote meaningful conversations among immigrant families in the United States is essential. Hosken (1993) argued that professional counselors who are not well informed about sexual culture could worsen a client's shame; furthermore, according to Hosken, the cycle of trauma and shame continues if research is not conducted and effective culturally sensitive procedures are not taken to help. Despite the number of studies regarding shame, there is a gap in the literature concerning the feelings of shame relating to sexual behavior and parental conversations concerning sexuality and sexual health (Kyle, 2013, Dune & Mapedzahama, 2017; McKee & Karasz, 2006).

# Research Questions

As society increasingly becomes culturally diverse, counselors may encounter clients from different cultural backgrounds. For example, in 2011, researchers indicated that about 14% (40 million) of the total population in North America were foreign-born citizens with different cultural backgrounds. In 2018, the Migration Policy Institute reported that 88% of children of immigrant families were born in the United States. Therefore, the guiding question for this paper is: How might we understand the communication barriers of immigrant parents dealing with conversations that are sexually related to children? Other questions that this paper addresses include (a) In what ways do immigrant families communicate with their children regarding sexually related topics? and (b) What help do immigrant families need to offer effective communication?

# Methodology

The focus of this conceptual paper is to conduct research that can help the researcher answer questions concerning measures that have been identified in the literature as successful interventions that would benefit families of diverse cultural backgrounds. A research methodology that is geared towards answering the guiding questions is essential. McShane and Böckenholt (2017) suggested that a single-paper meta-analysis is beneficial to researchers that are seeking information on behavioral research. McShane and Böckenholt noted that a single-paper meta-analysis allows researches the opportunity to synthesize summaries, theories, and findings from past studies that support a phenomenon.

A meta-analysis is an effective research methodology that uses past empirical data to answer new questions. Cooper, Hedges, and Valentine (2019) explained that a systematic synthesis of research could help a researcher that is seeking information on a conceptual idea. Cooper et al. noted that if the concept of the study is narrow in scope (i.e., effective measures for immigrant parents to initiate conversations about sexuality and sexual health), a synthesis of data using a meta-analysis is more likely to produce results. For this conceptual paper, a meta-analysis is an appropriate methodology for answering the guiding research questions.

Similar to this conceptual analysis, researchers Santa Maria, Markham, Bluethmann, and Mullen (2015) conducted a meta-analysis to examine different parent-based sexual health interventions to identify effective communication and outcomes. To answer the questions of this study concerning the communication barriers of immigrant parents dealing with conversations that are sexually related to children, a meta-analysis is an appropriate means of gathering information relevant to the study.

# Data Analysis

Using the methodology approach of past researchers, a meta-analysis was used to examine studies that provide information relevant to the focus of this study. Information was drawn from various empirical studies. As each culture has unique characteristics, traditions, and taboos, the findings of the different studies will be presented by culture. Although there are many cultures represented by immigrant families in the United States, this study will focus on the synthesis of data from studies examining three different cultures. Cultures with the highest representation among research on sexual conversations and sexual health included immigrants of African and Hispanic descent. The Pew Research Center reported that Africans make up 39% of the foreign-born Black population (Anderson & Lopez, 2018) and Mexicans and Latin Americans make up one-fourth of the immigrant population (Radford & Noe-Bustamante, 2019). The cultures that were examined included studies conducted on immigrants from Afro-Caribbean, African, and Hispanic cultures.

## Afro-Caribbean Immigrants

Researchers Ferguson and Bornstein (2014) noted that Afro-Caribbean immigrant youth face challenges of academic and behavioral assimilation. Researchers also noted that the Afro-Caribbean youth had problems with cultural and traditional maintenance expectations from their immigrant parents. In their study on Afro-Caribbean parents and teen perspectives on sexuality and sexual health conversations, Gabbidon and Shaw-Ridley (2018) aimed at finding the cause of parent-child communication barriers. The study examined how Afro-Caribbean cultural views relate to parent-child communications on sexuality and sexual practice. Their argument in this study was that most sexual risk prevention interventions do not consider the influence of culture on communication. In their findings, most mothers reported that their childhood experiences of sexual silence and sexual taboo created a barrier for them to discuss sexuality with their U.S. born children. Putting it differently, since any discussion of sexuality was forbidden in their home culture, it was difficult for them to initiate a sexually related conversation with children. In Gabbidon and Shaw-Ridley’s study, as described by one 51-year old Haitian mother who had been living in the United States for at least 40 years, discussions about sexuality are still considered a taboo.

Gabbidon and Shaw-Ridley’s (2018) study also confirmed how cultural taboos create negative feelings about sexually related conversations. Moreover, findings from this study suggest that young immigrant parents may be open to parental intervention for sex communication. Also, in the study, mothers reported three factors that made a positive impact on them to discuss sexuality, including (a) self-motivation, (b) sexual education, and (c) coaching. Therefore, the researchers implied that culturally appropriate parental intervention may be helpful in improving parent-child and adolescent communication on sexuality.

## African Immigrants

Researchers Salami, Hirani, Meherali, Amodu, and Chambers (2017), conducted a study examining African immigrants and changes and challenges to their parenting styles and traditions. Salami et al. found that some of the biggest challenges to parenting among African immigrants involved acceptable discipline practices (i.e., physical punishment may be a tradition in one's native country), embedding cultural and religious practices in the U.S. born children, and accessing needed support services from the community. A study by Agbemenu et al. (2018) examined barriers to parental conversations on the sexuality of immigrants from African nationalities. Agbemenu et al.’s study focused on African immigrants regarding the influence of culture on their perceptions of reproductive health as it relates to parent-child conversations on sexuality. Relevant to the focus of this conceptual analysis, Agbemenu et al.’s study is relevant because currently, there are approximately 1.7 million documented African immigrants in the United States. Moreover, according to Agbemenu et al. (2018), currently, there are no studies on mother-daughter reproductive health communications in the African immigrant population living in the United States. Furthermore, the researchers noted that due to the lack of existing information on mother-daughter conversations on sexual health, counselors would find it difficult to help this population of African immigrants. The researchers of this study highlighted the importance of how mothers communicate with their preadolescents, especially concerning topics of sexual health and sexual risks.

The findings of the study indicate the existence of communication barriers in the African immigrant population, including a lack of knowledge among the adolescents about menstruation and pregnancy prevention, religiosity, previous reproductive health communication with their parents, and cultural norms. However, Agbemenu et al. (2018) shared that many immigrant mothers were interested in getting additional help with parent-child communications. The mothers felt that U.S. society was permissive and accepting of overt sexual behaviors and practices, something that is contrary to their country of origin (Agbemenu et al., 2018). This study, among others, presents how various topics that are considered sensitive (i.e., religion, sexuality, marriage, or gender roles) are still considered taboo among these immigrant populations.

## Hispanic Immigrants

Researchers Gonzalez and Méndez-Pounds (2017) conducted a study on the acclimation of Hispanic immigrants in the United States. Gonzalez and Méndez-Pounds explained that stress created from the combination of two or more cultures could influence parenting styles and traditions. In the United States, Hispanic immigrant parents granted their children a little more freedom than would be permitted in their native country, become more involved in their children's schooling, and include U.S. celebrations in their traditions. However, religion is an essential part of the Hispanic culture, and many immigrants do not agree with or support some of the more liberal ideas of the United States, nor do they condone excessive freedoms given to young children (Gonzalez & Méndez-Pounds, 2017).

As with other cultures concerning parental conversation on sexual health, U.S. immigrants of Hispanic heritage also experience cultural barriers to sexual conversations. The study of McKee and Karasz (2006) is relevant to this conceptual study, as very little research has been conducted to evaluate Hispanic immigrants and their parent-child communications on sexually related topics. Moreover, cultural factors play a considerable role in parent-child conversations among Hispanic immigrant families. Although sexual conversations are important for both male and female children, the focus of McKee and Karasz’s research was interviewing mothers and daughters separately and together to understand cultural barriers to meaningful conversations on sexuality.

Findings from this study presented communication barriers, including sexual threat statements from the mothers making it hard to maintain a meaningful conversation (McKee & Karasz, 2006). Mothers admitted that their cultural attitudes of sexual conversations hindered communication. Similarly, daughters also reported their reluctance to engage in sexually related conversation because it was too painful. Other factors that contributed to communication barriers were that the mothers felt embarrassed to engage the children in conversations about sexually related topics. According to McKee and Karasz, knowing that their mothers were not open to conversations on sexual health and sexuality, daughters self-reported they were not receptive to conversations with their mothers.

Overall, in McKee and Karasz’s (2006) study, girls of Hispanic immigrant parents reported that they had difficulty initiating conversations about sexual health with their mothers. Noting the difficulties in initiating conversations with their daughters, the researchers noted the need to investigate and develop a cultural intervention to help parents and counselors who work with children of Hispanic immigrants that were born in the United States. Understanding the unique barriers that each culture faces can help counselors develop and design interventions that can support the initiation of meaningful conversations concerning sexuality and sexual health.

# Findings

This section will present the findings from the synthesis of information gathered from the meta-analysis of past empirical studies. The conceptual paper focused on the problem of common concerns among parents of diverse cultural backgrounds, especially immigrants, and their understanding of effective measures to initiate conversations about sexuality and sexual health. Data was gathered and synthesized on three identified cultures, including the Afro-Caribbean immigrants, African immigrants, and Hispanic immigrants. Table 1 presents a summary of the methodology of the primary studies analyzed and includes population, theoretical framework, and methods used to work with the parents from each culture.

Table 1

*Synthesis of Data from Three Empirical Studies*

| Study | Design, Sample, Recruitment, and Setting | Aims for Parents andYouth | Componentsand Dose | Theoretical Methods(Applications) | Theory(Level of Use) | Outcome Measuresand Follow-up |
| --- | --- | --- | --- | --- | --- | --- |
| Gabbidon and Shaw-Ridley (2018) | Design: face-to-face in-depth interviews N= 6 Haitian and 8 Jamaican families andteens (aged 14–18-years-old) Recruitment:Community, churches. Setting: Closed-door spaces | Afro-American parent-child conversation (Jamaican and Haitians) | Parent and child together (mothers who self-identified as the first generationHaitian or Jamaican immigrants) | The PEN-3 model is the basis of the study, and this model is used to measure the positive values of cultural identity, relationships, and cultural empowerment. | The PEN-3 to provide cultural context | Outcome: Parent-childcommunicationFollow-up:Immediate |
|  (Agbemenu et al.,2018) | Design:interviewsN= Nigeria (n = 10), Kenya (n = 4), Guinea (n = 2), Ghana (n = 1), Zambia (n = 1), Liberia(n = 1), and South Sudan (n = 1)Recruitment:Community and word of mouth Setting:homes, car, the phone | African Mother-daughter conversation on puberty and | African immigrantwomen with a daughter aged 10–14 years who had a disability (Ghana, Kenya, Nigeria, Guinea, and Zambia, (top African immigrants in the U.S.) | None mentioned  | None | Outcome: Parent-childcommunicationFollow-up:Immediate |
| McKee and Karasz (2006) | Design: Phone interview and audio-tapedN=11 women with daughters Recruitment:Community health centerSetting: Communitycenters, schools | To examine communication-related to sexuality with the goalof understanding the sociocultural and family context of Latina adolescents’ sexualbehavior and reproductive healthcare-seeking*.* | 11 Hispanic mothers with daughters | None mentioned | None | Outcome: Parent-childcommunicationFollow-up:Immediate |

Findings will be organized by the research question. The two guiding research questions for this conceptual analysis were

RQ1: In what ways do immigrant families communicate with their children regarding sexually related topics?

RQ2: What help do immigrant families need to offer effective communication?

## Research Question 1

The first guiding research question was: In what ways do immigrant families communicate with their children regarding sexually related topics? Parental communication on topics of sexuality is limited or non-existent among immigrant families and families of diverse cultural backgrounds. Diverse cultures and religious aspects of those cultures can have an impact on parental conversations about sexuality and sexual health. For example, a recent study done in the United States indicated that Latino mothers experience a high level of embarrassment and discomfort (Guilamo-Ramos, Jaccard, Dittus, & Collins, 2008; O’Sullivan, Meyer-Bahlburg, & Watkins, 2001). Moreover, the same researchers confirmed that, in Latin America, communication related to sex and sexuality is discouraged. Furthermore, participants in a study by Alcalde and Quelopana (2013) indicated that sexual silence from their childhood had made it difficult for them to speak openly to their children about sexual topics. Similarly, in Southeast Asia, mothers attribute their discomfort in discussing sexuality with their children to their parent’s failure to teach them (Meschke & Dettmer, 2012). In North America, researchers confirmed three barriers that prevent parent-child communication including lack of accurate information regarding sexual health, feelings of discomfort in talking about sexual health, and perceptions that their teens were not willing to listen to sexually-related conversations (Grossman, Campagna, Brochu, Odermatt, & Annunziato, 2018). So, basically, among immigrant families, conversations about sexual health are limited due to cultural and religious practices and beliefs. If information is shared between a parent and a child, it is very basic and usually does not delve into sensitive issues and risky behaviors.

## Research Question 2

The second guiding research question was: What help do immigrant families need to offer effective communication? In a study by Santa Maria et al. (2015), researchers conducted a meta-analysis of various studies to find interventions that have been utilized for establishing effective parental communications and conversations on sexuality and sexual health. Santa Maria et al. reviewed 28 empirical studies concerning parental interventions and their outcomes. Almost all the interventions examined presented positive outcomes for parental interventions as a means of reducing risky sexual behavior.

However, despite many positive outcomes from explored interventions, Santa Maria et al. (2015) argued that different theoretical bases produce different outcomes. For example, researchers noted that planned behavior is effective in understanding adolescent and parent behaviors and, similarly, the social cognitive theory is effective in informing intervention components, methods, and applications. In their meta-analysis of parent-child interventions to create effective communication on sexual health, Santa Maria et al. noted two main types of interventions including high-dose interventions (i.e., face-to-face sessions, typically group sessions) and low-dose interventions (i.e., computer-based programs that would allow participants to set the pace of their intervention sessions). High-dose interventions, or group therapy sessions, are ideal interventions for parents that need additional support from a counselor. Parents who have Internet access and are more confident with using a computer-based program would benefit from a low-dose intervention, or computer-based intervention program. Despite the delivery method, counselors need to consider the cultural needs of each group of immigrants that live within a targeted community. Hispanic immigrant parents may require different counseling support than Afro-Caribbean immigrant parents. For example, counselors may consider developing a parent-child intervention that targets Afro-Caribbean mothers, as mothers are viewed as the source of sexuality-related information (Gabbidon & Shaw-Ridley, 2018).

**Afro-Caribbean immigrants.** Gabbidon and Shaw-Ridley (2018) noted that many Afro-Caribbean parents avoid questions and conversations about STDs, pregnancy, and practicing safe sex. Researchers recommended that parents need to possess the skills to initiate sexual health conversations and need to feel educated enough to have confidence in discussing sexuality and sexual health questions. Gabbidon and Shaw-Ridley shared three strategies for counselors to consider that can help immigrant families of Afro-Caribbean descent. Counselors should help immigrant parents with (a) self-motivation, (b) sex education, and (c) coaching. Coaching can help parents incorporate social ramifications of risky and unprotected sex, which have been proven to reduce risky behaviors.

**African immigrants**. Agbemenu et al. (2018) noted that many African immigrant parents are influenced by their cultural myths and taboos. Parents stressed feelings of being unprepared to have conversations with their children concerning sexuality. In the African culture, myths and taboos are shared to discourage sexual behaviors before marriage, and Agbemenu et al. (2018) shared that the most significant taboo shared among the African immigrant culture concerns sexual intercourse. Based on the participant feedback, researchers noted there was a demand for reproductive health education among immigrant parents. Having access to more resources and receiving education on sexuality and sexual health can help prepare immigrant parents for having effective conversations with their children.

**Hispanic immigrants**. Researchers McKee and Karasz (2006) noted that many Hispanic mothers are embarrassed to have conversations with their children on sexual issues. How parents approach the conversation is important to how the information is received by the children. McKee and Karasz noted that many Hispanic mothers have an aggressive communication style that is viewed as intrusive to children. Hispanic immigrant parents need help with communication style and need education on how to initiate sexual conversations with their children that are effective and receptive. Based on their findings, McKee and Karasz (2006) shared that Hispanic immigrant mothers need help in setting the stage for an open dialogue.

# Discussion

When seeking measures to implement effective parental interventions, a synthesis of data using a meta-analysis is an appropriate methodology for evaluating how to address a variety of cultures with counseling interventions. Professional counselors should continually search for current and relevant research that is specific to their field of expertise. Current research can help counselors determine how applications from relevant studies can be effectively applied.

## Implications for Professional Counselors

To provide the most effective counselor-led interventions, understanding cultural differences can help counselors working with parents of diverse cultural backgrounds have meaningful conversations about sexual health and sexuality. Counselors should, therefore, be aware of cultural traditions and practices. Counselors should also be ready to offer help to immigrant parents who struggle with initiating a parent-based sexual health conversation. Social cognitive theory can be used by counselors to explore how cultural behaviors impact immigrant parents. Using SCT as a theoretical basis to counseling immigrant parents, counselors can develop effective measures and interventions to help immigrant parents initiate conversations about sexuality and sexual health.

While shame has been widely researched, the literature on shame relating to initiating parental conversations on sexual health with children is limited. Future research should examine various types of interventions that may prove effective in helping parents from diverse cultural backgrounds successfully initiate conversations with their children on sexuality and sexual health. Counselors and religious leaders are in a position to help parents of diverse cultures, as many immigrant parents hold religious and traditional values. Future research could examine how religious-based measures and interventions could help immigrant parents communicate more effectively with their children.

## Limitations to the Study

This conceptual analysis had some limitations. The first limitation was a limit on time. Only three cultures were the focus of the analysis; however, with more time, the researcher could have expanded the analysis to include other immigrant cultures. Availability was another limitation of conducting a conceptual analysis. Although there is a great deal of literature that exists on sexual health and the importance of conversations, there is only a small amount of information specific to U.S. immigrant families and the barriers that prevent many parents from initiating meaningful conversations.

## Recommendations for Future Research

Counselors should be knowledgeable of cultural differences that impact parent conversations on sexual health. Counselors should be ready to offer help to immigrant parents who struggle with initiating a parent-based sexual health conversation. Future researchers should explore different types of interventions that have been used with immigrant families. As religion is one barrier to parental conversations, faith-based counseling should also be considered for future studies on counselor-led parent interventions. Counselors need to know what interventions are successful, so that future researchers could identify effective interventions by immigrant culture.

# Conclusion

The shame associated with parent-child communication in sexual health is intercultural. According to Flores and Barroso (2017), many parents of diverse cultures and ethnicities feel ashamed whenever engaging in sexual health conversation. Furthermore, Kyle (2013) argued that, due to the uncomfortable feelings associated with sexuality discussions, society would rather avoid sensitive conversations unless in a medical setting. Moreover, if immigrant parents are culturally predisposed with ineffective approaches to parent-child conversations on sexual health, their culture and traditions may create psychological issues, particularly for immigrant children, including ignorance on sexual health or adolescents taking part in risky behaviors. Researchers have conducted studies on the barriers that many immigrants of different cultures face preventing effective parent-child conversations on sexuality and sexual health (Agbemenu et al., 2018; Gabbidon & Shaw-Ridley, 2018; McKee & Karasz, 2006). Understanding cultural differences can help counselors with promoting counselor-led interventions that can help parents of diverse cultural backgrounds. Counselors must, therefore, be aware and ready to offer help to immigrant parents who struggle with initiating parental conversations about sexuality and sexual health.

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# Appendix A

Publication Guidelines

Guidelines for Authors

***Counseling and Values*** (***CVJ***) is a professional journal of theory, research, and practice on the intersection of religion, spirituality, and ethics in the counseling process, with a particular emphasis on the competent and ethical integration of religion and spirituality into counseling. Its mission is to promote free intellectual inquiry across these domains. Its vision is to attract a diverse readership reflective of a growing diversity in the membership of the Association for Spiritual, Ethical, and Religious Values in Counseling and to effect change leading to the continuing growth and development of a more genuinely civil society. Sections within the journal include the following:

* **Research and Theory**. Manuscripts that provide empirical data related to ethical, religious, or spiritual issues in counseling will be featured. *CVJ* is open to myriad designs related to counseling research (e.g., quantitative, qualitative, mixed method, single case).
* **Issues and Insights.** Manuscripts that offer philosophical, theoretical, and practical applications of ethical, religious, or spiritual issues in counseling will be featured. Manuscripts must be clearly referenced and represent an author’s attempt to offer fresh information.
* **Techniques for Spiritual, Ethical, and Religious Counseling (TSERC).** Manuscripts that focus on practical issues related to (a) development or adaptation of existing techniques for working with spiritual, ethical, and/or religious values in counseling and/or (b) experience related to the effectiveness of techniques in work with clients and client systems will be featured. For authors interested in submitting manuscripts for peer review and possible publication in the TSERC section of *CVJ*, follow the additional formatting instructions listed below (in addition to the remaining guidelines that follow):
	1. Begin the TSERC manuscript with an introduction to the technique/procedure that includes a theoretical rationale. In addition, include any available direct or derivative research supporting the use of the technique/ procedure.
	2. Provide a detailed description of the technique/procedure. Be specific and clear enough that readers will understand how to implement the technique/procedure with clients.
	3. Following the description of the technique/procedure, provide a brief case study demonstrating the use of the technique/procedure.
	4. Provide a short conclusion.

Submission of Manuscripts

Manuscripts are to be submitted electronically (in one attachment) in Microsoft Word format (.doc) to https:// mc.manuscriptcentral.com/cvj. Full instructions and support are available on the site and a user ID and password can be obtained on the first visit. Support can be contacted by phone (888-503-1050), or via the red Get Help Now link in the upper right-hand corner of the log-in screen. For additional inquiries, contact the journal field editor: Craig S. Cashwell, *CVJ* Editor, Department of Counseling and Educational Development, University of North Carolina at Greensboro, 218 Curry Building, PO Box 26170, Greensboro, NC 27402-6170; phone: 336-334-3427; e-mail: cscashwe@uncg.edu. Manuscripts are reviewed by at least two editorial board members and typically undergo revision before final acceptance. Two or 3 months may elapse between acknowledgment of receipt of a manuscript and notification of its disposition. The Editor makes final decisions regarding publication.All submissions are blind peer reviewed. Therefore, authors must submit a manuscript that contains no clues to the authors’ identity. Citations that may reveal the authors’ identities (e.g., “in an extension of our previous work [citation of work with authors’ names]”) should be masked (e.g., [“Authors, 2011”]). The authors’ names, positions or titles, places of employment, and mailing addresses should appear on one cover title page only, not in an author footnote. Other subsequent pages should include only the manuscript title in the header.

Authors submitting manuscripts to the journal should not simultaneously submit them to another journal, nor should manuscripts have been published elsewhere in substantially similar form or with substantially similar content.

Preparation of Manuscripts

Authors should carefully prepare their manuscripts in accordance with the following instructions. All manuscripts should be prepared according to the ***Publication Manual of the American Psychological Association*** (6th ed.; American Psychological Association [APA], 2010). Manuscripts should be as concise as possible, yet sufficiently detailed to permit adequate communication and critical review. Consult the APA ***Publication Manual*** for specific guidelines regarding the format of the manuscript, abstract, citations and references, tables and figures, and other matters of editorial style. Tables and figures should be used only when essential. *Selected Sections for Manuscript Submissions*

**Title Page:** The first page of the manuscript should be masked and contain only the title of the manuscript.\* \****Note***. Prepare a separate, supplemental file labeled “Title Page” and upload at the above website in addition to the blinded manuscript. This title page document should contain the article title, the names and affiliations of all coauthors, author notes or acknowledgments, and complete contact information of the corresponding author who will review page proofs (including complete mailing address and e-mail) in the following format:

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***CVJ*** **Guidelines for Authors** *(Continued)*

Author(s) Name only (i.e., no degrees or position titles listed), Department Name, University Name, at City (if applicable). Author Name is now at Department Name, University Name, at City (if changed from above listing). Correspondence concerning this article should be addressed to Author Name, full mailing (including street or PO Box) address, City, State (using postal abbreviation), zip code (e-mail: name@name.edu).

**Abstract:** The abstract should express the central idea of the manuscript in nontechnical language. It should be on page 2 and is limited to 100 words.

**Keywords:** Keywords should follow the abstract on page 2 and are limited to 5 words.

**Tables and Figures:** No more than 3 tables and 2 figures with each manuscript will be accepted. Please be sure to indicate the table or figure callouts within the manuscripts. However, do not embed tables or figures within the body of the manuscript. Each table or figure should be placed on a separate page following the reference list. Figure captions are to be on an attached page, as required by APA style. Figures (graphs, illustrations, line drawings) must be supplied in electronic format with a minimum resolution of 600 dots per inch (dpi) up to 1200 dpi. Halftone line screens should be a minimum of 300 dpi. JPEG or PDF files are preferred. (See APA ***Publication Manual***, pp. 128–150, for more detailed information on table preparation and pp. 150–167 for further details on figure preparation.)

**References:** References should follow the style detailed in the APA ***Publication Manual***. Check all references for completeness, including year, volume number, and pages for journal citations. Make sure that all references mentioned in the text are listed in the reference section and vice versa and that spelling of author names and years are consistent.

**Footnotes or endnotes:** Do not use. Incorporate any information within the body of the manuscript.

**Other:** Authors must also carefully follow APA ***Publication Manual*** guidelines for nondiscriminatory language regarding gender, sexual orientation, racial and ethnic identity, disabilities, and age. In addition, the terms ***counseling***, ***counselor***, and ***client*** are preferred, rather than their many synonyms. *Page Limitations*

Manuscripts are typically between 8 and 20 double-spaced pages. This does not include title page, abstract, and references.

*Permission Requirements*

**Lengthy quotations** (generally 500 cumulative words or more from one source) require written permission from the copyright holder for reproduction. Previously published **tables or figures** that are used in their entirety, in part, or adapted also require written permission from the copyright holder for reproduction. It is the **author’s responsibility** to secure such permission, and a copy of the publisher’s written permission must be provided to the Editor immediately upon acceptance for publication.

Accepted Manuscripts

Authors will receive information for submitting a final copy of their manuscript upon acceptance from the Editor. Your article cannot be published until the publisher (Wiley) has received the appropriate signed license agreement. Once the article has been finalized for print production, the corresponding author will receive an e-mail from Wiley’s Author Services system which will ask him or her to log in and will present him or her with the appropriate license for completion. Page proofs for review will be sent to the corresponding author only via e-mail.

*Receipt of Final PDF File Upon Publication*

Upon publication of the journal, the corresponding author will be able to download a free PDF offprint of the article through the Author Services site. Information on the terms and conditions regarding the use of the final article PDF for the corresponding author and/or any coauthors is available on the site.

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# Appendix B

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| --- | --- | --- | --- |
|  | **CAREFULLY FOLLOW THE GENRE AND STYLE YOU FIND IN THE ARTICLES YOU DOWNLOAD FROM THE JOURNAL YOU SELECT** | Comments | Student Self-Assessment |
| 1 | Proper APA (6th Edition) Style: Title page through references and everything in between. | A few errors in APA style. Running head and Title page correctly formatted | Carefully checked for APA formatting, headings, spacing, citations, and references. |
| 2 | Paper Organization: Includes a clear, succinct abstract, introduction and conclusion that summarizes paper’s contents, and clearly articulated transitions between the primary sections of the paper.  | All material clear, succinct abstract related to subtopic, main topic. Strong organization and transitions linking subtopics, the overall Content indicates synthesis of ideas, in-depth analysis on the topic. | Included several sections with each new section supporting other sections. Included abstract, introduction, background information, literature review, analysis of information, discussion, conclusions, and a reference page. |
| 3 | Professional, Scholarly, Publishable Quality: Correct grammar, spelling, syntax, use of verbiage, tense, etc.  | The paper is mostly free of grammatical errors and spelling & punctuation. Headings, subheadings, scholarly style of writing present. Writing is easy to follow with no direct quotations.  | Used Grammarly as one check and read the content aloud as another check for correct grammar and academic language. |
| 4 | **ALL** points and facts presented in the paper are supported by proper use of citations and references to current empirical and theoretical literature. | All references and citations are correctly written and present within body of paper and in reference page | Used a variety of relevant sources and double-checked citations with Reference to make sure all citations are represented in Reference section. |
| 5 | **Content, General Guidelines** **Title** —It is specific and has a clear focus. It appropriately sets the readers’ expectations for what they will learn. **Abstract** —It is a concise summary of the entire piece. It should be counselor professional identity focused.**Introduction** —The introduction contains a six-point argument for the paper:1. The topic of the paper2. Why the topic is important.3. Brief review of what is known about this topic based on the literature4. Highlights what is not known.5. How your manuscript addresses this knowledge gap.6. A brief statement describing the theoretical framework you use in the manuscript and why.**Main headings** —The headings are specific to the focus of the article and are consistent in format (APA formatted headings)**Body of the manuscript** —There no more than 3–5 main headings that are evenly balanced in terms of length. **Literature review** —The evidence base is current and authoritative with just a few classic sources. It uses original sources rather than textbooks. The review of the literature is thorough, current, persuasive, and synthesized. It is specific to the theoretical framework you stated you were applying in the introduction.**Transitions** —reading through the article, the transitions are smooth (I suggest you read it out loud to check for flow).**Examples** —The examples provided resonate with the experience of counseling professionals. There are not too few or too many and they are not too long. **Visual material**—Figures, tables, charts, graphs, and/or other visual material are helpful and worthy of publication. They are original and focused very specifically on the topic of the article.**Length and clarity** —The manuscript is not too wordy in places (i.e., in need of condensing) nor are there places where the material requires further development (i.e., where not enough explanation is given). Sections are not one long paragraph but broken down into paragraphs.**Discussion** — (1) briefly “recaps” the main ideas (2) revisits the main thesis that was explained in the introduction (3) provides implications specific to the field of counseling and counselor education (this is the practical piece) (4) provides recommendations for research related to your practical (5) gives a genuine sense of wrapping everything up and sending readers on their way  | The title is specific, clear and interesting. The abstract is concise summary, counselor identity focused. Meet author guidelines | Content includes a specific title that summarizes the focus of the paper, abstract offers key information from the paper and keywords that would be beneficial to researchers searching for this type of information. The introduction touches on all six points. The Headings and sub-headings are specific to the focus of the study.There is a background to the study that provides information relative to understanding the importance of the focus. A literature review is more focused on the main ideas of the paper. Examples are provided from various studies that provide support to research questions and focus of paper.Table is provided that offers the main empirical studies that were synthesized.A discussion section organizes information by importance, research questions, and cultures examined. A recommendation section is also provided.Examples provided relates to the topic and within a reasonable range. Each section is concise. Table provided is specific to the intervention of the subject matterAll contents are within range. Discussions contains the implication of the study and provides specific |
| 6 | Reference page is in proper APA style and citations throughout are ample and are primary (not secondary) sources. | The reference page is in proper APA 6th edition and primary sources.  | Reference page is APA 6th edition formatted |
| 7 | Assignment is double spaced, 12 point, Times New Roman | The paper is double space, 12 point Times New Roman | TNR 12pt. Double-spaced |
| 8 | Follow the author guidelines or what you see in the articles you download from the journal regarding use of first person. Either way (first or third person) it must be appropriately professional and scholarly. | The paper is in the third person and follow author guidelines | Written in third person. |
| 9 | Assignment is of proper length (18-22 pages) [not including title page, abstract, references and required appendices]) DO NOT EXCEED PAGE LIMIT. | The assignment is within the required page limit (18-22) | 20 Pages |
| 10 | Few, if any, quotations that are brief and are in proper APA format.  |  | No quotations, or paraphrasing with proper citations |
| 11 | Include a copy of the author guidelines for the article as an appendix item. Include a copy of the grading rubric filled out as a self-assessment as an appendix item | It includes copy of the author guidelines for the article, grading rubric filled out as a self-assessment as an appendix item | Appendix A-author guidelinesAppendix B- Self-Assessment |
|  | Total Points (Points will vary based on quality of each section)- Submission I: 190 Submission II: 250 |   |  |

|  |  |  |
| --- | --- | --- |
| Feedback  | Original comments | Updated |
| For the abstract, present the problem and the research method used in the paper to explore the problem. Briefly describe the research results and that implications for professional counselors are included | Parental communication and support help prevent children and adolescents’ from engaging in risky sexual behaviors; however, parents from diverse cultural backgrounds may face barriers to meaningful conversations with their children concerning sexuality. The goal of this paper is to identify interventions that would benefit families of diverse cultural backgrounds | Parental communication and support help prevent children and adolescents’ from engaging in risky sexual behaviors; therefore, this conceptual analysis addresses the problem of common concerns among immigrant parents and their understanding of effective measures to initiate conversations about sexuality and sexual health |
| See if you can revise this sentence so it is not repetitive. | Understanding cultural differences can help counselors that work with immigrant families, provide interventions that can help parents of diverse cultural backgrounds have meaningful conversations about sexual health and sexuality | Findings indicated that counselor-led interventions that address multiple risky behaviors are most effective, and parents of diverse cultural backgrounds can learn to initiate meaningful conversations about sexual health and sexuality. Counselors should be knowledgeable of cultural differences and ready to offer help to immigrant parents who struggle with initiating a parent-based sexual health conversation. |
| *Keywords*: | Immigrants, parent-child conversations, cultural shame, sexual health |  *Keywords*: Immigrants, parent-child conversations, cultural shame, sexual health |
| Per APA, the title of the paper goes here, not the heading “Introduction.”(Here is your original feedback, it was deleted by mistake). |  | Conceptual Analysis of Counselor-Led Parent Interventions Across Cultures:Measures to Reducing Shame in Parental Conversations on Sexuality |
| In between these two sentences you need transitional discourse that links them (i.e., a statement about how conversations about sexuality between adolescents and their parents would impact these rates or decrease their adolescent’s risky sexual behavior), based on the literature. This can be very brief, because you talk about it in depth below |  | Studies reveal that adolescents ranging in age from 15 to 25 years account for half of the estimated 20 million new sexually transmitted diseases occurring annually within the United States (Gabbidon, Shaw-Ridley, & George, 2017). Pariera and Brody (2018) shared that parents help improve the safety and sexual health of the next generation through meaningful conversations. However, many parents struggle with the feelings associated with sexual conversations, such as sexual shame, feelings of being uncomfortable, and shyness (Gabbidon & Shaw-Ridley, 2018). |
| Studies show the root cause of sexual shame from a young age, including sexual secrecy, sexual abuse, exposure to pornography, religious shaming, being dressed to hide the body, or being shamed for masturbation or promiscuity (Hastings, 1998). |  | Studies show the root cause of sexual shame from a young age, including sexual secrecy (Clark, 2017; Ussher et al., 2017), sexual abuse (Haboush & Alyan, 2013; Pulverman & Meston, 2019), exposure to pornography (Volk et al., 2016), religious shaming (Dale & Keller, 2019), being dressed to hide the body (Clark, 2017), |
| a potential barrier is often view as desires  |  | Having conversations about sexual desires or sexuality are considered off-limits for discourse in many cultures (Clark, 2017) |
| shame how shame about menstruation  |  | They also reported isolation during menstruation. Then, researchers have also noted a connection between shame associated with menstruation and its impacts on sexual decision-making (Schooler, Ward, Merriwether, & Caruthers, 2005). |
| In a study by Ussher et al. (2017), researchers conducted a study to understand the sexual needs of migrants and refugees |  | Ussher et al. (2017), conducted a study to understand the sexual needs of migrants and refugees. |
| and religious construction of their sexual embodiments |  | and religious convictions as dominant factors preventing meaningful parent-child conversations |
| In this study the lens of SCT is used to: |  | In this study, the lens of SCT is used to explore how cultural behaviors impact immigrant parents and their understanding of effective measures to initiate conversations about sexuality and sexual health. |
| Dune2017, mckee2006, |  | (Kyle, 2013, Dune & Mapedzahama, 2017; McKee & Karasz, 2006). |
| a behavioral therapist  |  | counselors  |
| In 2012 |  | In 2018, the Migration Policy Institute reported that 88% of children of immigrant families were born in the United States |
| Provide a brief rationale for focusing on these three cultures |  | Cultures with the highest representation among research on sexual conversations and sexual health included immigrants of African and Hispanic descent. The Pew Research Center reported that Africans make up 39% of the foreign-born Black population (Anderson & Lopez, 2018) and Mexicans and Latin Americans make up one-fourth of the immigrant population (Radford & Noe-Bustamante, 2019) |
| the |  | these |
| Discussion |  | Findings |
| and perceptions that their teens |  | , and perceptions that their teens were not willing to listen to sexually-related conversations (Grossman, Campagna, Brochu, Odermatt, & Annunziato, 2018) |
|  Very robustly referenced Kwame!See if you can find doi or retrieval information for more of these articles |  | It is updatedUpdated all the doi as reflected in the red ink throughout the reference page. |

240/250

I appreciate all the revising you’ve done to increase the rigor and quality of this paper Kwame. Your revisions certainly impact the readability and effectiveness of this compelling piece.

For the amount of time you’ve had to complete this, you’ve done a very thoughtful, purposeful, strategic, and focused job! I am proud of you for all your hard work and all you’ve accomplished!

I hope you find the additional feedback helpful for your growth as an emerging scholar.

May you continue to grow and flourish in your academic journey Kwame! As always, it was a joy and privilege to learn with you this term!