

Cultural Competence in Trauma Therapy with Diverse Populations: Understanding and Practice

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ABSTRACT

Cultural competence is vital in trauma therapy as it significantly impacts the therapeutic outcomes for diverse populations. This narrative review examines cultural competence within trauma therapy, focusing on three central themes: cross-cultural meanings of trauma, the necessity for culturally appropriate therapeutic frameworks, and the application of cultural humility. The review synthesizes existing literature on cultural competence in trauma therapy spanning 2018-2024, highlighting the intricate ways in which culture shapes trauma perceptions and healing processes. The findings indicate that culturally competent practices improve therapeutic relationships and effectiveness in the process. The paper concludes with recommendations for mental health practitioners to incorporate cultural insights into trauma interventions to enhance recovery experiences for clients from diverse backgrounds.

Keywords: Trauma Therapy, Cultural Frameworks, Trauma Reactions, Idioms of Distress, Cultural Humility, Multiculturalism, Stigma, Trauma Narratives

INTRODUCTION

Cultural competence has become a crucial area of psychotherapy, especially due to the ongoing evolution of our understanding of trauma. Cultural competence includes understanding, information, and abilities that allow professionals to interact with clients from a variety of backgrounds, including those who have suffered trauma. Such interaction requires the therapist to make modifications in their approach to working with clients that allow them to attend to sociocultural realities, which often permeate the clients' world (Bryant-Davis, 2019). As noted by Gómez (2023), this approach of integrating cultural competence in therapy gives clients the ability to reclaim their stories and agency during the healing process, in addition to creating a feeling of security and validation. The client gains the ability to make choices and have a sense of control over their life, which is crucial since traumatic experiences bring a sense of powerlessness and loss of control. A sense of agency allows the client in the therapy room to set their own goals, collaborate well with the therapist and re-author their trauma narrative to their preferred ones.

Despite growing recognition of the role of cultural competency in trauma healing, many therapy techniques remain based on Western paradigms that frequently neglect the specific cultural dimensions relevant to minority populations (Ranjbar et al., 2020). Such oversights can worsen racial and cultural tensions in therapeutic settings, and such tensions can contribute to the client feeling insecure, which may negatively affect their willingness to collaborate with the therapist (Comas-Díaz et al., 2019). Further, the absence of culturally informed frameworks may impede effective trauma recovery for people from various backgrounds, compromising the therapeutic relationship and therapy outcomes (DeBlaere et al., 2023; Ranjbar et al., 2020). There is thus an urgent need to integrate cultural competency into trauma treatment in order to connect therapeutic methods with clients lived experiences and their worldviews. This review aims to explore how cultural meanings of trauma, appropriate frameworks for treatment, and the principle of cultural humility intersect to guide effective trauma therapy.

METHODOLOGY

This narrative review utilized a qualitative synthesis of existing literature from peer-reviewed journal articles. A systematic approach was employed to identify relevant studies addressing cultural competence in trauma therapy. The review searched databases such as PubMed, PsycINFO, and Google Scholar using keywords including “cultural competence,” “trauma therapy,” “culturally appropriate frameworks,” and “cultural humility”. The inclusion criteria covered empirical studies, reviews, and theoretical articles published in peer-reviewed journals between 2018 and 2024 that discussed cultural competence and cross-cultural contexts or adaptations of therapeutic practices. Literature focusing solely on one cultural aspect without reference to trauma experiences, articles not involving therapeutic settings or outcomes, and non-peer-reviewed articles or opinion papers were excluded. This structured selection yielded 26 pertinent studies that addressed the interplay between culture and trauma in therapeutic contexts.

DISCUSSION

Cultural Competency

The growing multiculturalism and globalization of society demand that therapists have a thorough awareness of how cultural elements impact trauma experiences and healing. According to Bryant-Davis (2019), ineffective or even dangerous interventions may result from therapists who lack cultural competence misinterpreting the symptoms of trauma, which has been shown to appear differently across cultural contexts. In support of this, Gómez (2021) and Wills et al. (2022) stated that failing to acknowledge and honor the cultural origins of clients can seriously damage the therapeutic relationship, which is essential for trauma treatment to be effective.

Bryant-Davis (2019) opined that trauma survivors frequently have a variety of overlapping identities that influence how they experience and interpret trauma. Cultural scripts and beliefs, which form part of one's identity, are thus crucial to examine and consider. Bruce et al. (2018) added that therapist's risk unintentionally reinforcing stigma or failing to provide a safe environment for clients to share their trauma experiences if they do not have a culturally competent framework. It is therefore due diligence to be cautious of the fact that culturally incompetent care can result in higher psychological discomfort and worse treatment engagement, hence, this cultural knowledge gap not only impacts the therapeutic relationship but also contributes to wider health inequities among marginalized people (Han et al. 2021). Lau and Rodgers (2021) concluded that for therapists to ensure they are prepared to handle the intricacies of trauma in diverse cultural contexts, it is necessary to make a deliberate effort to incorporate cultural competency training into clinical practice. Through capacity building, the clinician can gain overarching skills that they can apply when working with people from different communities.

Cross-Cultural Meanings of Trauma Reactions

According to Theisen-Womersley (2021), cross-cultural definitions of trauma reactions underline the complex interrelationship between psychological reactions to traumatic experiences and cultural contexts. Not only do cultural rules influence how we respond to trauma, but sociocultural perspective can also influence how we conceptualize what constitutes trauma. Theisen-Womersley (2021) further highlighted how cultural frameworks that exist to guide both acceptable and unacceptable behavior affect how people process traumatic experiences and how they communicate their distress in ways that other people can relate to.

This viewpoint is supported by Patel et al. (2022) in a study that investigated gender-based violence among Indian women living in slums, in order to validate and adapt the PTSD Checklist-5 (PCL-5) and the Harvard Trauma Questionnaire (HTQ). The study recruited 111 participants by collaborating with a grassroots non-governmental organization in the community. This study found that even while trauma exposure occurs across the world, there are notable cultural variations in trauma reactions, and Western diagnoses are unlikely to accurately capture the spectrum of trauma reactions in cross-cultural contexts. This suggests that some symptoms might be more common within a certain group of people and settings compared to others, highlighting the need for culturally sensitive evaluations in trauma treatment. Furthermore, cultural

frameworks establish the rules for whether actions should be disregarded, rewarded, or punished. Gradually, certain trauma reactions and displays become beneficial and desirable, or culturally inappropriate and shunned.

According to Froerer et al. (2018), language influences how societies develop narratives about trauma, contextualize traumatic events, and express suffering. The author notes that according to the Solution-Focused Therapy Model, “language creates reality” (De Shazer, 1994) and that therapists can assist clients in creating new realities by using language that includes the precise words they use. An aspect of therapists’ cultural competency is the use of language that helps clients and therapists communicate more effectively, as well as language that instills hope, and focuses on desired outcome rather than the problem.

To augment the role of language in trauma responses, Patel and Hall (2021) authored an article that explored a cross-cultural method for evaluating trauma responses outside of the DSM-5 classifications. The authors emphasized that understanding and utilizing language such as idioms of distress in trauma therapy is part of developing cultural competency. The authors define idioms of distress as contextually relevant, locally shaped, and culturally identifiable manifestations of suffering that are more relevant locally than globally. Furthermore, the common language that idioms offer for describing suffering makes them less stigmatizing than Western constructs which might not be culturally relevant and might be misunderstood. For example, the commonly used phrase “thinking too much” has become a widely used idiom of distress in many dominant discourses, and although it can be connected to both depression and PTSD, it does not always correspond to a single Western diagnosis of trauma.

The role of culture and language is reinforced by the findings of a qualitative study conducted by Woods-Jaeger et al. (2017) that was aimed at exploring culturally appropriate TF-CBT in Tanzania and Kenya. This study recruited 12 lay counsellors from both countries who conducted the study among 32 children and 32 guardians. In this study, the researchers found it difficult getting participants to talk about their emotions because in many African cultural contexts, feelings are rarely acknowledged. In addition, some feelings such as sadness do not have a term that describes them in the local language. Further, the study found that it is not culturally fitting to talk about death or say unpleasant things about the dead. As a result, the study was compelled to employ metaphors in order to further integrate Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) techniques into the local culture.

The importance of cultural considerations when working to alleviate trauma symptoms is further demonstrated by a study conducted by Bentley (2023). In a short, lay-led, group-and mosque-based intervention with 26 participants in Somaliland, Bentley (2023) explored how the application of Islamic Trauma Healing affected the reduction of somatic symptoms in a pre-post feasibility study. The study demonstrated that culturally specific idioms of distress could successfully lessen PTSD-related physical symptoms. This study emphasizes the need for cultural understanding of somatic symptoms in clients who have experienced trauma in order to comprehend clinical change, and it reaffirms the need to look beyond traditional, Westernized measures of distress when attempting to conceptualize and care for populations around the world who have experienced trauma and related psychopathology.

Further, the integration of cultural ideas into mental health procedures is supported by Mendenhall et al. (2019) who studied 100 patients receiving treatment at a public hospital in Nairobi, Kenya, using a mixed methods approach. The participants used the word “depression” in Kiswahili language to refer to a broad concept that grew more severe as life’s obstacles became more acute. As an example, some participants described depression as having many troubles, having a lot of stress, thinking excessively, or being hard-pressed by life. Depression was also associated with negative emotions like worry, confusion, loss, or a sense of alienation as well as physical symptoms like high blood pressure and heart problems, and traumatic and mental events like insanity or uncontrolled anxiety. Additional definitions of depression included extremely exhausted in the mind, an injury in the heart, going insane, inability to eat or speak, little energy, low self-esteem, and isolating oneself from others. Others linked depression with some changes in blood pressure or blood rising. The study concludes that even though idioms of distress have important cultural as well as social significance on their own, they can also be indications of other idioms, ranging from more biomedical terminologies to cultural idioms of distress. Understanding these idioms may improve the efficacy of interventions in trauma therapy.

Culturally Appropriate Trauma Therapy Frameworks

The integration of cultural considerations into current evidence-based therapies allows therapists to develop more individualized and successful care programs. Gómez (2023) explored the significance of culturally sensitive therapy methods for Black women as well as girls who have suffered from sexual trauma caused by cultural betrayal. The author drew attention to the necessity of comprehending the distinct experiences and difficulties that these clients encounter, as well as the use of trauma therapy models that are culturally competent. The author challenges the conventional medical approach to trauma treatment, contending that it frequently ignores contextual and cultural elements that have a big influence on the healing process. Gómez (2023) promoted the utilization of transformative methods of trauma treatment that place an emphasis on holistic healing techniques and cultural competence.

Since an individual is holistic in, there is a need to integrate therapy frameworks that incorporate multicultural concepts to support better therapy outcomes. A culture-sensitive lens would make considerations such as what the client views as the problem, the social resources they inherently have in addressing these challenges as well as identifying potential areas of incongruence in their internal world. A narrative analysis study by Davis et al. (2018) with the aim of exploring the multicultural orientation framework found evidence of the relationship between multicultural orientation concepts such as therapeutic alliance and therapy outcomes. The research emphasizes the importance of the multicultural orientation framework in therapy for effectively addressing cultural ruptures within the therapeutic relationship. Furthermore, this approach promotes trust and cooperation by encouraging therapists to have candid discussions about emotions, cultural differences, and possible fears and misconceptions. Therapists who address these issues can strengthen the therapeutic alliance and provide a safe space for clients to explore their experiences. Unless a therapist is culturally sensitive and continuously embodies such an orientation, they may miss out when the client-therapist relationship ruptures. Contrary, being able to notice with openness and genuineness promotes clients' sense of safety and of being heard.

An example of a therapy model appropriate for creating this safe space especially for couples who have experienced trauma is Emotionally Focused Therapy (EFT). According to Şenol et al. (2023), EFT is appropriate due to its emphasis on attachment and emotional responses. In an article that sought to review the principles and methods of Emotionally Focused Couple Therapy (EFCT), Şenol et al. (2023) noted that it is a comprehensive approach that addresses the challenges and processes that couples face and is beneficial for the growth of both the relationships between couples and the wellbeing of individuals. However, the article noted that ethnic and cultural differences offer EFCT therapists both special opportunities and challenges. One of the challenges may have to do with emotional expressions differing among cultures, despite the assumption that a couple's attachment needs and fears are universal. Some cultures, communities, or individuals may find it difficult to focus on emotions, or EFCT might be insufficient or unwelcome, particularly in cultures where there is a strong inclination to avoid discussing emotions or where emotional expression is restricted. Hence, a therapist who is unable to adjust to cultural differences appropriately and sufficiently will be unable to establish a therapeutic alliance and result in an ineffective therapy process. In cultures such as Kenya where men are socialized to repress their emotions, Şenol et al. (2023) concluded that it could be essential to concentrate mostly on attachment requirements and the acceptance of emotional expression during the therapeutic process.

Moreover, the integration of culturally relevant frameworks can lead to improved therapeutic outcomes. Bendal et al. (2020) carried out a systematic analysis of Trauma-Informed Care (TIC) procedures in youth counseling and identified safety, reliability, peer support, teamwork, empowerment, and cultural sensitivity as some of the fundamental TIC principles that were determined necessary for successful implementation. They also emphasized that in order to optimize the efficacy of TIC interventions, customized strategies are required to address the unique requirements of various populations, considering variables like age, cultural background, and trauma type. This emphasizes how crucial it is to modify treatment modalities to suit the cultural contexts and requirements of clients.

An example of a culturally relevant trauma therapy framework is the ADDRESSING framework proposed by Hays (2024). In a paper that used the ADDRESSING framework to summarize the four steps toward intersectionality in psychotherapy, Hays (2024) emphasized the need for therapists to develop cultural

competence in order to understand and address the varied backgrounds and experiences of their clients. ADDRESSING stands for “Age and generation, Developmental or other Disability, Religion and spirituality, Ethnicity and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender” (Hays, 2024). Integrating the ADDRESSING framework into therapy helps take into account a variety of identity traits such as age, gender, race, and socioeconomic status. This model recognizes the intricate relationships between various social identities and structural factors that influence the mental health and therapeutic outcomes of clients. In order to incorporate intersectionality into their work, Hays (2024) recommended that therapists using the ADDRESSING framework to do four things: 1) participate in continuous self-evaluation and the formation of an intersectional, multicultural perspective; 2) develop awareness of systemic injustices within the mental health system; 3) take into account the effects of systemic oppression on people with intersectional identities; and 4) acknowledge the resilience, strengths, and support that frequently arise with intersecting identities. This approach not only improves the effectiveness of therapy but also advances mental health social justice.

Khairat et al. (2023) summed up the need for incorporating cross-cultural meanings and interventions in trauma therapy in a qualitative meta-synthesis that investigated the experiences of asylum seekers and refugees with individual mental health treatment. The review emphasized how trauma work can be transformative when combined with complementary therapies. It promotes combining western intervention models with cultural healing practices. According to the review, pluralistic approaches in psychotherapy can help embrace the variety of perspectives on healing and transformation to accommodate the growing diversity of clients.

Cultural Humility in Trauma Therapy

Cultural humility is characterized by an interpersonal approach that prioritizes the perspectives of others over one's own, demonstrating respect and an absence of superiority toward an individual's cultural experiences (Hook et al., 2013). It's also identified as a continuous commitment to self-reflection, enabling individuals to understand and respect the cultural values of others while recognizing both the similarities and differences compared to their own (The National Institute of Health 2023). When people embrace cultural humility, they can then handle the power imbalance in their different interactions to attain a sense of equity. Understanding different cultural perspectives helps to highlight aspects of others' experiences that may be beyond our comprehension. This view may be helpful for therapists supporting traumatized clients by embracing the client as an expert in their experiences who can teach them. This maximizes the internal resources they already have.

This view is supported by Bryant-Davis (2019) who conducted a critical review of literature with a focus on culturally supported trauma treatments including psychological interventions designed to address societal trauma. The research also examined how family, community, and societal factors contribute to a survivor's healing process after trauma. The results indicated that individuals may experience multiple traumas that may be interwoven into their meaning-making system, spirituality, and roles. Thus, the practitioners must approach working with them with a sense of humility, empathy, and respect for the client's culture. Therefore, a therapist's skill on cultural awareness, knowledge, skills, and cultural humility are necessary ethical stances in doing trauma-informed work. The study outcomes caution that interventions that are made without a proper examination of the client's cultural limitations may be a disservice to the field, as it leads to cultural blindness which may not consider the multilayered identity of cultural resources and oppression that influences client experience of trauma and recovery.

Further, DeBlaere et al. (2023) conducted a correlational study aimed at exploring the indirect effects of cultural humility when working with black, indigenous women of color. The study findings identified that the most frequent racial microaggression is related to therapists avoiding cultural issues in session or denying any cultural biases. However, these microaggressions are seen to have a negative relation to cultural humility, hence, practicing such humility leads to a stronger working alliance and positive therapy outcomes. The study advocates for addressing and preventing experiences of discrimination in therapy interactions as a way of responding to ethical practice as well as addressing the varied mental health needs among minority populations. Additionally, cultural humility may also be a helpful skill to manage the impact of a cultural offense that may occur in therapy other than ignoring it all together.

The argument for cultural humility in trauma therapy is further supported by a case study conducted by Rovitto (2022) that involved engaging first-generation college students through cultural humility. The case study focused on illustrating the clinical application of cultural formulation interviews and cultural humility throughout treatment to engage and retain the students in college counseling centers. The study's findings suggest that clinicians should be aware of both a client's strengths and weaknesses in order to offer services that are culturally sensitive. The cultural humility framework is supportive in retaining the students in therapy, as it may serve as a supportive intervention for individuals who have had unfavorable experiences with therapy, by building a stronger client-therapist relationship that addresses the power imbalance. The study affirms that these approaches are not only beneficial to college students but also other marginalized populations.

Further, Coleman et al., (2024) conducted a correlational study on therapists' multicultural orientation and outcomes in offering psychotherapy with clients who are incarcerated. The result of the study found contrasting results indicating that incarcerated individuals receiving psychotherapy did not experience improvement in therapy outcomes when the therapist applied cultural humility. This outcome was associated with the meaning and interpretations they had attached to humility such as expectations of assertiveness and competence in place of humility given their context. This brings to attention the possibility of cultural humility being misinterpreted especially in high hierarchy and authority settings hence warranting clinical judgement and caution in application of the same. The study, however, introduces cultural opportunities described as markers that occur in therapy where clients' beliefs, values and cultural identity can be explored. Understanding such opportunities emphasizes the need for a therapist to be fully present in session and to develop a safe therapeutic alliance with the client where curiosity is raised at such moments rather than avoiding them. Therapists would then need to create a strong alliance and have a clear understanding of the client's role expectations, such as the therapist taking a leadership role, rather than making assumptions around cultural humility.

To sum up, Zhang et al., (2022) conducted a review on literature on cultural humility in psychotherapy and clinical supervision. The study placed importance on cultural humility as a skill that increases the probability of cultural issues being discussed in therapy and a higher likelihood of better therapy outcomes. The study results show that cultural humility is positively associated with favorable therapy outcomes. Clients who perceive their therapist as exhibiting cultural humility tend to have a stronger working alliance and greater effectiveness in therapy. The study suggests that therapists who work with clients from diverse backgrounds should recognize the impact of cultural humility on their professional practice and intentionally integrate it into their approaches as a best practice.

Implications for Mental Health Practitioners

This review highlights how crucial it is for mental health therapists to develop cultural competence and to comprehend the cultural backgrounds of their clients. Trauma is not a universal experience; rather, it is viewed and dealt with differently by people from various cultural backgrounds. Mental health therapists need to be aware of these cultural dynamics in order to effectively serve their clients. Creating a more welcoming atmosphere that affirms clients' experiences and adopting suitable trauma frameworks can improve therapeutic relationships and therapy results. In addition, effective trauma treatment requires cultural humility. This includes introspection and awareness of the power dynamics in the therapeutic alliance and encourages therapists to keep learning about the cultural origins of their clients. This creates a secure space for clients to disclose their trauma narratives without worrying about being judged or misunderstood.

CONCLUSIONS

Cultural competence in trauma therapy is an essential element that improves the efficacy of therapies for people from diverse cultural backgrounds. By practicing cultural competency, therapists can better assist clients in their healing processes and provide more equitable and efficient mental health care by recognizing and incorporating these factors into therapy techniques. Developing cultural competence in trauma therapy necessitates acknowledging that trauma is not experienced or interpreted the same way and culturally distinct narratives and meanings can have a big impact on the therapeutic process, using culturally relevant

therapeutic frameworks that acknowledge the diverse backgrounds and experiences of their clients, and application of a multidimensional strategy that includes elements of cultural humility.

In addition, in order to promote successful recovery, therapists must acknowledge the cultural background of trauma and modify their therapeutic modalities accordingly. By embracing these elements in practice, therapists can establish a healing and recovery-promoting environment that recognizes and honors the diversity of trauma experiences of their clients. Such an embrace would have several benefits to the client's journey, including reducing chances of re-traumatization, and increasing clients' sense of agency. Individuals would also gain skills and insight into thriving around their socio-cultural contexts which include a function of relationship with self and with others. Cultural competence can be seamlessly incorporated into therapeutic interventions as a means to explore presenting problems, possible solutions, and change management way after a therapeutic engagement.

Future studies could examine the empirical validation of culturally tailored interventions and training programs that focus on enhancing cultural competence. Such explorations would also shed light on outcomes that have been achieved through such interventions.

REFERENCES

1. Bendall, S., Eastwood, O., Cox, G., Farrelly-Rosch, A., Nicoll, H., Peters, W., . . . Scanlan, F. (2020). A systematic review and synthesis of Trauma-Informed care within outpatient and counseling health settings for young people. *Child Maltreatment*, 26(3), 313–324. <https://doi.org/10.1177/1077559520927468>
2. Bentley, J. A., Gutierrez, D., Alsubaie, M., Rosencrans, P., Peconga, E., Angula, D., . . . Zoellner, L. (2023). Idioms of distress: Feasibility trial findings on reducing somatic symptoms through a community-based, culturally integrated intervention in Somaliland. *Clinical Medicine Insights Psychiatry*, 14. <https://doi.org/10.1177/11795573231213239>
3. Bruce, M. M., Kassam-Adams, N., Rogers, M., Anderson, K. M., Sluys, K. P., & Richmond, T. S. (2018). Trauma providers' knowledge, views, and practice of Trauma-Informed care. *Journal of Trauma Nursing*, 25(2), 131–138. <https://doi.org/10.1097/jtn.0000000000000356>
4. Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, 56(3), 400–408. <https://doi.org/10.1037/pst0000241>
5. Coleman, J. J., Drinane, J. M., Owen, J., Sinha, S., Porter, E. F., Agorsor, C., . . . Davis, D. E. (2023). Psychotherapy with clients who are incarcerated: Therapists' multicultural orientation, alliance, and outcomes. *Professional Psychology Research and Practice*, 55(1), 39–47. <https://doi.org/10.1037/pro0000522>
6. Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist*, 74(1), 1–5. <https://doi.org/10.1037/amp0000442>
7. Davis, D. E., DeBlaere, C., Owen, J., Hook, J. N., Rivera, D. P., Choe, E., . . . Placeres, V. (2018). The multicultural orientation framework: A narrative review. *Psychotherapy*, 55(1), 89–100. <https://doi.org/10.1037/pst0000160>
8. DeBlaere, C., Zelaya, D. G., Dean, J. B., Chadwick, C. N., Davis, D. E., Hook, J. N., & Owen, J. (2022). Multiple microaggressions and therapy outcomes: The indirect effects of cultural humility and working alliance with Black, Indigenous, women of color clients. *Professional Psychology Research and Practice*, 54(2), 115–124. <https://doi.org/10.1037/pro0000497>
9. De Shazer, S. (1994). *Words were originally magic*. W Norton & Company Incorporated.
10. Froerer, A., Von Cziffra-Bergs, J., Kim, J., & Connie, E. (2018). *Solution-Focused Brief Therapy with Clients Managing Trauma*. Oxford University Press.
11. Gómez, J. M. (2023). Culturally competent trauma therapy: Holistic healing. In *American Psychological Association eBooks* (pp. 77–112). <https://doi.org/10.1037/0000362-005>
12. Gómez, J. M. (2021). When solidarity hurts: (Intra)cultural trust, cultural betrayal sexual trauma, and PTSD in culturally diverse minoritized youth transitioning to adulthood. *Transcultural Psychiatry*, 59(3), 292–301. <https://doi.org/10.1177/13634615211062970>

13. Han, H., Miller, H. N., Nkimbeng, M., Budhathoki, C., Mikhael, T., Rivers, E., . . . Wilson, P. (2021). Trauma informed interventions: A systematic review. *PLoS ONE*, 16(6), e0252747. <https://doi.org/10.1371/journal.pone.0252747>
14. Hays, P. A. (2024). Four steps toward intersectionality in psychotherapy using the ADDRESSING framework. *Professional Psychology Research and Practice*, 55(5), 454–462. <https://doi.org/10.1037/pro0000577>
15. Khairat, M., Hodge, S., & Duxbury, A. (2023). Refugees' and asylum seekers' experiences of individual psychological therapy: A qualitative meta-synthesis. *Psychology and Psychotherapy Theory Research and Practice*, 96(4), 811–832. <https://doi.org/10.1111/papt.12470>
16. Lau, L. S., & Rodgers, G. (2021). Cultural Competence in Refugee Service Settings: A Scoping review. *Health Equity*, 5(1), 124–134. <https://doi.org/10.1089/heq.2020.0094>
17. Mendenhall, E., Rinehart, R., Musyimi, C., Bosire, E., Ndeti, D., & Mutiso, V. (2019). An ethnopsychology of idioms of distress in urban Kenya. *Transcultural Psychiatry*, 56(4), 620–642. <https://doi.org/10.1177/136346151882443>
18. Patel, A. R., Newman, E., & Richardson, J. (2022). A pilot study adapting and validating the Harvard Trauma Questionnaire (HTQ) and PTSD checklist-5 (PCL-5) with Indian women from slums reporting gender-based violence. *BMC Women S Health*, 22(1). <https://doi.org/10.1186/s12905-022-01595-3>
19. Patel, A. R., & Hall, B. J. (2021). Beyond the DSM-5 diagnoses: a Cross-Cultural approach to assessing trauma reactions. *FOCUS the Journal of Lifelong Learning in Psychiatry*, 19(2), 197–203. <https://doi.org/10.1176/appi.focus.20200049>
20. Ranjbar, N., Erb, M., Mohammad, O., & Moreno, F. A. (2020). Trauma-Informed care and cultural humility in the mental health care of people from minoritized communities. *FOCUS the Journal of Lifelong Learning in Psychiatry*, 18(1), 8–15. <https://doi.org/10.1176/appi.focus.20190027>
21. Rovitto, T. L. (2020). (Cultural) humility in practice: engaging First-Generation college students. *Journal of College Student Psychotherapy*, 36(3), 294–309. <https://doi.org/10.1080/87568225.2020.1819924>
22. Şenol, A., Gürbüz, F., & Dost, M. T. (2023). Emotion-Focused Couple therapy: A review of Theory and practice. *Psikiyatride Guncel Yaklasimlar - Current Approaches in Psychiatry*, 15(1), 146–160. <https://doi.org/10.18863/pgy.1090793>
23. Theisen-Womersley, G. (2021). Trauma and resilience among displaced populations. Springer eBooks. <https://doi.org/10.1007/978-3-030-67712-1>
24. The National Institute of Health. (2023). An Interview with Endiya Sykes, Neshana Harper and Soumitri Sil, PhD | Pain Consortium. <https://www.painconsortium.nih.gov/interview-endiya-sykes-neshana-harper-and-soumitri-sil-phd>
25. Woods-Jaeger, B. A., Kava, C. M., Akiba, C. F., Lucid, L., & Dorsey, S. (2016). The art and skill of delivering culturally responsive trauma-focused cognitive behavioral therapy in Tanzania and Kenya. *Psychological Trauma Theory Research Practice and Policy*, 9(2), 230–238. <https://doi.org/10.1037/tra0000170>
26. Zhang, H., Watkins, C. E., Hook, J. N., Hodge, A. S., Davis, C. W., Norton, J., . . . Owen, J. (2021). Cultural humility in psychotherapy and clinical supervision: A research review. *Counselling and Psychotherapy Research*, 22(3), 548–557. <https://doi.org/10.1002/capr.12481>