Introduction
The current literature suggests a low rate of reported child sexual abuse among the Asian-American population. However, it is likely that the prevalence of child sexual abuse is underreported, given the many cultural, language, and structural barriers that exist among Asian Americans and influence their access to mental health services. These include a collective cultural avoidance of shame, family roles and expectations, cultural values of inconspicuousness, conservative views towards sexuality, language barriers, unfamiliarity with culturally-competent mental health services, and the perceived financial burden of psychological services. Most of the research identifies cultural barriers that impact the underutilization of services among Asian Americans. It is important to identify specific strategies to directly address participation and treatment. This presentation focuses on approaches for increasing child sexual abuse reporting among Asian-Americans as well as intervention strategies to decrease the risk of premature termination and increase the overall progress through and satisfaction with treatment.

Cultural, Language and Structural Factors that Influence Seeking Mental Health Services for Child Sexual Abuse (cont’d):

• Asian Americans hold a more conservative view regarding sexuality than most European Americans (Chan & Yang, 1986)
• More conservative in discussing issues of sexuality (Bhugra & Cordle, 1988)
• Less likely to terminate once in therapy (Gray & McKinney, 1975)
• Less satisfied with therapists
• Less access to service and progress in treatment
• Less satisfied with overall service received

• Increased efforts for mental health training among primary care physicians so they can better identify and refer to appropriate mental health resources (Kouvo, Znamenskaia, & Hansen, 2003)
• Hypoeducational discussion groups to raise awareness of child sexual abuse (Ho, 1990). Two model programs:
  - Southeast Asian Child Sexual Assault Prevention Project—SEACAPP (Kim, 1981; Sue, 1981)
  - National Asian American Psychology Training Center—NAAPTC (Wittet & Wong, 1987; Wong, 1987)
• Public awareness of services: Address views, beliefs, and expectations about services:
  - Stress protection of privacy and confidentiality
  - Describe availability of language/ethnic matches
  - Increase awareness of availability of low cost mental health service options, especially among low-SES, non-English speaking immigrants (Steff & Prosperi, 1985)
• Describes goals and techniques of services that are culturally appropriate and relevant (Wong, 1982)
• Target strategic community settings to open avenues for counseling resources (Cheng, 1991)
• Community settings such as Asian religious temples or churches, cultural centers, Asian grocery shopping centers, restaurants
• Understand child sexual abuse and disclosure patterns in Asia to inform strategies to increase reporting:
  - (Ma, Yau, Ng, & Tong, 2004) found that in Hong Kong, of 58 CSA victims, those who had been abused multiple times were more likely to have been abused by a family member, took a longer time to disclose, and were more often abused in contexts where the abuser had control and power. Over 40% of subjects reported presence of another person during the abuse.
• Hire paraprofessionals to reach out to community
  - Recommended among Latino and Southeast Asian populations, who also stress the importance of family to community and family, was hiring an ombudsman to help establish trusting ties between community mental health centers and the Latino community and publicize available mental health services to the community (Keefe & Casas, 1980)
• Past research has shown that indigenous workers who go into the community to work with and refer clients have had a small positive impact on the mental health of minorities (Taylor, Stewart, & Forman, 1973)

Conclusion
While much research has addressed the cultural, language and structural barriers to mental health services among Asian-Americans, research regarding specific strategies is scant. This paper reviews potential strategies based on empirical research that may help to increase abuse reporting, initial participation in mental health services, progress through and overall satisfaction with treatment among Asian-American victims of child sexual abuse. Further research should be aimed at testing the effectiveness of these interventions.