



Increasing the Accessibility and Impact of Mental Health Services For Asian-American Victims of Child Sexual Abuse

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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 collectivist culture, 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 (Futa, Hsu, & Hansen, 2001):

Collectivity vs. Individuality

- Generally oriented towards the group whereas European Americans are oriented towards individual
- Interdependent, group-oriented society
Needs of group often take precedence over needs of individual

Importance of Family

- Roles and expectations:
 - Gender roles in a patriarchal family structure
 - Filial piety of children
- 60% Asian-American victims were abused by a male relative (Rao, DiClemente, & Ponton, 1992)
- Asian caretakers least likely to believe in child's accusation (Rao et al., 1992)
- Family dynamics which are barriers to CSA disclosure: rigidly fixed gender roles based on a patriarchal family structure, family violence, closed and indirect communication patterns, and social isolation (Alaggia, 2005)

Conformity, Inconspicuousness, and Middle-position virtue

- Emphasized as a way of being in harmony with societal groups
- CSA may jeopardize harmony within family and group

Avoidance of Shame

- Loss of face attracts attention to individual as well as others associated with the individual
- Most Asians would keep sexual assault a secret within family for fear of community rejection and blame (Rao et al., 1992)

Self-Control and Fatalism

- Self-control and self-restraint brings pride to individual and family
- Expression of strong feelings considered signs of weakness
- Mental illness viewed as a personal weakness and lack of will power (Root, 1985)
- Fatalism is making the best of a situation without attempting to further control environment
- Punishment for past wrongs of family (Chan & Leong, 1994)

Language barriers

- Language to communicate feelings
- Unfamiliarity with mental health resources in community (Ho, 1990; Cheung, 1991)

Perceived financial burden of psychological services

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

Conservative views towards sexuality

- 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)

More likely to terminate once in therapy (Sue & McKinney, 1975)

- Less satisfied with therapists
- Less access to service and progress in treatment
- Less satisfied with overall service received

Strategies to Increase CSA Reporting and Initial Participation in Mental Health Services

- Increase efforts for mental health training among primary care physicians so they can better identify and refer to appropriate mental health resources (Kouyoumdjian, Zamboanga, & Hansen, 2003)
- Psychoeducational 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)
 - Describe goals and techniques of services that are culturally appropriate and relevant (Wong, 1982)
- Target strategic community settings to open avenues for channeling resources (Cheung, 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 populations, who also stress 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)

Strategies to Increase Satisfaction with and Overall Progress in Treatment

- Recognize and target symptoms common among Asian victims of child sexual abuse
 - Victims less likely to show anger (Rao et al., 1992)
 - Greater internalizing tendencies such as anxiety, depression & suicidal ideation (Rao et al., 1992)
 - Higher levels of depression and anxiety found in women who had been physically abused and children who had witnessed the abuse in Hong Kong (Tang, 1997)
 - Higher levels of suicidality were found among Asian American children who had experienced incest (Rao et al., 1992)
 - Somatic symptoms: Norton and Manson (1992) found that accompanying the cessation of violence in cases involving Southeast Asian women were reports that the headaches and depressive symptoms had disappeared
 - Nonverbal expression of feelings rather than through verbal expressions more common (Futa, Hsu, & Hansen, 2001)
- Assess whether client has a strong collective or independent sense of self (Lum, 1998)
- Modify current therapies to account for different cultural expressions of symptoms
 - Lee and Seligman (1997) found that Asian-Americans may "normally" express more negative thoughts
 - Chang (1996) suggests that this is in order to gain control through anticipating important negative interpersonal outcomes and recommends that focusing on negative thoughts in the absence of optimism rather than simply negative thoughts alone
 - Adjustment to Beck's Cognitive Therapy for depression: better to increase level of optimism rather than decrease level of pessimism, which is in contrast to Beck's cognitive therapy for depression (Chang, 1996)
- Sensitivity to feelings of child regarding family members
 - Conflicting results regarding whether to interview child who was sexually abused with or without family present (Okamura, Heras, & Wong-Kerberg, 1995)
- Consider comprehensive services at four levels of intervention based on client needs: individual, family, organizational, and social (Cheung, 1991)
- Use of genogram gives client opportunity to share family secrets (Scully, Kuoch, & Miller, 1995)
- Interventions and problem-solving:
 - Use culturally appropriate avenues for dealing with family problems may include using an uncle or respected elder to intervene with perpetrator (Lum, 1998)
- Acknowledge degree of acculturation and development of ethnic identity
 - Affects change in attitudes, behavior, cognitions, identity and values (Berry, 1990)
 - Understand knowledge about one's own ethnic group and belonging as a member (Bernal, Knight, Ocampo, Garza, & Gota, 1993)
- Use of proper assessments and strategies
 - Use strategies that are the least culturally biased, which include cognitive-behavioral approaches such as behavioral observations, self-monitoring, and behavioral self-report rating scales (Paniagua, 1998)
 - Consider effects of language and mainstream methods of diagnoses and testing to avoid misdiagnoses (Hsu, Davies, & Hansen, 2004)
- Consider the unique historical background and mental health needs among Asian subgroups,
 - East Asians were found to use more services than Southeast Asians and Filipinos (Barreto & Segal, 2005)
 - PTSD among Southeast Asian Refugees (Hsu, Davies, Hansen, 2004)
 - Differences between first and second wave refugees (Chung, Bemak, & Wong, 2000)

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.