

**Exploring Perceptions of Child Sexual Abuse and Attitudes Towards
Help-Seeking among South Asian College Students**

By

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ABSTRACT

**Exploring Perceptions of Child Sexual Abuse and Attitudes Towards
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Chair: Ramaswami Mahalingam

In this dissertation study, I examined perceptions of child sexual abuse (CSA) and attitudes towards psychological help-seeking held by South Asian college students living in the U.S. I conducted an online community survey (N = 349) among South Asian college-aged students (age range 18 to 25) who self-identified as South Asian, South Asian-American or with any other subethnic group falling under the South Asian category (e.g. Indian, Pakistani, etc.).

More specifically, I examined the effects of Asian American Model Minority endorsement (e.g., Asian Americans are the most successful group in the US), idealized gender ideology (Asian Male Ideal and Asian Female Ideal), and acculturation on perceptions of CSA and attitudes towards help-seeking in a sample of male and female South Asian college students across the United States. I found that MM Ideology was a significant predictor of certain types of CSA myths and theories. Higher endorsement of

MM Ideology predicted less Blame Diffusion ($b = -.17, p < .01$), greater belief in Culture as Protective Factor (for CSA) ($b = .17, p < .01$), and greater belief in Lay Theories of Coping ($b = .24, p < .001$). MM Ideology did not predict Attitudes Towards Help-Seeking. Asian Male Ideal (AMI) predicted all factors related to perceptions of CSA except for Restrictive Abuse Stereotypes. That is, AMI predicted greater endorsement of Blame Diffusion ($b = .14, p < .05$), greater Denial of Abusiveness ($b = .19, p < .01$), greater belief in Family and Community Awareness/Response ($b = .30, p < .001$), greater belief in Culture as Protective Factor ($b = .18, p < .01$), and less knowledge of Lay Theories of Coping ($b = -.15, p < .05$). AMI predicted less positive Attitudes Towards Help-Seeking, as well ($b = -.16, p < .05$). Asian Female Ideal (AFI) predicted greater Denial of Abusiveness ($b = .19, p < .01$), greater Restrictive Abuse Stereotypes ($b = .16, p < .01$), and greater belief in Culture as Protective Factor ($b = .15, p < .05$). AFI also predicted less positive help-seeking attitudes, ($b = -.18, p < .05$). Lastly, I found that acculturation predicted less Blame Diffusion ($b = -.13, p < .05$), less Denial of Abusiveness ($b = -.19, p < .01$), and less belief in Culture as Protective Factor ($b = -.14, p < .05$). Acculturation did not predict help-seeking attitudes. Thus, a majority of my hypotheses were supported.

Overall, the present research findings point towards the importance of cultural context when conceptualizing CSA amongst immigrant groups in the United States. The results of this study have important implications for clinicians working with South Asian CSA survivors and their families, community members and organizations addressing issues related to gender violence, colleges interested in developing culturally competent services, and researchers in the areas of clinical and gender psychology.

Chapter I

Introduction

“Chandni, a brilliant 16-year-old New Delhi girl repeatedly complained that her mathematics teacher was “touching and fondling her private parts”. When the girl’s parents complained, the principal called them “regressive” and blamed them for damaging the school’s reputation. The girl now stays at home to help cook and clean, her school bag lying in a locked cupboard, her scholastic career over.” (Lal, 2007)

“I know first hand what it means to be sexually, physically and emotionally abused since I was 4 years old. The culture of abuse is so ingrained that I felt helpless and tried to end my life at age 10 when my school principal suggested I join my dead parents after physically beating me and pulling my hair till my head ached. I resolved never to allow this to happen again. A grew up, left the country and vowed never to bring an innocent child into this world ever....49 years later, I have kept my word.” (Bryan, www.asiasentinel.com).

Rani, a 4-year old girl from New Jersey, couldn’t understand why an uncle had touched her in a place that no other person ever had before. She was confused but tried not to think about it too much. She loved this uncle and his family so much. It happened again 2 years later, then another year later, while the rest of her family were in the next room. She is 21 years old today, strong and beautiful, but still faces the repercussions of telling her family about that uncle’s actions.

Seema, a 17 year-old girl from Virginia, talked to her male cousin over the phone every week. When he moved to her hometown for graduate school, she was ecstatic. He was the older brother she had never had. He understood her so much better than her own parents or peers. When he would sneak into her bedroom as a lover many nights, however, she knew something wasn’t right. But she trusted him. He’s married now and never speaks to Seema about those nights.

The vignettes above are troubling and disconcerting to read but it is important to note that they are all true. The first vignette was found in an Indian news article about Child Sexual Abuse (CSA) (Lal, 2007), the second was found on an online blog with testimonials from victims of CSA (www.asiasentinel.com), and the others are stories that

have been described to me first-hand. Sadly, these stories are everyday realities for as many as half of India's children, according to the Study on Child Abuse conducted by the Ministry of Women and Child Development, UNICEF, and Save the Children (Government of India, 2007). This national study also notes that child sexual abuse in India begins as early as five years of age, can include a slew of sexual crimes, and was endorsed by 53% of sampled participants. Of the 12,447 children interviewed in this study, 21.90% of respondents faced severe forms of sexual abuse, 5.69% had been sexually assaulted and 50.76% reported other forms of sexual abuse. Importantly, this same study found that 89% of the children interviewed indicated family members as perpetrators of abuse. Furthermore, boys reported facing more physical abuse (73%) than did girls (65%).

While this study revealed important statistics in India, the statistics for CSA amongst South Asians living in the United States are currently unknown. Accurate statistics on the prevalence of child and adolescent sexual abuse are difficult to collect because of underreporting and the lack of a unanimous definition of CSA. Statistics regarding the prevalence of CSA in the South Asian community are even more challenging to obtain due to cultural stigmas and taboos surrounding sexuality, mental health issues, sexual transgressions, and familial conflict. This is compounded by the "model minority" stereotype of Asian Americans - an idealized representation of this immigrant group which has been found to produce a host of positive and negative mental health outcomes (Mahalingam, 2006; Haritatos, 2005). Negative consequences of this

stereotype include the internalization of an idealized identity - an idealized notion of the self or of one's group to negate the dominant groups' views - which may contribute to the masking of circumstances that would shame one's family or community. Irrespective of the statistics or population discussed, however, there is general agreement among mental health and child protection professionals that child sexual abuse is not uncommon and is a serious problem in the United States, across all cultural groups (Finkelhor, 1994).

This study attempts to break the silence regarding child sexual abuse (CSA) among South Asian immigrants living in the U.S. I argue that internalization of the Model Minority Myth (MMM) impacts perceptions held by South Asian individuals regarding the prevalence and consequences of child sexual abuse in their community. Additionally, within the bounds of arguing whether or not the model minority is a true representation of the group or merely a myth (e.g., Cheng, 1997), less attention has been directed towards gender in the context of this stereotype (e.g., Browne & Misra, 2003; Purkayasta, 2005). I argue that the significance of exploring gender within the context of dominant stereotypes such as the "Model Minority" are twofold: (a) Gender scholars have noted that women's bodies and traditionally gendered spaces (e.g., as daughters), become the sites for maintaining the values that honor the group (Ortner, 1974; Yuval Davis & Anthias, 1989); (b) Women often negotiate these hegemonic identities by reifying and resisting these idealized identities in complex ways (Chen, 1999; Glenn, 1991, 1997; Hochschild, 1989; Ong, 1999).

In addition to exploring perceptions of CSA in this immigrant community, I examine how these perceptions are related to help-seeking attitudes, i.e. seeking professional psychological services. I examine how level of acculturation, in addition to

internalization of MM Ideology, shapes the likelihood of South Asian individuals seeking mental health services when distressed. I contend that acculturation is an important factor to consider when discussing help-seeking attitudes of South Asians due to extensive literature indicating greater acculturation to be associated with more positive help-seeking attitudes among Asian Americans (Atkinson & Gim, 1989).

In summary, I argue that social marginalization within the immigration context contributes to an idealization of ethnic identities (Mahalingam 2006), such as the “model minority” identity for South Asian immigrants. Gender is also a major site of constructing such idealized identities (Espin, 006; Haritatos, 2005; Pesar, 1999). Such idealizations can potentially effect perceptions of child sexual abuse, which in turn, can impact reactions to incidents of CSA and the likelihood of seeking professional help. Additionally, I argue that level of acculturation and endorsement of traditional gender ideology are likely to have an effect on i perceptions of CSA and help-seeking.

The dissertation is organized as follows: I begin with a historical perspective on South Asian immigration to the United States. I then review the cultural context of this immigrant group, highlighting the role of MMM and gendered processes. Next, I review the literature on child sexual abuse, with a particular focus on research related to *perceptions* of child sexual abuse. Following this section, I review literature on lay theory, which refers to the “common sense beliefs” individuals hold regarding a certain topic or construct. I pay specific attention to literature on lay theory related to mental health and help-seeking, as this is the type of belief system I examine in my study. I then review literature on help-seeking as it relates to acculturation and gender. Finally, I

present the integrated theoretical model being tested in this study followed by my study methods, results, and discussion.

Historical Perspectives on South Asian Immigration

Asian Indians began immigrating to the United States at the beginning of the nineteenth century. A large percentage of them hailed from the Northwestern region in India, Punjab, with the majority immigrating as agricultural laborers. Gonzales (1986) noted that the similarities in agricultural and ecological conditions between Punjab and California added to the comfort of the new immigrants, and enabled them to adapt easily to their new environment. Soon, new legislation was passed that impeded their progress. The Alien Land Law of 1913 prohibited immigrant ownership and leasing of land in California while The Immigration Act of 1917 further barred Asian and Indian immigrants from leasing land at all (Gonzales, 1986). Early immigrants from India actively sought to resist these infringements in a number of ways. For example, Asian Indians' fight for citizenship in the United States is highlighted by the case of Bhagat Singh Thind who claimed that Asian Indians were similar to Caucasians, thereby deserving of citizenship. The case was rejected by the Supreme Court in 1923. These events marked the decline of Asian Indian immigration to the United States until 1965 (Mahalingam, Philip, & Balan, 2006).

With the passing of immigration legislation in 1965 that permitted the entry of professional immigrants, however, a new surge of Asian Indian professionals began (Wong, 1986). The impetus for professional labor entry led to the operation of selection processes whereby those with the highest education in India arrived as immigrants (Hirschman & Wong, 1988). This has been cited as one of the main reasons for the high

academic achievement among Asians (e.g., Hirschman & Wong, 1988) and has been exemplified in the stereotype of the “model minority.”

This stereotype is mistakenly placed on all Asian ethnic groups that have immigrated to the U.S., although for purposes of this work, I focus only on its application to the South Asian subgroup. This subgroup consists of individuals who have immigrated from Bangladesh, Bhutan, India, Nepal and Sri Lanka. South Asia is ethnically diverse with more than 2,000 ethnic entities with populations ranging from hundreds of millions to small tribal groups. The amalgamation of Dravidian, Indo-Aryan, and local tribal cultures over the centuries in South Asia have created common culture, traditions, and beliefs between the large number of ethnic groups. Consequently, South Asian immigrants today share many similar cultural practices, festivals, and traditions.

The South Asian Cultural Context

Social Marginality and The Model Minority Myth

Social Marginality Theory offers a framework for explaining how social context might impact South Asian immigrants living as a minority group in the United States. Indeed, Robert Park’s (1928) provocative paper, *Marginal Man*, spurred generations of sociological research on social marginality (Antonovsky, 1956; Green, 1947; Mahalingam, 2006, 2007; Mahalingam & Haritatos, 2006; Stonequist, 1935; Ziller, Stark, & Pruden, 1969). Park (1928) specifically argued that members of marginalized groups have to negotiate dual worldviews with varying expectations and demands in order to successfully navigate their social location. It has been contended that marginality “consists of an inner strain and *malaise*, a feeling of isolation, of not belonging” (Stonequist, 1937, p. 201). Because Asian Americans often straddle two cultures - Asian

and American - it has been argued that they may similarly find themselves living in two different cultural milieux. This is compounded by the “perpetual foreigner syndrome” in which Asian Americans are not treated as “Americans” by the dominant White society due to Asian Americans’ visibly different phenotypic features when compared to their European immigrant counterparts (Kim, Gonzales, Stroh & Wang, 2006; Wright & Wright, 1972). According to Park (1929), this inability to be a part of the dominant group is a key component of marginality theory, resulting in a marginalized personality with “inner turmoil” and vulnerability to distress.

According to more recent work that extends this theory, power differentials experienced by immigrants on a number of axes of identity may locate these individuals and their families in a complex field of racial positioning (Kim, 1999; Mahalingam, Philip & Balan, 2006). This body of research notes that being in a marginalized social location heightens one’s awareness of social power, whereas those in dominant social locations essentialize social categories in order to legitimize existing social hierarchies (Fiske, 1993; Mahalingam, 2003). To negate such hegemonic social representations, those in marginalized positions - including immigrants - often find the need to create strong, idealized social identities in comparison to their dominant counterparts. This is often done by tracing their roots to a mythical past or a rich cultural heritage, or by developing a reflective understanding of their country of origin’s culture (Mahalingam, 2006).

Although there is a growing body of empirical work that focuses on adjustment outcomes among marginalized individuals (Berry, 1997; Nguyen et al., 1999; Nguyen & von Eye, 2002), there is an absence of research examining the consequences of social

marginality on psychological well-being with a few exceptions (see Kim, et al., 2006 as an exception to this). While research on immigrants and their psychosocial adaptation as a function of the immigration process were once the foundations of American sociology, there is a continued need to understand how immigration impacts individuals, families and communities in varying sociocultural contexts. Furthermore, there is a dearth of research on how South Asians are impacted by the immigration process. This is problematic today considering the growing population of South Asians living in the U.S. and the responsibility of the mental health field to adapt to the unique needs of its potential clientele. In effect, in order to accurately understand the experiences of South Asian immigrants in the U.S., both researchers and practitioners in the mental health field should examine how the Model Minority Myth shapes Asian Americans' experiences and their psychological outcomes. While this positive idealized social identity can be a source of pride and resilience it can also be a source of pressure, depending on measured outcome (e.g. mental health, academic achievement etc.)

The Model Minority Myth once targeted Japanese Americans but has, over the years, been applied to all Asian subgroups living in the U.S. While this stereotype might be a source of pride, it is also paired with certain pressures and expectations. Originated by sociologist William Petersen (1966) and elaborated on more recently by Herrnstein and Murray (1994), this theory asserts that "Japanese Americans are characterized by high educational attainment, high median family income, low crime rates, a lack of juvenile delinquency and a lack of mental illness" (Cheng, 1997). This propagates the notion that Asian Americans are not negatively affected by psychological distress or conflict and thus rarely utilize mental health services due to high psychological well-

being. While these stereotypes and representations of Asian Americans are valid to some extent, they may in fact, be “too good to be true”, in so much that they gloss over mental health issues such as sexual violence and CSA that are present within the South Asian community. Because South Asian women are viewed as members of the “model minority” outside of the home, and as purveyors of culture within the home, they face a predicament of having to maintain certain standards set by the expectations of being a Model Minority member (Mahalingam & Haritatos, 2007) and as women in their families. Given that a South Asian woman’s status is primarily linked to her ability to marry and have children (Sandhu, 1997), it is likely that family expectations within the immigration context play a role in silencing experiences of child sexual abuse. This is likely to apply to male individuals in certain contexts within the South Asian community, as well.

Interestingly enough, researchers in the field of CSA have indicated that silencing is a powerful tool used by perpetrators that allows them to be able to continue the abuse and reinforce the powerlessness of the victim (Briere, 2002; Herman, 1992). Lacking a safe forum to disclose the identity of their perpetrator, or fearing the loss of important family support systems linked with the perpetrator, many CSA victims never reveal their experiences of abuse. Additionally, many CSA victims experience concern over who will actually believe them upon disclosure.

Gilligan and Akhtar (2006) highlight cultural barriers to the disclosure of child sexual abuse through qualitative interviews with South Asian women in Britain. Findings suggested that child sexual abuse disclosure was often hampered by lack of basic knowledge of child sexual abuse, lack of awareness of the existence and nature of the

services available to respond to it, fear of public exposure if child sexual abuse was disclosed, fear of meeting culturally insensitive responses from professionals, and cultural factors (e.g. *izzat* [honor/respect], *haya* [modesty] and *sharam* [shame/embarrassment])– all of which appeared to impede individuals’ and families’ willingness to disclose CSA.

NGOs Coalition on Child Rights/UNICEF (1999) noted that *izzat* is “Honor, not so much as what is honorable, but in terms of community standing”, while *sharam* is defined as “not so much as what may be deemed as wrongful (or even sinful), but by behavior and conduct that bring shame to the family and community as a whole” (p.12). Other studies support the argument that *izzat* and *sharam* are crucial to understanding the experiences and behaviors of people within South Asian communities (Chew-Graham et al., 2000). In the context of domestic violence and mental health, for example, Gilbert and colleagues (2004) concluded that maintaining the “good name” of the family was essential to all generations, and that those individuals who ignored *izzat* knew they would suffer the consequences of being cast out and disowned. *Haya* (modesty), on the other hand, is an Islamic term, which refers to the shyness “that should serve as a strong defense against ‘evil’ inclinations” (Gilligan & Akhtar, 2006). Islam offers Muslims very clear rules for almost all associated aspects of their lives, all of which promote *haya* and the creation of a social environment that endeavors to avoid sexual excitement and stimulation (Maududi, 1987). The South Asian women interviewed by Chew-Graham et al. (2002) also emphasized that the experience of immigration might have heightened their difficulties by adding to competition between families and to pressures “to do well” in the eyes of relatives abroad. The Model Minority status thus offers a sense of pride and

community belonging for South Asian individuals, but it can also serve as a major stressor, creating rigid guidelines, diminished emotional expression and potentially anxiety-producing expectations. The ways in which “Model Minority” members experience the positive and negative consequences of this idealized identity depend on a number of factors, including one’s gender.

Engendering Immigrant Identities

Differential treatment of girls and women, in and out of the Asian Indian home, has been documented since the colonial era in India (Panigrahi, 1972; Wilson, 1855) and China (Hudson & den Boer, 2004), as evidenced by female infanticide and feticide. Today, this favoring of the male gender is evident among second generation immigrants, though slightly different in the post-migration context. According to Mahalingam and Haritatos (2006) who interviewed Asian-Indian female college students with male siblings, almost all participants reported some type of differential treatment within the home in the realms of dating, marriage, curfews, and other social behaviors based on gender. Participants in this study also described experiences that implicitly conveyed messages about being a “good daughter”, with chastity strongly tied to a sense of family honor and respectability. These gendered sets of rules and expectations, however, did not translate to the academic/career domain, where daughters were given equal opportunity to succeed in school similar to their male counterparts.

When living in a community incongruent with their own culture and country of origin, first-generation immigrant parents often perceive themselves as having the sole responsibility of imparting cultural values to their children. This can result in restrictive behaviors by parents and an active reproduction of a traditional version of their culture

(Dhruvarajan, 1993; Sodowsky & Carey, 2006). This socialization and parenting process is often gendered, with a larger burden placed on women to preserve their cultural identities. In a qualitative study, Inman, Constantine and Ladany (1999) highlighted this gendered phenomenon as Asian Indian women narrated how engaging in traditional behaviors would prevent “others [in the community] from pointing a finger at [their] family” (p.36). Similarly, several immigration researchers have pointed out that women are believed to be the “purveyors” of culture with female modesty and chastity believed to symbolize the essential characteristics of their kin, family, and group identity (Dion & Dion, 2001; Espiritu, 2001). Further, Roland (1996) discussed how Pakistani women may have more of a sense of “we-self” or relational self in comparison to their male counterparts. This might result in women thinking more about their family’s needs than their own, making it less likely that they seek help outside of the home. Similarly, Dasgupta (1996) examined the lives of battered Asian Indian immigrant women and highlighted how the preservation of marriage and fulfilling culturally proscribed gender roles at the cost of personal freedom are two additional elements that complicate the issue of domestic violence disclosure and help-seeking in the South Asian context (Dasgupta & Warrier, 1996). In addition, the women in this study indicated that they felt responsible for their families and were eager not to compromise their family’s honor by preserving cultural traditions of family harmony. Thus, cultural traditions and conservative gender roles compounded by a minority status in the U.S. context seem to contribute to how gender is conceptualized and idealized within South Asian families.

Converging evidence suggests that the social positioning and cultural identity of Asian women living in the U.S. leave them in a unique situation in comparison to their

male counterparts, as well as to other immigrant women. Being viewed as members of the “model minority” outside of the home and as purveyors of culture within the home, they face a triple predicament (Mahalingam & Haritatos, 2007). That is, in addition to confronting gender discrimination and differential treatment within their ethnic group, these women may also experience discrimination from women outside of their ethnic group and must maintain the expectations of being a Model Minority member (Mahalingam & Haritatos, 2007). Indeed, the psychological well-being of Asian women seems to be dependent on how they negotiate and internalize the competing demands of their cultural and gender identities.

Child Sexual Abuse: Definitions and Perceptions

There is no universal definition of child sexual abuse (CSA) but, for the purposes of this work, I utilize the definition provided by the American Psychological Association (APA). According to the APA, “a central characteristic of any abuse is the dominant position of an adult that allows him or her to force or coerce a child into sexual activity. Child sexual abuse may include fondling a child's genitals, masturbation, oral-genital contact, digital penetration, and vaginal and anal intercourse. Child sexual abuse is not solely restricted to physical contact; such abuse could include noncontact abuse, such as exposure, voyeurism, and child pornography” (www.apa.org). This definition has been defined by a U.S.-based organization and has undoubtedly been influenced by the cultural context of the U.S., which is shaped by Western-based constructs, research paradigms, media representations, and coverage of child sexual abuse.

Further, individual factors that might influence the way in which CSA is defined and perceived within a culture, including gender (of the abuser and the victim), the extent

to which one adheres to and internalizes traditional roles (gender ideology), and level of acculturation (for immigrant groups), among many other factors. For the purpose of this paper, I focus on gender ideology and level of acculturation as they relate to perceptions of child sexual abuse.

The way in which people understand CSA is important in uncovering the way they would react to such an occurrence in their own lives as well as in the lives of others. Perceptions of CSA may include perceptions related to the perpetrator, the survivor, and to the families of each. Below, I review studies that have examined the following two factors in relation to this topic: acculturation and gender/gender ideology.

A few studies have been conducted on what individuals consider to be CSA, and how one's gender or sex impacts these perceptions. Researchers often provide vignettes or case examples followed by questions exploring the perceptions of the victim, perpetrator, and the impact of the scenario. Broussard, Wagner, and Kazelskis (1991), for instance, offer written descriptions of a sexual interaction between an adult and a 15-year old to examine the impact of victim, perpetrator, and respondent sex on perceptions of CSA. This study also examined victim response to the labeling of child sexual abuse, perception of realistic victim behavior, and effect on the child. Results of this study showed that participants tended to view the interaction of a male victim with a female perpetrator as less representative of child sexual abuse. Respondents also thought that male victims of this interactional pattern would experience less harm than would victims of other interactional types (e.g., female victim-male perpetrator). Similarly, findings from another study revealed that involvement between a male teacher and a female student was viewed more negatively than involvement of a female teacher with a male

student (Smith, Froumout, and Morris, 1998). These findings speak to assumptions or perceptions of CSA based on victim sex, with male victimization believed to be less representative of CSA and generally less harmful.

Perceptions of CSA also seem to differ by gender of the individual being asked to evaluate a CSA-related scenario. In Smith, Froumout, and Morris' (1998) study, respondents were asked to read a vignette describing a sexual experience either between a male teacher and a female student, or between a female teacher and a male student, and then rate their perceptions of this experience. Overall, women viewed these involvements as more serious, believing that they would have more negative effects on the student. Results showed that men, when compared to women, were more likely to differentiate between the male teacher-female student pairing and the female teacher-male student pairing. This suggests gendered differences in tolerance of and sensitivity to child sexual abuse. The power difference between a male perpetrator and female victim is generally assumed to be more problematic and harmful than the power dynamic between a female perpetrator and male victim. The roots of these beliefs are likely to be found in gender socialization practices and adherence to traditional gender roles within a cultural context.

Indeed, Hilton, Harris, and Rice (2003) examined the relationship between sex-role attitude and rater's reported seriousness of sexual and non-sexual physical aggression scenarios. In this study, students were orally presented with 9 different scenarios with sex of the perpetrator and victim each manipulated. Students were also asked to self-report on their own experiences as perpetrators and victims of the aggression portrayed. Findings suggested that traditional sex-role attitudes were associated with lower rated seriousness but not with reported perpetration or

victimization. Similar to other studies, this study also showed that girls gave higher seriousness ratings than their male counterparts. Moreover, male-to-female aggression was rated as the most serious and male-to-male aggression as the least serious form of aggression.

Sex roles and gender ideology also play a significant role in the extent to which people believe child sexual abuse disclosures. According to Cromer and Freyd (2007), men tended to believe abuse reports less frequently than women do, whereas people who had not experienced trauma were less likely to believe trauma reports. Additionally, the gender by personal history interaction on judgments was significant, such that trauma history did not impact women's judgments but did impact men's judgments. Also, high levels of sexism were associated with lower judgments of an event being abusive. These findings are important to consider when discussing cultural contexts that appreciate adherence to traditional sex roles.

Together, these studies highlight the ways in which gender plays a role in the definition and conceptualization of child sexual abuse. More specifically, current literature suggests that people generally believe that: (1) females are more likely to be victims of CSA than their male counterparts, (2) males are not as negatively affected by CSA as are females, and (3) traditional sex-role attitudes are related to more tolerance towards sexual aggression. To better understand core belief systems regarding CSA among South Asians, this study also examines the lay theories or belief systems held among this group.

Lay Theory

Researchers have distinguished between three types of theories to study a given concept: lay theories, which are usually thought to be personal and idiosyncratic; folk theories, which are thought to be shared by certain subgroups; and scientific theories, which are usually thought to be empirically and observationally derived and tested. Lay theories are defined as those intrinsic or “common sense” beliefs held by “lay persons” (Walker, Lester and Joe, 2006). Kluger and Tickochinsky (2001) argue that “although common sense beliefs are not scientific theories, they are likely to contain a valid kernel, which if discovered, could provide a generalization of facts to be explained by scientific theories” (p.408). Understanding lay theories is important as it describes how people think about specific phenomena, which in turn may be related to specific behaviors directed at the self or others. Heider (1958) argues that lay theories are useful to examine because they help guide behavior. Furthermore, Heider (1958) suggests that lay theories offer insight into information on how lay people interpret and predict the world, which may not be found in scientific writing or be consistent with rational and scientific thinking.

There are a number of ways to examine lay theories and how they might affect behavior. Some researchers, for example, have studied two types of implicit or lay theories to examine how people conceive of a particular domain such as intelligence or personality either as dynamic/malleable (incremental) or static/fixed (entity). In this framework, people who have incremental theories are more likely to “stick” with challenges that occur while pursuing goals while people who hold entity theories are more likely to react helplessly and show negative affect when confronted with setbacks in achievement (Dweck, Chiu, & Hong, 1995). Implicit theories have been found to have an

effect on the pursuit of goals and have been shown to be useful in structuring the way people comprehend and react to outcomes and actions. Furthermore, implicit theories influence the way in which individuals perceive and judge others (Levy, Stroessner & Dweck, 1998).

Lay Theory and Mental Health

There is an emerging body of research on the role of lay theories in relation to beliefs about mental health and illness, mental health outcomes, and mental health services (Furnham & Chan, 2004). Some studies compare lay theories across cultures while others highlight the beliefs individuals hold regarding the etiology, treatment, trajectory, and attitudes towards an illness. Examining the perceptions of a mental health issue or illness is important to understand the cultural contexts that provide the foundation for these belief systems. This information can ultimately aid in creating culturally sensitive mental health treatments and interventions, based on a group's understanding of a specific mental health issue or illness.

Furnham and Chan (2004) compare the beliefs about the manifestations, causes, and cures of schizophrenia among youth in Britain and China. Findings revealed that Chinese youth possessed more negative attitudes and beliefs about schizophrenia than did British youth. Chinese participants also tended to use a sociological model to explain the etiology of this illness. The sociological model proposes that certain social factors, such as gender, race and cultural factors, can lead to a presentation of schizophrenic psychosis (Guimon, 1977), which has not been confirmed in the field. Overall, this study highlights the general lack of lay knowledge and facts regarding schizophrenia. The findings of this study also suggest that even well-educated young people lack psychoeducation regarding

schizophrenia, one of the most challenging mental illnesses. This may be due to a number of reasons including cultural stigmas, a lack of education about mental illness, and differing socialization practices regarding the mind-body-health relationship.

Cultural conceptualizations of mental illness are important to consider as they have implications on the type of treatment sought for an illness the course of the illness itself. Furnham and Muraio (2000) compared beliefs or conceptions about schizophrenics and causal explanations for the etiology of schizophrenia, as well as the role of hospitals and society amongst matched British and Japanese participants (Furnham & Muraio, 2000). They found that British participants were more concerned with the rights of schizophrenics than their Japanese counterparts. Additionally, they viewed schizophrenics as less dangerous and abnormal than did the Japanese. The Japanese were also found to favor sociological (stress) explanations for the cause of schizophrenia more than the British. Whereas the Japanese saw micro- and macro-society change as the best way to help schizophrenics, the British stressed individual care and consideration as more relevant. Such information is helpful in tailoring educational workshops, intervention plans, and treatment services for these two cultural groups, which differ significantly on conceptions of schizophrenia and ways to treat it.

Other studies have looked at lay theories of mental illness such as addiction (Furnham & Thomson, 1996), suicide (Knight, Furnham, & Lester, 2000), psychopathology (Furnham & Buck, 2003), and depression (Falcotta, Nordt, & Rossler, 2003). Cirakoglu et al. (2003), for instance, studied Turkish university students' attributions for the causes and cures for depression. Results revealed six components for causes, including trauma and isolation. Seven components were found for cures,

including religious practices and spirituality. Such findings suggest cultural nuances in the ways people conceptualize mental illnesses and the sources of comfort they find to cope with it.

Lay theories of mental illness not only impact the ways in which people cope or seek help but they also influence the way individuals are perceived and treated upon seeking help. Tsang et al. (2007) examined employers' concerns about hiring people with a psychotic disorder for entry-level jobs in the US and China. Although some concerns were raised with equal frequency across sites, comparisons showed that, relative to US employers, Chinese employers were significantly more likely to perceive that people with mental illness would exhibit a weaker work ethic and less loyalty to the company. Cultural differences existed among employers, which demonstrates the impact lay theories have on individuals, even outside of the clinical setting.

These studies support the notion that varying cultural conceptualizations and differing levels of stigma around mental illness impact people's behaviors, beliefs, and actions. By exploring the implicit lay theories individuals have about a specific disorder or life situation, one can similarly examine why or how people make the decision to seek help.

Lay Theory and Help-Seeking

Within the field of psychology, help-seeking refers to the willingness or inclination to seek professional psychological services or any kind of mental health treatment. This concept differs from coping mechanisms in that help-seeking refers to behavioral strategies or actions taken to seek help while coping refers to cognitive strategies when faced with a distressful situation (Karabenick, 1998). In this paper, I

focus on lay theories related to help-seeking. This area of study has received much attention within the field of psychology in order to understand the conditions that motivate individuals to seek treatment versus the factors that maintain their reluctance to seek outside help. Approaches to studying help-seeking can be categorized into the following: a focus on the instrumental and contextual antecedents to help-seeking versus an examination of the psychological costs of help-seeking such as stigma and self-protection. This reluctance to seek help has been demonstrated in educational, organizational, and interpersonal contexts (Newman, 1998). In the classroom setting, for example, it has been found that students who engaged in whole-class activities were less likely to seek help from their peers and teacher in comparison to students who engaged in small-group activities (Nelson LeGall & Glor-Sheib, 1985). In general, certain contexts and interpersonal relations influence, shape, and maintain motivation to seek help (Nadler, 1998). Across contexts, however, there is a common help-seeking dilemma.

From an instrumental perspective, which examines the antecedents to help-seeking, the benefits associated with help-seeking in terms of time, effort, and quality of coping imply that individuals would seek assistance or support whenever they needed it (Nadler, 1998). On the other hand, seeking the help of others' may be associated with psychological costs, which may be subtle and implicit. Seeking help, for instance, may involve difficult disclosure about a topic or the admission that one is weak or inadequate, which can then threaten one's self-esteem, lead to embarrassment, or lead to stigmatization for the one seeking help (Nadler, 1986; Blaine, Crocker & Major, 1995). Asking for help may also be more difficult for individuals with high standards for the self, stronger personalities, and difficulty in showing vulnerability. This dilemma

between identifying instrumental needs and psychological benefits of seeking help has been termed the “help-seeking dilemma” and has been the focus of much research (Nadler, 1991) within psychology. Researchers and clinicians in the field have been curious to know what factors and demographics lead some to seek psychological help when in distress, while others do not. Age, socioeconomic factors, ethnicity, gender education, and acculturation are some such factors that have been explored. Ying and Miller (1992), for example, found that younger Chinese people were more likely to have positive attitudes towards seeing professional psychological help than older members of their community.

In this study, my broader goals are threefold: 1) to explore and highlight lay theories held by South Asian individuals regarding CSA, 2) to examine the impact of gender ideology, level of acculturation and endorsement of Model Minority Ideology on these lay theories, and 3) to examine how these cultural factors impact attitudes towards seeking professional psychological help, i.e. help-seeking. Thus, in the following section, I limit my literature review on attitudes towards help-seeking to research pertaining to gender, gender ideology, acculturation, and cultural context. I pay special attention to these factors in relation to the South Asian immigrant population because (1) little work has focused on this Asian-American subgroup and (2) given the immigration history and cultural context of this ethnic minority group, these factors seem salient and significant in the context of help-seeking. While there is no literature on the MM Ideology in relation to help-seeking and a dearth of literature on gender ideology related to this topic, to the best of my knowledge, there is extensive work related to acculturation and gender which is reviewed below.

Help-Seeking: Acculturation and Gender

As South Asians become a part of the mainstream U.S. society, it is important to understand how adaptation to a new environment, can impact their belief systems and psychological well-being. Researchers have studied this phenomenon by examining the process of acculturation and its associated impact. Acculturation has been defined as “the extent to which individuals have maintained their culture of origin or adapted to the larger society” (Phinney, 1996, p. 921). This process has been found to be stressful for some ethnic groups, with a greater difference between the natal and new culture correlated with higher levels of stress (Heras & Revilla, 1994; Thomas, 1995), and greater difficulty in psychological functioning (La Framboise, Coleman, & Gerton, 1993; Padilla, 1980; Phinney, 1990).

In terms of help-seeking, Almeida and Delvecchio (1999) believe that the conflict between values derived from religious/cultural (collectivist) cues and Anglo (individualistic) values inherent in the therapeutic process contribute to the underutilization of mental health services amongst ethnic minority populations. This implies that the more individuals have internalized Western concepts, the more likely and more open they will be to seeking professional mental health services. Relatedly, Fung and Wong (2007) found that those subscribing more to a Western stress model of illness had a more positive attitude towards seeking professional help, while those subscribing to supernatural beliefs had a more negative attitude. This suggests that individuals more acculturated to Western norms and practices would find psychotherapy more normative or positive than their less-accultured counterparts. Similarly, according to Atkinson and Gim (1989), “more acculturated Asian-American students in this study were more likely

than the less acculturated Asian-American students to recognize personal need for professional psychological help, to be tolerant of the stigma associated with psychological help, and to be open to discussing their problems with a psychologist” (p.211). Results of studies examining the relation between attitudes towards seeking psychological help and levels of adherence to Asian values show that less acculturated Asian Americans tend to have more negative views toward seeking professional mental health services than do acculturated Asian Americans.

Research on gender differences in help-seeking indicates that females generally have more positive help-seeking attitudes and are more likely to seek counseling services than males (Fischer & Farina, 1995; Fischer & Turner, 1970; Leong & Zachar, 1999). Amongst racial minority groups, findings regarding gender differences and help-seeking vary by group. For African Americans, the literature suggests no gender differences while the results are not as conclusive for Asian-Americans, Atkinson and Gim (1989) found no gender differences on the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) among 263 Chinese American, 185 Japanese American, and 109 Korean American undergraduates at a West Coast university. In contrast, using the same measure, Tata and Leong’s study (1994) indicated that Chinese American female college students reported more positive help-seeking attitudes than males. Utilizing the Coping Strategies Inventory, some research suggests significant gender differences (Chan, 1987; Shek, 1992) while others (Chang, 1996) find no gender differences for either Asian or Caucasian Americans. Thus, there are mixed findings on whether there are gender differences in help-seeking attitudes among Asian-Americans, including the South Asian subgroup.

Further exploration of how acculturation and gender impact help-seeking attitudes and behaviors is warranted. There have been gender differences in findings regarding the impact of acculturation depending on how this construct is conceptualized and measured. These differences may also be due to the specific characteristics of the populations being studied (Chang, 1996). Researchers (Chin, 1998; S. Sue & Morishima, 1982) have questioned the generalizability of past findings, noting that early studies on this topic were carried out using samples from the West Coast, where there is a large concentration of Asian Americans. This study contributes to the growing body of literature on help-seeking among ethnic minority groups living in the U.S. by utilizing a sample of South Asians across the country. Further, it limits its scope to one Asian subgroup, the South Asian immigrant group, to improve generalizability of past findings.

Help- Seeking: The South Asian Community

A few studies have focused on barriers related to the underutilization of mental health services specific to South Asians (Das & Kemp, 1997; Tummala-Narra, 2001). These barriers include cultural prohibitions against self-disclosure of personal conflicts to individuals outside of one's family unit out of fear of bringing shame and stigmatization to the family's reputation (Das & Kemp, 1997; Prathikanti, 1997; Jayakar, 1994). Psychotherapy is often perceived as an internal and external experience of separation from one's family and a threat to the preservation of family unity (Tummala-Narra, 2001). Also, many 1st and 2nd generation South Asian Americans feel distrust towards therapists because of experiences of prejudice, racism and cultural misinformation (Jayakar, 1994; Singh, 1999). Further, concerns exist about confidentiality, which may be

heightened if the therapist is from the same community, though an ethnic match in the clinical setting might prove to be helpful in other ways (Jayakar, 1994; Singh, 1999).

Additionally, the emphasis South Asian individuals place on family interdependence may not be consistent with the individualistic basis of many Western therapies, (Tummala-Narra, 2001). Psychotherapy almost always involves individual examination, often pulling for insight, self-disclosure and verbal/emotional expressiveness. This differs from South Asian values influenced by social and religious systems that underscore the well-being of the collective and emphasize affective control (Tummala-Narra, 2001). Also, with more fatalistic viewpoints of the world and certain core spiritual beliefs like karma (fate and destiny) and dharma (right-action) in Hinduism, some South Asians may not opt to seek help but may rely on spirituality instead. Moreover, individuals from non-Western cultures may have the impression that therapists are equivalent to gurus, benefactors or guides who disseminate advice. For the Asian client, social etiquette of formal hierarchical expectations related to age and gender is often of utmost importance. This equates to showing deference, respect, and obedience to the superior, keeping disagreements and any negative feelings to themselves. The subordinate, or the Asian client, may expect the superior, or the therapist, to be responsible and nurturing in exchange for deference (Roland, 2006). With this role already fulfilled by figures within the community such as elders in the family, South Asians might not understand the need for mental health services (Jayakar, 1999). Finally, from a South Asian perspective, psychotherapy is generally believed to be useful for psychological disorders and mental illness, but not for violence or trauma (Ramisetty-Mikler, 1993; Tummala-Narra, 2001). In general, the response to traumatic experiences

within the South Asian community has been to deny its existence (Das & Kemp, 1997; Tummala-Narra, 2001).

Summary and Proposed Study

The Idealized Identities model created by Mahalingam (2006) suggests that ethnic minority groups use group-specific resources to create idealized visions of themselves. These identities are constructed with reference to a dominant group. Other researchers have argued that the salience of these identities emanate from experiences of social marginality (Mahalingam, 2006, Haritatos, 2005). A lack of empirical research exists that attempts to examine how idealized identities affect outcomes across different domains, including awareness of child sexual abuse and use of mental health services.

Idealized identities are also shaped by a group's own history and cultural context. For South Asians living in the U.S., their immigration history and pattern contributes to the creation of a unique immigrant community of educated professionals and "model" citizens. This environment contributes to a sense of pride at an individual and community level, but can also be a source of pressure to meet certain implicit expectations. The model minority vision can thus serve as a means to deal with one's minority status and oppression on racial lines (Espiritu, 2001; Mahalingam, 2006), but it can also increase the burden to avoid conflict with others by meeting their expectations. Internalizing the stereotype of being the "Model Minority" may also encourage the maintenance of this stereotype by silencing problems or issues within the community. This is likely to impact how open South Asian individuals are to seeking help, as this action is believed to bring shame to their community and attract attention to tabooed topics that are rarely discussed, such as child sexual abuse.

With documented gender-differential treatment in and out of the South Asian home since colonial times (Panigrahi, 1972), the endorsement of MM Ideology may likely differ by one's adherence to traditional gender roles and ideologies. Maintenance of this stereotype can increase the burden of traditional gender role expectations within a patriarchal context (Abraham, 2006; Inman, Howard, & Beaumont, 2006). Women, who have been traditionally considered responsible for the transmission of culture (Ortner, 1974), may face increased pressure to uphold the honor of their family through chaste and traditional behaviors. Additionally, the position of women within a patriarchal order and community may make them more vulnerable to gender-based discrimination and, in extreme instances, experiences of abuse and gender violence (Abraham, 2006, Kurien, 1999). This vulnerability can also discourage the use of mental health services for problems that may tarnish a family's honor, such as issues related to sex and sexual transgression.

Moreover, with the psychotherapy process inherently based on individualistic, Anglo values, a South Asian individual's level of acculturation is likely to impact their attitudes towards help-seeking. As mentioned earlier, individuals more acculturated to Western norms and practices find psychotherapy more normative or positive than their less acculturated counterparts (Tummala-Narra, 2001). It should be noted that past studies have not specifically addressed help-seeking in relation to child sexual abuse but I argue that an individual's level of acculturation would influence attitudes towards help-seeking for CSA.

To my knowledge, no study thus far has investigated the relationships between Model Minority ideology, gender ideology and acculturation with perceptions of child

sexual abuse and attitudes towards help-seeking. Past research regarding help-seeking has generally focused on the relationships between acculturation, gender and help-seeking.

In this study, I extend the CSA and help-seeking literature by empirically examining how MM endorsement, gender ideology, and level of acculturation impact perceptions of child sexual abuse and Attitudes Towards Help-Seeking (Figure 1). My research questions regarding the effects of endorsing MM Ideology are as follows:

Research question 1: How does MM Ideology relate to CSA Myths among South Asian college students (i.e. Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes)?

I hypothesize the following:

Hypothesis 1a: Endorsement of MM Ideology will positively relate to Blame Diffusion among South Asian college students. That is, greater endorsement of MM Ideology will relate to greater endorsement of Blame Diffusion.

Hypothesis 1b: Endorsement of MM Ideology will positively relate to Denial of Abusiveness among South Asian college students. That is, greater endorsement of MM Ideology will relate to greater endorsement of Denial of Abusiveness.

Hypothesis 1c: Endorsement of MM Ideology will positively relate to Restrictive Abuse Stereotypes among South Asian college students. That is, greater endorsement of MM Ideology will relate to greater endorsement of Restrictive Abuse Stereotypes.

Research question 2: How does MM Ideology relate to Implicit Theories of CSA among South Asian college students (i.e. Family and Community Awareness/Response, Culture as Protective Factor, Lay Theories of Coping)?

I hypothesize the following:

Hypothesis 2a: Endorsement of MM Ideology will negatively relate to Family and Community Awareness/Response among South Asian college students. That is, greater endorsement of MM Ideology will relate to lower endorsement of Family and Community Awareness/Response.

Hypothesis 2b: Endorsement of MM Ideology will positively relate to Culture as Protective Factor among South Asian college students. That is, greater endorsement of MM Ideology will relate to greater endorsement of Culture as Protective Factor.

Hypothesis 2c: Endorsement of MM Ideology will negatively relate to Lay Theories of Coping among South Asian College Students. That is, greater endorsement of MM Ideology will relate to lower endorsement of Lay Theories of Coping.

Research question 3: How does MM Ideology relate to Attitudes Towards Help-Seeking among South Asian college students?

Hypothesis 3: Endorsement of the MM Ideology will negatively relate to Attitudes Towards Help-Seeking among South Asian college-students. That is, I expect that greater endorsement of MM Ideology will relate to lower pro help-seeking attitudes.

The next set of research questions explores the impact of idealized gender ideology (i.e. Asian Male Ideal and Asian Female Ideal) on CSA Myths, Implicit Theories of CSA, and Attitudes Towards Help-Seeking.

Research question 4 and 5: How does endorsement of idealized gender ideology (i.e. Asian Male Ideal/Asian Female Ideal) relate to CSA Myths (i.e. Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes) among South Asian college students?

I hypothesize the following:

Hypothesis 4a/5a: Endorsement of idealized gender ideology (i.e. Asian Male Ideal/Asian Female Ideal) will positively relate to Blame Diffusion among South Asian college students. That is, I expect that greater endorsement of Asian Male Ideal and Asian Female Ideal will relate to greater endorsement of Blame Diffusion.

Hypothesis 4b/5b: Endorsement of idealized gender ideology (i.e. Asian Male Ideal/Asian Female Ideal) will positively relate to Denial of Abusiveness among South Asian college students. That is, I expect that greater endorsement of Asian Male Ideal and Asian Female Ideal will relate to greater endorsement of Denial of Abusiveness.

Hypothesis 4c/5c: Endorsement of idealized gender ideology (i.e. Asian Male Ideal/Asian Female Ideal) will positively relate to Restrictive Abuse Stereotypes among South Asian college students. That is, I expect that greater endorsement of Asian Male Ideal and Asian Female Ideal will relate to greater endorsement of Restrictive Abuse Stereotypes.

For research question 6 and 7, I ask: How does endorsement of idealized gender ideology (i.e. Asian Male Ideal/Asian Female Ideal) relate to Implicit Theories of CSA among South Asian college students (i.e. Family and Community Awareness/Response, Culture as Protective Factor, Lay Theories of Coping)?

For these research questions, I hypothesize the following:

Hypothesis 6a/7a: Endorsement of idealized gender ideology (Asian Male Ideal/Asian Female Ideal) will negatively relate to Family and Community Awareness/Response among South Asian college students. That is, I expect that greater endorsement of Asian Male Ideal and Asian Female Ideal will relate to lower endorsement of Family and Community Awareness/Response.

Hypothesis 6b/7b: Endorsement of idealized gender ideology (Asian Male Ideal/Asian Female Ideal) will positively relate to Culture as Protective Factor among South Asian college students. That is, I expect that greater endorsement of Asian Male Ideal and Asian Female Ideal will relate to greater endorsement of Culture as Protective Factor.

Hypothesis 6c/7c: Endorsement of idealized gender ideology (Asian Male Ideal/Asian Female Ideal) will negatively relate to Lay Theories of Coping among South Asian college students. That is, I expect that greater endorsement of Asian Male Ideal and Asian Female Ideal will relate to less endorsement of Lay Theories of Coping.

Research question 8 and 9: How does endorsement of idealized gender ideology (i.e. Asian Male Ideal/Asian Female Ideal) relate to Attitudes Towards Help-Seeking among South Asian college students?

Hypothesis 8 and 9: Endorsement of idealized gender ideology (i.e. Asian Male Ideal and Asian Female Ideal) will negatively relate to Attitudes Towards Help-Seeking. That is, I expect that greater endorsement of Asian Male Ideal and Asian Female Ideal will relate to lower pro help-seeking attitudes.

The next set of questions examine the relationships between acculturation, CSA Myths, Implicit Theories of CSA, and Attitudes Towards Help-Seeking among South Asian college students.

Research question 10: How does acculturation relate to CSA Myths among South Asian college students (i.e. Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes)?

Hypothesis 10a: Acculturation will negatively relate to Blame Diffusion among South Asian college students. That is, I expect that greater acculturation will relate to lower endorsement of Blame Diffusion.

Hypothesis 10b: Acculturation will negatively relate to Denial of Abusiveness among South Asian college students. That is, I expect that greater acculturation will relate to lower endorsement of Denial of Abusiveness.

Hypothesis 10c: Acculturation will negatively relate to Restrictive Abuse Stereotypes among South Asian college students. That is, I expect that greater acculturation will relate to lower endorsement of Restrictive Abuse Stereotypes.

Research question 11: How does acculturation relate to Implicit Theories of CSA among South Asian college students (i.e. Family and Community Awareness/Response, Culture as Protective Factor, Lay Theories of Coping)?

Hypothesis 11a: Acculturation will negatively relate to Family and Community Awareness/Response among South Asian college students. That is, I expect that greater acculturation will relate to lower endorsement of Family and Community Awareness/Response.

Hypothesis 11b: Acculturation will negatively relate to Culture as Protective Factor among South Asian college students. That is, I expect that greater acculturation will relate to lower endorsement of Culture as Protective Factor.

Hypothesis 11c: Acculturation will positively relate to Lay Theories of Coping among South Asian college students. That is, I expect that greater acculturation will relate to greater endorsement of Lay Theories of Coping.

For research question 12, I ask: How does acculturation relate to Attitudes Towards Help-Seeking among South Asian college students?

Hypothesis 12: Acculturation will positively relate to Attitudes Towards Help-Seeking among South Asian college students. That is, I expect that greater acculturation will relate to greater pro help-seeking behaviors.

Chapter II

Methods

Community Survey: Model Minority, idealized gender ideology, acculturation, perceptions of CSA (Myths and Implicit Theories of CSA), and Attitudes Towards Help-Seeking, demographic information

Participants

Three-hundred and forty-nine South Asian college students were recruited through this study. The following selection criteria were used to recruit these participants: a) Participants must be in the age range of 18 – 25 years; b) They must self-identify as South Asian, South Asian-American, or with any other subethnic group falling under the South Asian category (e.g. Indian, Pakistani etc.). Participants were given the option to choose their form of compensation, either a \$10 iTunes card, a \$10 donation to a charity of their choice, or a \$10 donation to ACT (Action + Community = Transformation), a South Asian collaborative working to end CSA.

The average age of the sample was 21 (SD = 2.2, N = 349). Forty-nine percent of the sample identified as female and 51% as male. Almost half of the participant reported being single (49.1%), 13.2% as never having dated, 34.5% as having a boyfriend or girlfriend, 1.4% being engaged and 1.7% being married. In terms of year in college, 13.3% of the participants indicated they were Freshmen, 17.9% Sophomores, 15.6% Juniors, and 21% Seniors. The percentage breakdown for mother's highest level of education was as follows for this sample: 7.9% had no college education, 13.2% had

some college, 41.8% had a Bachelors degree, 23.4% had a Masters degree, and 13.5% had a degree higher than Masters i.e. PhD, MD etc. Father's highest level of education for this group was as follows: 4.1% had no college education, 8.1% had some college education, 26.7% had a Bachelors degree, 32.8% had a Masters degree and 27.8% had obtained a degree higher than a Masters. Further, 65.6% of participants were born in the U.S. while 34.4% were born abroad. Participants born abroad were asked to provide geographic location regarding their birthplace. Of those participants who provided this information, a majority indicated being born in various parts of India or Pakistan. Other birthplaces outside of the U.S. included Sri Lanka, the United Kingdom, Bangladesh and Hong Kong, indicating inter-group diversity among my participants but a limited sample size for inclusion of this variable as a covariate.

Procedure

Participants were recruited to complete a web-based survey that was created using SurveyMonkey, a web service that enables users to create their own web-based survey. Recruitment methods for the study included the following: use of South Asian organization listservs from college campuses across the country, email recruitment through professional organizations for South Asian psychologists (i.e. SAPNA), and by word-of-mouth. Survey completion time was approximately 30 to 40 minutes.

Measures

Demographics. The following demographic measures were assessed in the study: age, gender, dating status, mother's highest level of education, and father's highest level of education.

Model Minority Ideology. The Model Minority Pride scale (Mahalingam & Haritatos, 2007) is a 6 - item subscale of the Model Minority Ideology Scale (Mahalingam & Haritatos, 2004). This subscale focuses on the sources of pride stemming from this stereotype as opposed to the potential sources of pressure to live up to certain proscribed expectations. Participants were asked to rate how much they agreed with given statements on a 5-point Likert Scale. Sample items included “My own personal achievements in life are typical of the success of my ethnic group” and “I am proud of the fact that my ethnic group has contributed greatly to American society”. Scores range from 1 to 5, with higher scores representing greater stereotype internalization and pride endorsement. Participant scores were established by reverse coding negatively worded items and averaging all item responses. The total mean score for this sample was 3.5 (SD = .58). Cronbach’s alpha reliability coefficient for this sample was .78.

Idealized Gender Ideology

Asian Male Ideal. The Asian Male Ideal Scale, a 13 -item scale (Mahalingam & Haritatos, 2005), was used for this study to measure belief in traditional and idealized male gender ideology (e.g., “Asian American men are better at math than Caucasian men”). Participants rated their endorsement of the Asian Male Ideal on a 5-point Likert scale (1 = strongly agree to 5 = strongly disagree). Participant scores were established by averaging item responses, with higher scores on this scale reflecting stronger internalization of the Asian Male Ideal. The total mean score for this sample was 3.1 (SD = .52). Cronbach’s alpha reliability coefficient for this sample was .85.

Asian Female Ideal. The Asian Female Ideal Scale, a 14-item scale developed by Mahalingam (2005), was used to measure belief in traditional and idealized female

gender ideology (e.g., “Asian American women are more family-oriented than Caucasian women”). Participants rated their endorsement of Asian Female Ideal on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Participant scores established by averaging item responses. Higher scores on this scale reflect a stronger endorsement of this idealized identity. The total mean score for this sample was 3.2 (SD = .53).

Cronbach’s alpha reliability coefficient for this sample was .85.

Acculturation. A modification of the Suinn-Lew Asian Self-Identity Acculturation (Suinn, Ahuna, & Khoo, 1992) was used to measure participant level of acculturation. Thirteen items of this scale were used in this study with answer choices modified to be applicable to a South Asian sample. The 13 multiple-choice questions reflect how much participants identify as “Asian” and/or “Western”. A sample item includes “What was the ethnic origin of the friends and peers you had, as a child up to age 6?” Responses were summed to provide a total acculturation score. Low scores reflected low acculturation and high scores reflected high acculturation. The original Suinn-Lew Asian Self-Identity Acculturation scale has good psychometric properties with reliabilities over .70 (Suinn, Rickard-Figueroa, Lew & Vigil, 1987; Suinn, Khoo, & Ahuna, 1995). The item mean for this sample was 2.9 (SD = .45). The Cronbach’s alpha reliability coefficient for the present sample was .75.

Lay Theories of Child Sexual Abuse. The Child Abuse (CSA) Myth Scale developed by Collings (1997) was used in this study. The original measure contained 17 items, although a modified version of this scale with 21 items was utilized, given the double-barreled nature of several of the original items. A sample item included: “sexual contact between an adult and a child cannot really be described as ‘abusive’”. This measure

asked respondents to rate their agreement with each statement on a 5-point Likert response scale ranging from 1 (strong disagree) to 5 (strongly agree). Exploratory factor analysis of the modified scale yielded the 3 factors found in the original scale: *Blame Diffusion*, *Denial of Abusiveness*, *Restrictive Abuse Stereotypes*. One additional factor emerged from the modified scale but had an alpha coefficient of .31 so was dropped and not used in this study. Individuals scoring high on Blame Diffusion ascribe to the belief that persons other than the offender – the child, non-offending parent or gay people in general – are to blame or at least partly to blame, for the abuse. High scores on the second factor, Denial of Abusiveness, indicate beliefs that serve to minimize the abusive nature of CSA, either directly or through attempts to define abuse as a benign or positive experience for the child. Individuals scoring high on this factor may also attempt to portray the child as an equal or consensual sexual partner. Individuals scoring high on the last factor, Restrictive Abuse Stereotypes, ascribe to beliefs that serve to deny the reality of abuse or minimize/deny the consequences of CSA. Scores for each factor were obtained by finding the average of each with higher scores indicating higher endorsement of each factor. In a previous study, the CSA Myth Scale yielded a Cronbach alpha of .76 and a test-retest reliability coefficient of .87 (Collings, 1997). In this study, Cronbach's alpha reliability coefficients for each factor of the CSA Myth scale – Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes - were .90, .86, and .74, respectively.

The Implicit Theories of Child Sexual Abuse Scale developed by Mahalingam & Kanukollu (2008) was also utilized in this study to capture idealized beliefs about the South Asian community regarding CSA (e.g. child sexual abuse is more prevalent among

White Americans than in my ethnic community). This measure consisted of 35 items and asked respondents to rate their agreement with each statement on a response scale from 1 (strongly disagree) to 5 (strongly agree). Negatively worded items were reverse-coded and items were averaged to yield total mean scores for this scale. Exploratory factor analysis of this scale yielded 3 factors – *Family and Community Awareness/Response*, *Idealized Cultural Beliefs as Protective Factors*, and *Lay Theories of Coping*.

The first factor, defined by 8 items, measured the extent to which participants believe their family and community are aware of and would be responsive to CSA. A sample item from this factor included, “My ethnic community is educated and aware of the prevalence of child sexual abuse in our community”. The second factor, defined by 8 items, measured the extent to which participants ascribe to an idealized view of their own ethnic community in terms of CSA and believe in cultural factors as buffers against CSA. A sample item from this factor included, “Members of my community can overcome their desire to sexually abuse young children due to their self-discipline”. The third factor, defined by 5 items, measured a participant’s knowledge of appropriate coping mechanisms and/or interventions for CSA. A sample item from this factor included, “Sharing the stories of their child sexual abuse experience helps victims make sense of their experience”. Participant scores established by reverse coding negatively worded items and averaging all item scores. High averages for each factor indicated greater endorsement of each factor. This scale has not been used previously used in research studies but evidenced suitable reliabilities; Cronbach’s alpha for each factor were - .86, .86 and .72, respectively.

Attitudes Towards Help-Seeking. The Attitudes Toward Seeking Professional Psychological Help Scale –Short Form (ATSPPH) developed by Fischer and Farina (1995) was used in this study. This self-report survey is a 10-item measure of attitudes towards seeking mental health treatment, ranging from 0 (disagree) to 3 (agree). A sample item on this measure included, “I might want to have psychological counseling in the future”. The scale’s internal consistency has ranged from .77 to .84 with college students and medical students (Elhai, Schweinle, & Anderson, 2008; Fischer & Farina, 1995) and a test-retest reliability of .80 over a 1-month period (Fischer & Farina, 1995). Scores on this measure were obtained by reverse coding negatively worded items and then averaging item responses. Higher scores indicated higher positive Attitudes Towards Help-Seeking i.e. greater pro help-seeking attitudes. Past studies using the ATSPPH with college students, college student-athletes, men, and women reported reliabilities greater than .75 (Watson, 2005; Komiya, Good, & Sherrod, 2000; Fischer & Farina, 1995). For this sample, the total mean score was 2.7 (SD = .57) and the Cronbach’s alpha reliability coefficient was .80.

Chapter III

Results

Table 1 lists the overall Analysis Plan. In Figure 1, this is presented graphically. Figures 2, 3, 4, and 5 present the relationships that were examined in separate multiple regression analysis.

Descriptive Statistics and Intercorrelations between Study Variables

Means, intercorrelations, and ANOVA were calculated using SPSS 17.0 for Macs. Table 2 lists the means and standard deviations for the variables in the study. Table 3 lists the intercorrelations of the study variables and Table 4 summarizes intercorrelations of all factors related to CSA perception. All measures had alphas over .70. For my study and demographic variables, the intercorrelations were as follows.

Dating status was associated with one factor of the Implicit Theories of CSA Scale – Family and Community Awareness/Response ($r = .13, p < .05$). It was also associated with two factors of the CSA Myth Scale – Blame Diffusion and Denial of Abusiveness ($r = .12, p < .05$; $r = .13, p < .05$, respectively). Additionally, dating status was associated with gender ($r = .17, p < .01$). Being male was associated with being single.

Being male was associated with the Asian Male Ideal ($r = .33, p < .01$) and all factors of the Implicit Theories of CSA Scale. In other words, being a man was associated with higher belief in Family and Community Awareness/Response and Culture as Protective Factor ($r = .42, p < .01$; $r = .38, p < .01$, respectively). Also, being female

was negatively associated with Lay Theories of Coping for CSA ($r = -.31, p < .01$). That is, being a woman was associated with having greater knowledge and belief in coping mechanisms and interventions for CSA survivors. In addition, being male was associated with all 3 factors of the CSA Myth Scale – Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes ($r = .35, p < .01$; $r = .26, p < .01$; $r = .38, p < .01$, respectively). That is, being a man is associated with greater diffusion of blame from the perpetrator, greater denial of CSA in the South Asian community and greater endorsement of certain stereotypes regarding CSA. Additionally, being male was negatively correlated with Attitudes Towards Help-Seeking, indicating that being a man is associated with less pro help-seeking attitudes ($r = -.29, p < .01$).

Age was negatively correlated with Asian Male Ideal ($r = -.14, p < .01$). The older participants were, the less they endorsed idealized Asian male ideology. Age was also negatively correlated with Family and Community Awareness/Response and Culture as Protective Factor - and positively correlated with Lay Theories of Coping ($r = -.17, p < .01$; $r = -.21, p < .01$; $r = .18, p < .01$, respectively). Being older was associated with lower endorsement of Family and Community Awareness/Response and Culture as Protective Factor. That is, being older was related to greater knowledge of intervention and coping mechanisms for CSA. Age was also negatively correlated with Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes ($r = -.15, p < .05$; $r = -.15, p < .05$; $r = -.20, p < .01$, respectively). Being older was associated with lower endorsement of Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes. Further, age was positively correlated with help-seeking attitudes ($r = .14, p < .05$). That is, being older was related to greater pro help-seeking attitudes.

Model Minority Ideology (MM Ideology) was associated with greater Asian Female Ideal ($r = .25, p < .01$) and greater Asian Male Ideal ($r = .18, p < .01$). MM Ideology was also associated with lower acculturation ($r = -.14, p < .05$) and lower Blame Diffusion ($r = -.19, p < .01$). In other words, endorsing MM Ideology was related to greater endorsement of Asian Female Ideal, greater Asian Male Ideal, lower acculturation, and lower endorsement of Blame Diffusion. Moreover, MM Ideology was positively associated with Culture as Protective Factor and Lay Theories of Coping ($r = .17, p < .01$; $r = .24, p < .01$, respectively). That is, endorsing MM Ideology was related to greater endorsement of these two factors of the Implicit Theories of CSA Scale.

Asian Male Ideal was associated with greater Asian Female Ideal ($r = .49, p < .01$). It was also associated with all factors of the CSA Myth Scale and the Implicit Theories of CSA Scale. More specifically, endorsement of the Asian Male Ideal was related to greater endorsement of Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes ($r = .26, p < .01$; $r = .28, p < .01$; $r = .25, p < .01$, respectively). Asian Male Ideal was also associated with greater Family and Community Awareness/Response of CSA ($r = .43, p < .01$), greater belief in Culture as Protective Factor ($r = .33, p < .01$), and lower Lay Theories of Coping ($r = -.26, p < .01$). Additionally, greater endorsement of Asian Male Ideal was associated with lower Attitudes Towards Help-Seeking ($r = -.25, p < .01$), younger age ($r = -.14, p < .05$), and being male ($r = .33, p < .01$). AMI was not associated with acculturation.

Asian Female Ideal (AFI) was associated with lower acculturation ($r = -.16, p < .05$). Also, it was positively associated with Blame Diffusion ($r = .15, p < .05$), Denial of Abusiveness ($r = .22, p < .01$), and Restrictive Abuse Stereotypes ($r = .18, p < .01$).

Endorsing AFI was related to greater endorsement of Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes. Additionally, AFI was positively correlated with Culture as Protective Factor ($r = .22, p < .01$) and negatively correlated with Lay Theories of Coping ($r = -.14, p < .05$). That is, endorsing AFI was related to greater endorsement of Culture as Protective Factor and lower knowledge of Lay Theories of Coping. AFI was negatively correlated with help-seeking attitudes ($r = -.22, p < .01$) reflecting that greater endorsement of AFI was related to lower pro help-seeking attitudes.

Acculturation was negatively correlated with Blame Diffusion ($r = -.14, p < .05$), Denial of Abusiveness ($r = -.17, p < .01$), and Culture as Protective Factor ($r = -.16, p < .05$). That is, greater acculturation was related to lower endorsement of Blame Diffusion, Denial of Abusiveness and Culture as Protective Factor. Acculturation was also associated with higher mother education ($r = .12, p < .05$) and father education ($r = .14, p < .05$).

To validate my newly created Implicit Theories of CSA Scale, I examined the correlations between the factors of this scale with those of the CSA Myth Scale. Greater correlation between the two scales indicated greater validity of the new scale, and provided indication that it was, indeed, capturing the constructs I was hoping to examine. The correlations between these factors are as follows and are summarized in Table 4.

Family and Community Awareness/Response was positively associated with Blame Diffusion ($r = .43, p < .01$), Denial of Abusiveness ($r = .43, p < .01$) and Restrictive Abuse Stereotypes ($r = .35, p < .01$). Similarly, Culture as Protective Factor was positively associated with Blame Diffusion ($r = .33, p < .01$), Denial of Abusiveness

($r = .40, p < .01$) and Restrictive Abuse Stereotypes ($r = .47, p < .01$). Lastly, Lay Theories of Coping was negatively associated with Blame Diffusion ($r = -.43, p < .01$), Denial of Abusiveness ($r = -.36, p < .01$), and Restrictive Abuse Stereotypes ($r = -.29, p < .01$).

In order to address my research questions consistent with the idealized identities model, I examine the relationships between my predictors (MM Ideology, Asian Female Ideal, Asian Male Ideal, and Acculturation) and each of my outcomes (CSA Myths, Implicit Theories of CSA, and Attitudes Towards Help-Seeking).

Model Minority Ideology Outcomes

Child Abuse Myth Scale and MM Ideology. The first set of regressions established the relation between MM Ideology and endorsement of child sexual abuse myths (i.e. Blame Diffusion, Denial of Abusiveness, and Restrictive Abuse Stereotypes). Controls (age, dating status, gender, mother education, father education) were entered in the first step, and MM Ideology was entered as a predictor in the second step. The results of these regressions are presented in Table 5.

Gender was found to be a significant predictor of each of the CSA Myth Scale factors, including endorsement of Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes. More specifically, being male was related to greater endorsement of Blame Diffusion ($\beta = .31, p < .001$), higher levels of Denial of Abusiveness ($\beta = .20, p < .01$), and greater endorsement of Restrictive Abuse Stereotypes ($\beta = .36, p < .001$). Age was also a significant predictor of Blame Diffusion ($\beta = -.31, p < .05$), Denial of Abusiveness ($\beta = -.13, p < .05$) and Restrictive Abuse Stereotypes ($\beta = -.17, p < .01$), as well. That is, being older was associated with lower Blame Diffusion,

Denial of Abusiveness and Restrictive Abuse Stereotypes. Dating status and parent education were not significantly associated with CSA Myth outcomes.

In the second step, I added MM Ideology. This variable was a significant predictor of Blame Diffusion ($\beta = -.17, p < .01$), such that high endorsement of MM Ideology was predictive of low endorsement of Blame Diffusion. The inclusion of the variables in the second step accounted for 16% of the variance in the model with a ΔR^2 of 3% ($ps < .01$).

Implicit Theories of CSA Scale and MM Ideology

Similarly, I tested the relations between MM Ideology and the 3 factors of the Implicit Theories of CSA Scale (see Table 6). The results showed that gender was a significant predictor of Family and Community Awareness/Response, Culture as Protective Factor, and Lay Theories of Coping. Being male was associated with greater endorsement of Family and Community Awareness/Response ($\beta = .38, p < .001$), greater endorsement of Culture as Protective Factor ($\beta = .36, p < .001$) and lower endorsement of Lay Theories of Coping ($\beta = -.28, p < .001$). Also, I found that age was a significant predictor of Family and Community Response/Awareness, Culture as Protective Factor and Lay Theories of Coping. Being older was associated with lower endorsement of Family and Community Awareness/Response ($\beta = -.13, p < .05$), lower endorsement of Culture as Protective Factor ($\beta = -.17, p < .01$) and greater endorsement of Lay Theories of Coping ($\beta = .15, p < .05$).

Endorsement of MM Ideology was a significant predictor of Culture as Protective Factor and Lay Theories of Coping. Greater endorsement of MM Ideology was related to greater endorsement of Culture as Protective Factor ($\beta = .17, p < .01$) and of Lay

Theories of Coping ($\beta = .24, p < .001$). The inclusion of MM Ideology in the second step accounted for 21% of the variance in the model with Culture as Protective Factor as outcome, with a ΔR^2 of 3% ($ps < .01$). The inclusion of MM Ideology in the second step accounted for 16% of the variance in the model with Lay Theories of Coping as outcome, with a ΔR^2 of 6% ($ps < .01$).

Attitudes Towards Help-Seeking and MM Ideology. Next, I tested the relationship between MM Ideology as predictor and Attitudes Towards Help-Seeking as outcome. Age, dating status, gender, and parental education were entered in the first step of the multiple regression analysis to control for their effects. In the second step, I added MM Ideology as a potential predictor of Attitudes Towards Help-Seeking. These results are summarized in Table 7.

Of the control variables, gender was a significant predictor of help-seeking attitudes. Being female was related to higher scores on the Attitudes Towards Help-Seeking Scale ($\beta = -.26, p < .001$) or in other words, greater pro help-seeking attitudes. MM Ideology was not a significant predictor of this outcome.

Gender Ideology Outcomes: Asian Male Ideal and Asian Female Ideal

CSA Myth Scale and Asian Male Ideal. The next set of regressions established the relation between Asian Male Ideal (AMI) and endorsement of CSA Myths (i.e. Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes). I performed a separate regression analysis for each CSA Myth factor with age, gender, dating status, mother education, and father education in the first step. AMI was entered as a predictor in the second step. The results of these regressions are presented in Table 8. Gender was significantly associated with all 3 outcomes - Blame Diffusion, Denial of Abusiveness

and Restrictive Abuse Stereotypes. Being male was related to greater endorsement of Blame Diffusion ($\beta = .28, p < .001$), of Denial of Abusiveness ($\beta = .15, p < .05$) and of Restrictive Abuse Stereotypes ($\beta = .33, p < .001$). Age was significantly associated with Restrictive Abuse Stereotypes, such that being older was related to lower endorsement of this outcome. ($\beta = -.13, p < .05$).

AMI was a significant predictor of Blame Diffusion and Denial of Abusiveness. Greater endorsement of AMI was related to greater endorsement of both Blame Diffusion ($\beta = .15, p < .05$) and Denial of Abusiveness ($\beta = .19, p < .05$). The inclusion of AMI in the regression with Blame Diffusion as the outcome accounted for 14% of the variance in the model with a ΔR^2 of 2% ($ps < .05$). The inclusion of this variable in the regression with Denial of Abusiveness as outcome accounted for 10% of the variance in the model with a ΔR^2 of 3% ($ps < .01$).

Implicit Theories of CSA Scale and Asian Male Ideal.

Similarly, I tested the relations between the Asian Male Ideal (AMI) and the 3 factors of the Implicit Theories of CSA Scale. The results, displayed in Table 9, indicated that gender was associated with all three outcomes - Family and Community Awareness/Response, Culture as Protective Factor and Lay Theories of Coping. Being male was associated with greater endorsement of Family and Community Awareness/Response ($\beta = .27, p < .001$), greater endorsement of Culture as Protective Factor ($\beta = .33, p < .001$), and lower endorsement of Lay Theories of Coping ($\beta = -.25, p < .001$). Age was associated with Family and Community Awareness/Response and Culture as Protective Factor. Being older was associated with lower endorsement of

Family and Community Awareness/Response ($\beta = -.13, p < .05$) and of Culture as Protective Factor ($\beta = -.13, p < .05$).

AMI was found to be a significant predictor of Family and Community Awareness/Response, Culture as Protective Factor and Lay Theories of Coping. Greater endorsement of AMI was related to greater endorsement of Family and Community Awareness/Response ($\beta = .30, p < .001$), greater endorsement of Culture as Protective Factor ($\beta = .18, p < .01$), and lower endorsement of Lay Theories of Coping ($\beta = -.15, p < .05$). The inclusion of AMI in the regression with Family and Community Awareness/Response as outcome accounted for 26% of the variance in the model with a ΔR^2 of 8% ($ps < .001$). The inclusion of AMI in the regression with Culture as Protective Factor as outcome accounted for 21% of the variance in the model with a ΔR^2 of 3% ($ps < .01$). The inclusion of AMI in the regression with Lay Theories of Coping as outcome accounted for 12% of the variance in the model with a ΔR^2 of 2% ($ps < .05$).

Attitudes Towards Help-Seeking and Asian Male Ideal. . The next set of regressions established the relation between Asian Male Ideal (AMI) and Attitudes Towards Help-Seeking. Controls (age, dating status, gender, mother education, father education) were entered in the first step and AMI was entered as a predictor in the second step. The results, displayed in Table 10, indicated that gender was significantly associated with help-seeking attitudes. Being male was associated with lower endorsement of Attitudes Towards Help-Seeking ($\beta = -.21, p < .01$) or in other words, lower endorsement of pro help-seeking attitudes. Additionally, AMI was a significant predictor of Attitudes Towards Help-Seeking ($\beta = -.16, p < .05$) with greater endorsement of AMI related to

lower endorsement of pro help-seeking attitudes. The inclusion of this step accounted for 10% of the variance of the model with a ΔR^2 of 2% ($ps < .05$).

CSA Myth Scale and Asian Female Ideal. The next set of regressions established the relation between Asian Female Ideal (AFI) and endorsement of child sexual abuse myths (i.e. Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes about CSA). Controls (age, dating status, gender, mother education, father education) were entered in the first step and AFI entered as a predictor in the second step. The results of these regressions with the three CSA Myth Scale Factors as outcomes are presented in Table 11. Gender was significantly associated with Blame Diffusion, Denial of Abusiveness and Restrictive Abuse Stereotypes. Being male was related to greater endorsement of Blame Diffusion ($\beta = .30, p < .001$), of Denial of Abusiveness ($\beta = .19, p < .01$), and of Restrictive Abuse Stereotypes ($\beta = .34, p < .001$). Additionally, age was found to be a significant predictor of these outcomes. Being older was associated with lower endorsement of Blame Diffusion ($\beta = -.14, p < .05$), of Denial of Abusiveness ($\beta = -.14, p < .05$), and of Restrictive Abuse Stereotypes ($\beta = -.18, p < .01$).

AFI was a significant predictor of Denial of Abusiveness and Restrictive Abuse Stereotypes. Greater endorsement of AFI was associated with greater endorsement of Denial of Abusiveness ($\beta = .19, p < .01$) and of Restrictive Abuse Stereotypes ($\beta = .16, p < .01$). The inclusion of AFI in the regression with Denial of Abusiveness as the outcome accounted for 11% of the variance in the model with a ΔR^2 of 3% ($ps < .01$). The inclusion of AFI in the regression with Restrictive Abuse Stereotypes as the outcome accounted for 19% of the variance in the model with a ΔR^2 of 2% ($ps < .01$).

Implicit Theories of CSA Scale and Asian Female Ideal. Next, I examined the relationships between the Asian Female Ideal (AFI) and the 3 factors of the Implicit Theories of CSA Scale. Age, gender, dating status, mother education and father education were included in separate regression analyses in the first step of the models to control for their effect on the outcomes. The results, displayed in Table 12, indicated that gender was a significant predictor of all three outcomes - Family and Community Awareness/Response, Culture as Protective Factor, and Lay Theories of Coping. Being male was associated with greater endorsement of Family and Community Awareness/Response ($\beta = .38, p < .001$), greater endorsement of Culture as Protective Factor ($\beta = .34, p < .001$), and lower endorsement of Lay Theories of Coping ($\beta = -.28, p < .001$). Age was a significant predictor of all 3 outcomes, as well. Being older was related to lower endorsement of Family and Community Awareness/Response ($\beta = -.12, p < .05$), lower endorsement of Culture as Protective Factor ($\beta = -.17, p < .01$), and greater endorsement of Lay Theories of Coping ($\beta = .13, p < .05$).

AFI was added in the second step of each regression. Endorsement of AFI was a significant predictor of Culture as Protective Factor. Greater endorsement of AFI was related to greater endorsement of Culture as Protective Factor ($\beta = .15, p < .05$). The inclusion of step 2 accounted for 19% of the variance in the model with a ΔR^2 of .2% ($ps < .05$).

Attitudes Towards Help-Seeking and Asian Female Ideal. Next, I examined the effect of Asian Female Ideal (AFI) on the Attitudes Towards Help-Seeking outcome. Controls (age, dating status, gender, mother education, father education) were entered in the first step and AFI was entered as a predictor in the second step. The results, displayed

in Table 13, indicated that gender was a significant predictor of Attitudes Towards Help-Seeking. Being male was related to lower endorsement of pro help-seeking attitudes. ($\beta = -.22, p < .01$). AFI was a significant predictor of Attitudes Towards Help-Seeking with greater of endorsement of AFI related to lower endorsement of Attitudes Towards Help-Seeking ($\beta = -.18, p < .05$). The inclusion of step 2 accounted for 9% of the variance in the model with a ΔR^2 of 3% ($ps < .05$).

Acculturation

CSA Myth Scale and Acculturation. The next set of regressions established the relationships between acculturation and endorsement of Child Sexual Abuse Myth factors. Controls (age, dating status, gender, mother education, father education) were entered in the first step, and acculturation was entered as predictor in the second step. The results of these regressions are presented in Table 14. Gender was a significant predictor of all 3 outcomes - Blame Diffusion, Denial of Abusiveness, and Restrictive Abuse Stereotypes. More specifically, being male was related to greater endorsement of Blame Diffusion ($\beta = .35, p < .001$), of Denial of Abusiveness ($\beta = .23, p < .01$) and of Restrictive Abuse Stereotypes ($\beta = .41, p < .001$). Age was a significant predictor of all 3 outcomes, as well. Being older was related to lower endorsement of Blame Diffusion ($\beta = -.16, p < .05$), of Denial of Abusiveness ($\beta = -.15, p < .05$), and of Restrictive Abuse Stereotypes ($\beta = -.22, p < .001$).

Acculturation was a significant predictor of lower Blame Diffusion and lower Denial of Abusiveness, respectively ($\beta = -.13, p < .05$; $\beta = -.19, p < .01$). The inclusion of the second step in the first regression accounted for 17% of the variance in the model

with a ΔR^2 of 2% ($ps < .05$). The inclusion of step 2 in the second regression accounted for 10% of the variance in the model with a ΔR^2 of 3% ($ps < .01$).

Implicit Theories of CSA Scale and Acculturation. Next, I investigated the relationships between acculturation and the 3 factors of the Implicit Theories of CSA Scale. Age, gender, dating status, mother education and father education were entered in the first step of each regression model to control for their effects on the outcomes. Acculturation was included in the second step of each regression model as predictor. The results (see Table 15) revealed that gender was a significant predictor of two factors of the Implicit Theories of CSA Scale. That is, being male was associated with greater endorsement of Family and Community Awareness/Response ($\beta = .37, p < .001$) and of Culture as Protective Factor ($\beta = .36, p < .001$). Age was a significant predictor of two factors of the Implicit Theories of CSA Scale. Being older was related to lower endorsement of Culture as Protective Factor ($\beta = -.20, p < .01$) and greater endorsement of Lay Theories of Coping ($\beta = .13, p < .01$).

Acculturation was found to be a significant predictor of Culture as Protective Factor ($\beta = -.14, p < .05$), with greater acculturation associated with lower endorsement of Culture as Protective Factor. The inclusion of step 2 in the regression with this outcome accounted for 20% of the variance in the model with a ΔR^2 of 2% ($ps < .05$).

Attitudes Towards Help-Seeking and Acculturation. Lastly, I examined the influence of acculturation on the Attitudes Towards Help-Seeking outcome. Controls (age, dating status, gender, mother education, father education) were entered in the first step of the regression model to adjust for their effect on the outcome and acculturation was entered as predictor in the second step. The results, displayed in Table 16, showed

that gender was a significant predictor of Attitudes Towards Help-Seeking ($\beta = -.27, p < .001$). Being male was associated with lower endorsement of Attitudes Towards Help-Seeking. Acculturation was not a significant predictor of Attitudes Towards Help-Seeking.

Chapter IV

Discussion

The major purpose of this study was to empirically test the impact of MM Ideology, traditional gender ideology, and acculturation on perceptions of child sexual abuse and help-seeking among South Asian college students living in the United States. This study serves to fill important gaps in the field of ethnic minority psychology. While some research has highlighted how cultural factors can serve as both risk and protective factors for South Asian victims of CSA, no study, to my knowledge, has explored the basic belief systems and myths that contribute to the underreporting of CSA and underutilization of mental health services within this community (Singh, 1996). Moreover, there is a dearth of research on CSA prevalence within this immigrant community, contributing to little community dialogue and few culture-specific treatment programs or community interventions. In fact, while there has been a great deal of interest in studying domestic violence in the South Asian immigrant community, there are only a handful of studies that have focused on the issue of child sexual abuse. Further, the majority of studies on Asian American mental health do not include South Asians in their samples or analyses, warranting a more focused study on South Asian American mental health. Contrary to common belief, CSA is not a culturally-bound problem, making it important to uncover why this social issue is underreported and how it can be addressed within the clinical setting in the most culturally-sensitive manner

In my study, I first examined how myths about child sexual abuse are impacted by the Model Minority (MM) Ideology, a stereotype and idealized identity often internalized by South Asian-Americans. I specifically explored the impact of MM Ideology on CSA perceptions, categorized into CSA Myths and Implicit Theories of CSA for the purpose of this study. The first outcome, CSA Myths, was operationalized through the use of a valid and reliable scale known as the Child Sexual Abuse Myth Scale (Collings, 1997). This scale was influenced by several well-known scales, such as the Jackson Incest Blame Scale (Jackson and Ferguson, 1983) and the Burt's Rape Myth Scale (Burt, 1980), but was specifically designed to assess a full range of CSA myths and stereotypes. While this scale addresses a major gap in child sexual abuse myth literature and is groundbreaking in nature, it was validated based on a "general" community sample that was not necessarily representative of ethnic minority communities. Thus, this current study serves to validate the CSA Myth scale for the South Asian college population living in the United States while exploring the CSA myths and stereotypes held by this group. While I found this scale to, indeed, be valid and reliable for this ethnic minority group, a second scale was created for the purpose of this study to capture unique cultural factors within the South Asian immigrant context while also capturing beliefs about CSA (i.e. implicit theories of CSA). This Implicit Theories of CSA Scale was found to be both valid and reliable, and correlated highly with the factors of the aforementioned CSA Myth Scale. Hence, this study served two important purposes prior to addressing my research questions including 1) validation of the CSA Myth Scale and 2) creation of a CSA myth/stereotype scale specific to the South Asian college community in the United States. Thus far, the dearth of research on CSA myths can, to a large extent, be accounted

for by the absence of reliable and valid instruments that allow for the quantification of adherence to CSA myths and stereotypes. Previous to the two scales used in this study, available measures of social attitudes towards sexual abuse have either not been specifically designed to assess CSA myths and stereotypes, are too narrowly focused to provide a comprehensive measure of these constructs, or were not validated with varying population subgroups.

Using these scales, I found that Hypothesis 1a was partially supported while Hypotheses 1b and 1c were not supported. That is, those who endorsed greater MM Ideology were found to endorse significantly lower Blame Diffusion, contrary to my original hypothesis, while the relationships between MM Ideology, Denial of Abusiveness, and Restrictive Abuse Stereotypes were not significant. This first finding is consistent with research that suggests that those in marginalized positions, including immigrants, often find the need to create strong, more positive idealized identities in comparison to their dominant counterparts (Mahalingam, 2006). Among my study participants, individuals endorsing greater MM Ideology subscribed less to the belief that persons other than the offender are to blame, or at least partly to blame, for CSA. This was contrary to my hypothesis but may reflect 1) a greater understanding of the power dynamic in a CSA dynamic, placing responsibility on the perpetrator alone, 2) an inclination to avoid placing blame on multiple people in the South Asian community to preserve an idealized community image, and/or 3) a willingness, in the immigration context, to move away from conservative thought processes that blame victims for being in abusive scenarios.

An unexpected finding was the insignificant relationship between MM Ideology

and both Denial of Abusiveness and Restrictive Abuse Stereotypes. These findings are contrary to those found among Chinese adults living in Hong Kong, an Asian subgroup that shares some similarity with the South Asian population, using the same CSA Myth Scale. According to Tang and Yan (2004), one-third of their sample was skeptical about children's reports of CSA and 40% perceived boys as unlikely victims of CSA. These findings allude to greater stereotyping and greater denial of certain "truths" or facts regarding CSA, which appear to be lower in the U.S. immigration context. It is possible that South Asian college-students are more socially aware and accurate in terms of CSA knowledge than I had previously assumed, even when endorsing belief in MM Ideology.

In terms of MM Ideology and its relationship to the factors of the Implicit Theories Scale, Hypothesis 2a was not supported, 2b was supported, and 2c was partially supported. As predicted, greater MM Ideology endorsement was predictive of greater belief in South Asian cultural values as buffers or protective factors for CSA. This finding aligns with research done by Mahalingam (2006) suggesting the need for immigrant communities to create strong, more positive idealized social identities in comparison to their dominant counterparts to cope with a marginalized social location. It is also consistent with past literature indicating lacking awareness of the problem of CSA in the Asian-American community and the belief that child sexual assault would only be perpetrated by a stranger (Wong, 1987). In reality, however, CSA occurs across cultures and is not necessarily a culturally-bound issue. Past literature suggests varying rates of CSA disclosure among immigrant groups in the U.S., with Asian-Americans being underrepresented in terms of *rates* of reported sexual abuse (Rao, DiClemente, & Ponton, 1992). Research also indicates varying relationships between victim and perpetrator by

cultural group, with 60% of Asian-American victims identifying male relatives as their perpetrators. Moreover, this population has been found to be the most likely ethnic group to be abused by a male relative, including the father, when compared to African-American, European American, and Hispanic American abuse cases (Rao et al., 1992). Indeed, irrespective of culture or country of origin, CSA appears to be a widespread issue warranting attention across all communities.

Contrary to expectation, MM Ideology was not a significant predictor of Family and Community Awareness/Response and was a significant predictor of Lay Theories of Coping in a *positive* direction. I had predicted that those who were more ethnically-identified and dedicated to maintaining an idealized image of their community would know less about CSA- related interventions and useful coping strategies for this form of abuse. Surprisingly, the opposite held true, suggesting a more complex story between MM Ideology and Lay Theories of Coping. This finding contrasts sharply with those from a study in which Asian American participants were asked how they would respond to sexual assault (Wong, 1987). Most of the participants reported that they would keep the assault a secret within the family for fear of community rejection and blame. Furthermore, most participants indicated a lack of awareness of resources for child abuse victims other than requesting assistance from police. It is possible that the conflicting finding obtained in my study regarding knowledge of CSA interventions and coping mechanisms is a reflection of 1) a college-based sample in comparison to a community-based sample and/or 2) the inclusion of a more current sample. Additionally, it is possible that South Asian college students who are exposed to topics related to social awareness and consciousness in the classroom or on campus hold MM ideals or beliefs in certain

life domains and less-so in others. This finding may also be related to the educational attainment and knowledge base of an academically oriented community (Jambunathan and Counselman, 2002) that receives messages through the media and in the college context about a variety of topics. It is possible that South Asian college students are aware and educated about CSA in the general population, while expecting their idealized culture to prevent CSA from occurring in their own community.

Gender and age were found to be consistently significant with outcomes related to CSA beliefs. More specifically, being male was related to greater belief in myths about CSA such as Blame Diffusion, Denial of Abusiveness, and Restrictive Abuse Stereotypes. Similarly, being male was related to greater belief that South Asian immigrants are appropriately aware of CSA in their families or communities and are protected from this issue by cultural factors. Being female, however, indicated greater knowledge of coping mechanisms and interventions for CSA. This gendered dynamic may be related to literature suggesting that women view child sexual abuse scenarios as more serious and negative than men (Smith, Froumont, & Morris, 1998). Similarly, scenarios of sexual aggression have been rated as more serious by adolescent females in comparison to male adolescents (Hilton, Harris & Rice, 2003) while other research indicates that men believe abuse reports less than women (Cromer & Freyd, 2007). It is possible that those individuals who take CSA more seriously (i.e. women), make greater efforts to become aware of intervention and coping mechanisms for experiences of abuse, endorsing greater Lay Theories of Coping. Correspondingly, individuals who take CSA less seriously and believe in abuse disclosures less frequently (i.e. men), may assume

greater community awareness of the issue as a way to “lighten” the issue and maintain an idealized view of their world.

Interestingly, being older was significantly predictive of lower endorsement of MM Ideology, lower endorsement of Culture as Protective Factor, and greater endorsement of Lay Theories of Coping. This finding suggests a significant process of growth during college in which individuals gain a different, and possibly more accurate, perspective on their ethnic community, on gender violence, and other related topics. This period of growth may be a reflection of a more diverse academic environment in college, exposure to different types of people from varying backgrounds on campus, or possibly developmental individuation from one’s family of origin and their belief systems.

Whatever the reason, it is apparent that younger South Asian college students are more likely to idealize their ethnic identity and believe in their culture as a protective factor for CSA. They also seem to know less about interventions and coping mechanisms related to CSA and may benefit from early education or increased dialogue about this topic.

Though there is no known literature on MM Ideology related to perceptions of gender violence, my findings are consistent with research highlighting that the “Model Minority” label is in fact, “too good to be true” (Cheng, 1997). For example, though not directly assessing psychological outcomes related to MM Ideology, other studies have found that Asian Americans must contend with a number of stress-producing issues not experienced by most Americans, such as minority status, racism, immigrant status, or refugee experiences (Atkinson & Gim, 1989; Uba, 1994). The effect on college campuses is that Asian American students may experience more acute distress in the midst of their learning environments than other students (Sue & Frank, 1973). To make matters worse,

there has been a nationwide increase in the number of hate crimes committed against Asian Americans in recent years, and Asian American college students in California report more personal experiences with racism than any other group (Uba, 1994).

Hypothesis 3 was not supported. MM Ideology was not significantly associated with Attitudes Towards Help-Seeking. It seems that internalization of MM Ideology impacts belief systems on certain topics and life domains of South Asian college students, but is not predictive of how this population perceives mental health services. This study did not explore whether participants of this study have actually utilized these services currently or historically, but my findings indicate that MM Ideology does not play a significant role in how these services are perceived. This is an important finding to consider when exploring and addressing reasons why Asian immigrants underutilize mental health services in the United States, an issue given much attention in the past decade (Lu, 1996; Herrick & Brown, 1998; Singh, 1999).

It is important to note that gender was significantly associated with Attitudes Towards Help-Seeking, with female gender related to more positive attitudes towards seeking mental health services. This finding is consistent with a plethora of research indicating that females generally have more positive help-seeking attitudes and are more likely to seek counseling than males (Fischer & Farina, 1995; Fischer & Turner, 1970; Leong & Zachar, 1999).

In my next set of questions, I examined the relationships between Asian Male Ideal (AMI) and my CSA-related outcomes (i.e. Child Sexual Abuse Myths and Implicit Theories of CSA). Hypothesis 4a and 4b were supported while Hypothesis 4c was not supported. I found that AMI was significantly and positively associated with Blame

Diffusion and Denial of Abusiveness as predicted, but not associated with Restrictive Abuse Stereotypes. This finding indicates that internalizing Asian masculinity ideology was related to placing less blame on the CSA offender and to minimizing the abusive nature of CSA by equating it to a positive or benign experience for the victim.

Additionally, Hypotheses 6a, 6b and 6c were each supported regarding the relationships of AMI with Family and Community Awareness/Response, Culture as Protective Factor, and Lay Theories of Coping. That is, having an idealized view of Asian masculinity was related to less belief that South Asian family and community members are aware of and would be responsive to CSA. Additionally, endorsing AMI ideology was related to greater belief in South Asian culture as a protective factor for CSA and less knowledge of appropriate interventions and coping mechanisms for CSA survivors.

These findings are consistent with past research on gender, gender beliefs, and gender ideology related to other forms of gender violence, namely rape and sexual harassment. They are also consistent with the idealized representation of the “Model Minority” community as a close-knit immigrant population characterized by interpersonal harmony. My results suggest that students in my sample endorsing greater AMI were more likely to diffuse blame for CSA to the victim, the victim’s parents, or other involved parties, rather than hold one individual from their community accountable for their sexual transgressions. There was also a striking relationship between idealized Asian masculinity and greater portrayal of abuse as a benign or positive experience for the victim. Contrary to empirical evidence, these participants were also more likely to believe that elements of the South Asian culture would protect children in their community from being sexually abused.

My findings echo past works that suggest that endorsement of masculinity or traditional male ideology is related to greater acceptance of gender violence and a propensity to view it less seriously. According to Wade and Brittan-Powell (2001), for example, men who endorsed traditional masculinity ideology or who relied on a male reference group for their gender role self-concept were likely to hold negative attitudes toward women's equality, and have attitudes conducive to the sexual harassment of women. Similarly, American college students with traditional gender role attitudes have been consistently found to indicate more support for violence against women than those with egalitarian attitudes (Finn, 1986; Muehlenhard, Friedman, & Thomas, 1985; Proite, Dannells, & Benton, 1993). Also, while the relationship between gender role attitudes and violence against women has not been empirically tested in a South Asian population, researchers have strongly alluded to it. Ayyub (2000) has suggested that contrary to the views endorsed by my participants, reinforcement of traditional gender roles by religious institutions and family members has facilitated violence against South Asian women by creating a dependence on men. Mehrotra's (1999) research further suggests that traditional gender role attitudes contribute to violence against South Asian women. It was both unexpected and interesting, however, to find that AMI was not significantly associated with Restrictive Abuse Stereotypes. It is possible that while AMI contributes to the minimization of CSA and a skewed perception of the victim-perpetrator dynamic, participants were hesitant to deny its existence completely.

The relationships between gender and CSA-related outcomes were consistent with the aforementioned findings regarding gender. More specifically, being male was associated with greater endorsement of all outcomes, except for Lay Theories of Coping.

Again, past literature has provided sound support for the relationship between gender and beliefs about gender violence. Aosved and Long (2006) indicated that men reported greater rape myth acceptance than women. Similarly, Jimenez and Abreu (2003) indicated that women in their study reported higher perceptions of empathy, ascribed more credibility to the rape victim, and were less accepting of rape myths compared with their male counterparts.

AFI was found to predict fewer CSA-related outcomes than AMI. While AMI was associated with all CSA Myths except for Restrictive Abuse Stereotypes, and all Implicit Theories of CSA outcomes, AFI was only associated with Denial of Abusiveness, Restrictive Abuse Stereotypes, and Culture as Protective Factor. Hypotheses 5b, 5c and 7b alone were thus supported. Similar to those who endorsed AMI, participants who believed that South Asian women were characterized by self-sacrifice, strong family values, loyalty to their partners, virtue, etc., also ascribed to beliefs that served to deny or minimize the consequences of CSA. These participants also believed that factors or dynamics within the South Asian community would prevent or protect fellow community members from this form of abuse. This finding suggests a notion of uniqueness or differentiation between South Asian females and their non-South Asian counterparts, as well as an ingrained sense of superiority over the larger American community. These belief systems are likely to perpetuate a lack of dialogue or thought about an issue that is believed to be personally irrelevant. This silencing based on cultural gender ideals resonates with research highlighting the use of cultural pride and belief systems, like honor and shame, as tools to constrain or minimize South Asian women's experiences of gender violence.

Indeed, Gill (2004) has highlighted how the South Asian culture is characterized by implicit gender codes, with toughness proscribed for males and modesty and avoidance of shame emphasized for women. These ideologies are internalized by members of a community and are antithetical to disclosure of violence or seeking of help. Gill (2004) asserts that the “Asian woman...is taught that saving face and family unity are more important than individual safety. Since Asians tend to be seen as a model minority, free from gender violence, an Asian woman may be constrained by her family and community from going public for fear of tarnishing the Asian image and inviting racist stereotypes of Asian men, thus alienating herself from the community that supposedly provides protection from a prejudiced society” (p. 477). My study serves to uncover these implicit, internalized ideologies regarding the values and virtues of South Asian females.

The Asian Female Ideal was not a significant predictor of Blame Diffusion, Family and Community Awareness/Response or Lay Theories of Coping. This is possibly related to the gender associated with higher AFI (i.e. being male). Indeed, being male was related to greater endorsement all CSA-related outcomes, except for Lay Theories of Coping. Also, except for this last outcome, being younger was predictive of all CSA-related outcomes. It may be that younger South Asian males endorse greater idealized ethnic and gender identity, in comparison to their female counterparts, and internalize rigid perceptions or myths of CSA related to these identities. Future studies are needed to examine this further.

As predicted, idealized gender ideology was negatively associated with Attitudes Towards Help-Seeking. Hypotheses 8 and 9 were thus supported, with greater

endorsement of AFI and AMI predictive of lower endorsement of pro help-seeking attitudes. This is consistent with the large body of research suggesting a negative relationship between masculinity and help-seeking attitudes. Subscales of the Conformity to Masculine Norms Inventory (CNMI), for example, have been found to be significantly and negatively related to attitudes toward psychological help-seeking (Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried and Freitas, 2003). Additionally, in a qualitative study exploring help-seeking experiences among a variety of men in Scotland, participants suggested a widespread endorsement of a “hegemonic” view that men “should” be reluctant to seek help, particularly amongst younger men (O’Brien, Hunt, Hart, 2005). Help-seeking was accepted only under circumstances that were themselves linked with masculinity; for example, when it was perceived as a means to preserve or restore another, more valued, enactment of masculinity (e.g. working as a fire-fighter, or maintaining sexual performance or function). Similarly, traditional attitudes about the male role and concern about expressing emotions have been individually found to be related to negative attitudes toward seeking professional psychological assistance (Good, Dell, and Mintz, 1989). Consistent with this literature, it is important to note that men were found to endorse less positive help-seeking attitudes than females in my study.

The established relationship between AFI and help-seeking attitudes in this study is supported by works suggesting that pressures placed on South Asian women to uphold family honor and cohesion contribute to an underutilization of mental health services and provide a barrier to disclosure of abuse (Gill, 2004). Additionally, there is a plethora of literature revealing gender and sex-role orientation to be significant influences on help-seeking attitudes. According to Johnson (1998), students classified as feminine were

more confident in professionals' ability to help with personal problems and were more willing to recognize a personal need for help. Similarly, femininity was found to significantly influence students' level of stigma tolerance, with those endorsing greater femininity also endorsing greater stigma tolerance towards professional help-seeking (Ang, Lim, Tan & Yau, 2004).

The proposed hypotheses regarding the impact of acculturation on my outcomes were partially supported. Hypotheses 10a, 10b, and 11b were supported while the others were not. In other words, lower acculturation was associated with greater endorsement of Blame Diffusion, of Denial of Abusiveness, and of Culture as Protective Factor. Conversely, more acculturated participants in this study were able to place less blame on the victim for being abused, were more realistic about the abusive nature of CSA, and did not believe cultural norms and factors to be buffers against CSA. There appears to be a more accurate representation of CSA in the South Asian community among those who were more acculturated to their host country. This finding is consistent with a body of literature suggesting that lower levels of acculturation are associated with increased acceptance of violence against women in South-Asian Americans (Ganguly, 1998) and a greater likelihood of violence against women in Hispanic-Americans (Champion, 1996). It is possible that lower acculturation leads to greater violence against women because of its association with risk factors of violence such as employment status (Jasinki, 1998). Further, the relationship between acculturation and gender violence may be explained by the assumption that acculturation to a relatively egalitarian culture leads to more egalitarian gender role attitudes, and therefore less acceptance of gender violence (Ginorio, Gutierrez, Cauce, & Acosta, 1995).

Acculturation did not predict endorsement of Restricted Abuse Stereotypes, Family and Community Awareness/Response, or Lay Theories of Coping. One possible explanation for this may be found in the unexpected findings of Bhanot & Senn (2007), who found that acculturation did not have a direct effect on attitudes towards wife beating. Bhanot & Senn (2007) suggest that this may be due to the confounding relationship between acculturation and gender role attitudes in their acculturation measure. Although I used a reliable and valid acculturation measure for Asian Americans specifically, it is possible for confounding variables to have played a role in my study outcomes, as well.

Acculturation was also not predictive of Attitudes Towards Help-Seeking, rejecting Hypothesis 12. This is inconsistent with a number of published works that suggest acculturation to be associated with positive attitudes towards seeking professional help. According to Frey & Roysircar (2006), as acculturation to U.S. culture increased, the frequency of utilizing help resources also increased among South Asian international students. Similarly, Luu, Leung, and Nash (2009) recently found that higher levels of acculturation were related to positive Attitudes Towards Help-Seeking among Vietnamese Americans.

While in the minority, there is some research that indicates a varying and more complex relationship between acculturation and help-seeking attitudes among South Asian immigrants. Vohra and Broots (1996), for instance, compared South Asian graduate students who were immigrants in North America with South Asian graduate students attending college in their native countries. They found that the immigrant participants were higher in perceived control, religion, and superstition, which they used

to cope with stressful life experiences. Also, Luu, Leung, and Nash (2009) found that higher levels of spiritual beliefs resulted in less favorable Attitudes Towards Help-Seeking. It is possible that acculturation was not predictive of Attitudes Towards Help-Seeking in my study due to a stronger orientation to superstitious or spiritual frameworks. The level of spirituality, religiosity, or belief in a “Higher Being” for each participant was not obtained in this study but is a factor worth exploring in future studies. Another possibility is that participants in my study were in the early stages of the Prochaska and DiClemente’s transtheoretical model (1997), which outlines 4 linear stages of increasing readiness to change a problem behavior. This model predicts that individuals in later stages of change would have more positive Attitudes Towards Help-Seeking while those in the early stages actively deny that a problem exists. Varying levels of denial of a problem (in this case CSA) and defense towards treatment may explain why participant acculturation was not associated with help-seeking attitudes in this study. Lastly, it is possible that the use of avoidance coping, a coping mechanism commonly used by Asians, explains the lack of support for my last hypotheses (Sheu & Sedlacek, 2004). That is, Asian American college students have been found to not think about or deal with problems, making it likely for them to have mixed Attitudes Towards Help-Seeking.

Of my demographic variables, gender and age were significant predictors of a number of my study outcomes while mother’s education, father’s education and dating status were not. Unlike some research which indicates that rapists’ mother’s were more likely to stay home as housewives in comparison to non-rapists’ mothers that spent more time out of the home (Lizak, 1991), my study did not allude to parent education or occupation playing a role on CSA and help-seeking beliefs in the South Asian context.

Interestingly, one's own engagement in dating and openness to romantic relationships was not predictive of my outcomes, though dating status was correlated with a number of my study variables.

I gathered data on parent education in my study to explore the impact of education and socioeconomic status on my study outcomes. The insignificant relationship between parent education and both CSA-related perceptions and Attitudes Towards Help-Seeking contributes to mixed findings of previous studies. Some studies have indicated a significant relationship between parent income and likelihood to seek help. In a multi-nation study conducted in Europe, high income was found to be associated with at least two of the four assessed attitudes towards mental health help-seeking. These attitudes referred to beliefs that the respondents would seek professional help when faced with a serious emotional problem, would feel comfortable talking about personal problems with a professional, would not be embarrassed if friends knew about the professional help, and respondents' perceived effectiveness of mental health care (Graaf, Ormel, Vilagut, Kovess, Alonso, ESEMeD/MHEDEA Investigators, 2000). Similarly, low-income parents have been found to be less likely to believe in or seek out help (Keller & McDade, 2000), while willingness to utilize psychiatric services has been associated with better parental education, occupation and socioeconomic status (Eapen & Ghubash, 2004). In a study with a community sample of Chinese Americans, however, positive Attitudes Towards Help-Seeking were mediated by low socioeconomic background (Ying and Miller, 1992). Other findings suggest that attitudes towards psychologists and psychiatrists as help sources are not as closely tied to socioeconomic class as has been indicated in earlier sociological studies (Fischer & Cohen, 1972). These mixed findings

regarding parent education, socioeconomic status and Attitudes Towards Help-Seeking seem to be a reflection of varying samples in each study and the use of different methods to measure socioeconomic status, parent education and Attitudes Towards Help-Seeking. A more standardized approach to studying these variables is needed to truly understand the influence of parent education and help-seeking attitudes. It should also be noted that my study sample consisted of students from large U.S. universities whose parents were generally high on educational attainment, which may have played a role on my study outcomes.

In choosing my demographic variables of interest, I included dating status as a variable due to two lines of research regarding dating, which were both unexpectedly inconsistent with my study's findings. First, a number of studies have given attention to dating practices or attitudes towards dating among South Asian immigrants and their children to highlight the impact of socialization and acculturation on the immigrant family (Wakil, Saddique, & Wakil, 1981; Patel, Power & Bhavnagri, 1996; Inman et al., 2007). Some studies have also examined attitudes towards dating and women as indicators of cultural transmission and ethnic identity (Dasgupta, 2004). Second, a number of studies have suggested significant relationships between dating expectations, experiences, sexual aggression, and rape myths. An example of one such myth is the belief that a woman deserved to be raped because she was dressed provocatively or because of a reputation of being promiscuous. Muehlenhard & Linton (1987), for example, demonstrated how adversarial attitudes about romantic relationships, men's acceptance of traditional sex roles in the dating dynamic, and rape myths are all associated with sexual aggression. Women with negative dating experiences have also

been found to endorse greater endorsement of rape myths to explain their experiences (Kalra, Wood, Desmarais, Verberg, & Senn, 2004). It is possible that dating status amongst South Asian college students in my sample was not predictive of CSA Myths and Attitudes Towards Help-Seeking due to the lack of negative dating experiences and the lack of data on sex roles within these dating relationships.

Overall, this study highlights several major points: 1) belief in idealized ethnic and gender identity in the immigration context has significant influence on perceptions of CSA and perpetuates the stereotype that CSA is not relevant in the South Asian community, 2) idealized masculinity and/or male gender ideology plays a strong role in maintaining these stereotypes, 3) idealized gender identity alone predicts less positive Attitudes Towards Help-Seeking and 4) greater acculturation is related to more accurate perceptions of CSA in the South Asian community. Also, men and younger participants in my study were found to endorse greater denial and minimization of CSA overall.

Indeed, both MM Ideology and idealized gender ideology were predictive of a number of my outcomes, suggesting the powerful role of cultural pride and stereotyping in a context of marginalization. This is consistent with research that indicates that maintenance of traditional attitudes and behaviors, whether implicitly or explicitly, is significant to the way varying forms of gender violence are viewed. Exploring and understanding the attitudes held by a community on a topic like CSA is important considering the direct relationship between positive attitudes toward violence against women and the actual occurrence of these acts (Hanson, Cadsky, Hanis, & Lalonde, 1997; Lim & Howard, 1998).

An unexpected trend in my findings was that Asian Male Ideal played a bigger role on my CSA-related outcomes in comparison to the Asian Female Ideal. While much research has called attention to the expectations and beliefs related to female gender ideology on gender violence, my findings urge a closer look at the impact of Asian masculinity and male ideology on members of the South Asian immigrant community. The historically patriarchal nature of the South Asian culture, with specific focus on masculinity and male socialization, may warrant more attention than previously assumed when dissecting mental health issues in this community.

The findings of my study resonate with the feminist analysis locating the cause of rape in the culture in which it is embedded. In his analysis of sexual aggression, masculinity, and paternal parenting, Lizak (1991) argues that “cultural forces, by shaping both the proximal and distal environment in which male children are raised, contribute to the creation of psychological dynamics which in turn become the wellspring of attitudes, dispositions, and behaviors that lead to sexual aggression” (p. 239). The consistent and strong demonstration of the association between culturally-ingrained attitudes and sexually aggressive behavior strengthens this sociocultural perspective and encourages a shift from individual, psychologically-based perspectives in understanding antecedents of gendered violence. Lizak’s arguments revolve around the idea that gender, as opposed to sex, is central to motivations for rape. While sex is based on biological differences, gender is constructed as two mutually exclusive categories, influenced and produced by culture. The gender categories people place themselves in are molded by gender-based rearing practices where the woman is normatively the primary caregiver and contact with a world that is extremely gender-divided. This is evident across cultures but especially

salient in patriarchal communities such as the South Asian community. Indeed, I did not obtain data on child-rearing practices in the South Asian home or on gender socialization of my participants, but the significance of masculinity on values and beliefs related to CSA in my study are striking, bringing Lizak's arguments to life. The positive associations found between AMI and both Blame Diffusion and Denial of Abusiveness, for example, echo Lizak's argument that "there remains a tendency among many to deny the reality of this impact [of rape]...with which the survivor lives, as well as the effects on the survivor's friends and family and on all women's ability to live their lives without fear" (p. 239). Moreover, if denial is not utilized, there is often a tendency for people to reject complex explanations for rape, or any other form of gender violence, to focus blame on one individual or to find a simple, powerful explanation that is more palatable for the mind.

It is no surprise then that gender was significantly associated with a majority of my outcomes. Being male was associated with greater endorsement of all outcomes of my study, except for Lay Theories of Coping and Attitudes Towards Help-Seeking. This reflects a greater willingness for the female gender to seek help when in distress and indicates a gender-divided understanding of how to cope with CSA. This may be linked to female necessity for greater awareness of gendered violence as the "weaker" or more "vulnerable" sex.

Chapter V

Limitations and Implications

This study has a number of limitations that should be noted when interpreting its results and when conceptualizing future studies on the given topic. First, participants of this study were college students from relatively large universities across the country. While I tried to obtain participants from varying parts of the country, the demographics of this sample may not match those of all South Asian immigrants living in the United States. Thus, generalizability of this study's findings to a non-college sample may be problematic. Second, the participants of this study were a self-selected group of South Asian college students who were contacted through undergraduate listservs and word-of-mouth. Hence, the analysis of this study may be biased towards South Asian students who were interested in the study topic or were motivated due to prior knowledge or experience with CSA. Third, this study is limited in that it utilizes quantitative methodology alone, thus lacking the rich data obtained from qualitative interviews, focus groups, or even a mixed methods approach. Additionally, it would have been useful to obtain more information about my sample. In hindsight, my data would have been richer if I had obtained ethnic breakdown, years of residence in the United States, mean family income of my sample. Also, generational status and religiosity of each participant might have been pertinent to the research questions posed.

The findings of this study encourage future research projects on CSA amongst South Asian immigrants in the United States. Future studies may examine whether

perceptions of CSA and help-seeking differ by ethnic group (i.e. Indian, Pakistani, Bengali, Sri Lankan etc.), by religiosity/spirituality, or by length of residence in the U.S. If an individual's coping mechanism includes reliance on their faith or religious community, for example, they may not feel the need to seek professional mental health services as much as their non-religious counterparts. Also, gathering more precise information on one's ethnic group may highlight intra-group differences within the South Asian diaspora. In addition, examining whether my given outcomes differ by personal experiences of CSA or prior utilization of mental health services would be interesting to explore. Familiarity with mental health services and/or the consequences of experiencing CSA may lead individuals to be more comfortable with seeking services for mental distress. Indeed, this may not hold true if past experiences with mental health services were incongruent with an individual's expectations or associated with a negative experience. Therefore, future studies should gather data on whether individuals have any prior experience with seeking help, and whether these experiences were positive in nature.

With this study being solely quantitative in nature, future studies should include qualitative interviews with South Asian college students who have and have not experienced CSA. These interviews could provide rich detail on how or why certain myths and stereotypes are perpetuated in the South Asian immigrant community regarding CSA and whether experience with CSA shifts these myths in any way. Qualitative interviews or focus groups could also highlight reasons why mental health services are underutilized by South Asian Americans and whether alternate sources of support are used instead. These interviews should also extend to parents of these students

or other community members of varying age groups. This current study was limited in its focus by exploring the attitudes and perceptions of college students alone, warranting data on varying generations of the South Asian community. Interviews with parents and other family members may also shed light on how parenting and family dynamics contribute to belief systems regarding CSA and help-seeking. Moreover, parent occupation may be pertinent to their own openness or familiarity with these topics and would be useful to explore in qualitative interviews.

As discussed earlier, an unexpected finding of study was the consistently significant relationship between idealized male gender ideology and many of my outcomes. Endorsing the Asian Male Ideal seems to predict how individuals perceive victims of CSA and the negative impact of abuse in their life. Hence, future works should examine how and why the Asian Male Ideal is constructed, both in and out of the home. In other words, are male ideals and expectations conveyed by parents, peers, or both? How are these messages relayed? Are these messages relayed implicitly or explicitly? Future studies should thus collect data on family cohesion, parent-child communication style, peer groups maintained by children in the home, amount of familial contact/communication with outgroup members, and gender roles followed in the home. Having such data may highlight where values related to Asian masculinity are obtained and how their negative outcomes may be corrected or interrupted. Another unexpected finding of this study was the little impact acculturation had on Attitudes Towards Help-Seeking. Considering this finding, future studies should “unpack” acculturation by identifying which behaviors versus attitudes impact the likelihood of seeking professional mental health services.

It should be noted that in this study, I focused on negative outcomes related to internalizing MM Ideology or in other words, the pressures South Asian students may experience from having to maintain this stereotype. As a researcher and South Asian woman myself, I must acknowledge that there are positive aspects of being a part of this immigrant community. Due to the positive connotations associated with high socioeconomic status, high educational attainment and low juvenile delinquency, it is likely that many South Asian individuals derive a sense of pride and motivation from being a part of the MM community. Cultural emphasis on family closeness, interpersonal harmony, pride in one's heritage and academic achievement, for example, may be protective factors for members of this immigrant community. Future studies should thus explore how being a part of a "model" community impacts one's sense of self-worth and whether it can be a source of strength, pride and resiliency from traumas such as CSA.

Lastly, it would be interesting to have future studies use the newly created Implicit Theories of CSA Scale, with other immigrant populations in the U.S. This scale has only been tested on a South Asian college sample and should be validated for other South Asian samples and ethnic minority groups. It would be useful to note commonalities and differences regarding implicit beliefs about CSA between different Asian subgroups and ethnic minority groups.

Implications of Study

The findings of this study impact researchers and clinicians studying CSA in a number of ways. Firstly, this is the first empirical study to explore how South Asian and South Asian-Americans understand and perceive CSA and help-seeking. As noted previously, past works on gender violence in the South Asian community have been

qualitative in nature and have explored the perceptions of those who are survivors of CSA. Additionally, most research on gender violence in this immigrant population has focused on the issue of domestic violence. This work extends the important contributions of these works but focuses on belief systems and perceptions related to child sexual abuse, a commonly tabooed topic in the South Asian home. My study also focuses on the perceptions of the general South Asian population living in the United States as opposed to those who have been affected by CSA alone. In doing so, I hoped to understand how this ethnic minority group would react to CSA as victims themselves, as family members of CSA victims, and as a community. I believe that understanding the belief systems of the general population functions is the first foundational step to ending CSA in a community and providing victims with appropriate services. Furthermore, past research has indicated an underutilization of mental health services by Asian-Americans and has highlighted the patriarchal nature of the South Asian cultural context but few have linked these findings to CSA or CSA-related outcomes. This study this fills an important gap in the field of psychology.

Secondly, this is the first study, to my knowledge, to link internalization of the Model Minority Myth to perceptions of CSA and help-seeking. As mentioned earlier, while this stereotype and vision of Asian Americans as being high-achieving is valid to some extent, it contributes to glossing over mental health and social issues within the community such as CSA. It also contributes to a silencing of issues related to psychological well-being which, interestingly enough, is a powerful tool used by perpetrators to continue the abuse and to reinforce the powerlessness of the CSA victim (Briere, 2002; Herman, 1992). The significant relationships between MM Ideology,

Blame Diffusion, and Culture as Protective Factor in this study highlights the urgent need for community education regarding CSA in this “model” immigrant community.

Additionally, this study’s findings regarding gender and idealized gender ideology indicates the need for psychoeducation on CSA specifically geared towards South Asian males. It also indicates the lack of dialogue about this topic between males, potentially silencing male victims just as much as, if not more, than their female counterparts.

This study’s findings may also be relevant to the experiences of other immigrant groups characterized by traditional gender norms and gender ideology. The Latino culture, for example, is characterized by *machismo*, defined as prominently exhibited or excessive masculinity and historically linked to the belief in the superiority of males over females (Gil & Vasquez, 1996). This study calls for researchers and clinicians to explore the impact of stereotypes and cultural norms in other immigrant groups whose CSA victims may also need a safe space to disclose their experiences.

The results of this study are also pertinent to clinicians working with CSA victims and their families. By understanding the myths and beliefs held by South Asian victims, clinicians can identify important treatment goals, demonstrate sensitivity to cultural stigmas regarding help-seeking, and utilize cognitive-behavioral strategies to address erroneous core beliefs. Indeed, in the clinical setting, Cognitive-Behavioral Therapy (CBT) has been found to work well for clients of Asian background. CBT is based on the premise that psychological distress is a function of disturbances in cognitive processes. It asserts that it is the person’s belief system, rather than a triggering event, that causes emotional reactions and consequent behaviors. It is usually a time-limited and educational system which focuses on specific target emotions, behaviors and emotions

(Corey, 2000; Seligman, 2000). This type of treatment utilizes a structured, educational model congruent with cultural values emphasizing academic excellence and an appreciation for education. Moreover, CBT is a more directive approach to therapy, which has been found to be more effective than nondirective treatment modalities for Asian American clients (Y.N. Lin, 2002; Miller & Yang, 1997). For the population addressed in this study, CBT can be utilized in the clinical setting to correct erroneous belief systems held by CSA victims about why they were abused and provide them with culturally-sensitive coping techniques when psychologically triggered. Female victims who believe that they are “impure” or male victims who believe that males cannot be abused, for example, can have these internalized beliefs gently corrected through psychoeducation and evidence-based behavioral techniques.

Additionally, the findings of this study can be utilized in addressing CSA myths held by a victim’s family members. Family plays a powerful role for CSA victims considering its function as “a carrier of conscious and unconscious values, myths, fantasies, and beliefs” (Danieli, 1998). The family not only acts as a major source of social, emotional and financial support for its members but also impacts children’s inner and interpersonal lives (Wiseman et al., 1996). In close relationships especially, interpersonal communication between parents and their children is the primary elicitor of emotions and has been known to be the most psychologically charged relationship around the world (Guerrero & Anderson, 2000). Many South Asian CSA victims, however, often experience concern over who will actually believe them upon disclosure of their abuse (Gilligan & Akhtar, 2006). This study’s findings may be helpful for clinicians to understand the lack of knowledge and shame many South Asian families experience

when confronted by CSA. This information can then be used to create psychoeducational programs for South Asian families that normalize feelings of shock, shame, and discomfort about discussing or processing CSA in the home. Moreover, the findings of this study can help clinicians in processing a South Asian family's experience of CSA through knowledge of the gender dynamics and gender ideals commonly present within this cultural context.

Lastly, this study offers a new scale for other researchers to use when studying perceptions of CSA among other ethnic minority populations in the U.S. The Implicit Theories of CSA Scale is the first known scale to capture idealized beliefs about one's community along with general knowledge about child sexual abuse. This is an important contribution to the fields of cultural and clinical psychology.

Chapter VI

Conclusion

The purpose of this study was to examine the relationships between MM Ideology, idealized gender ideology and acculturation with perceptions of child sexual abuse and help-seeking. I specifically focused on the attitudes and perceptions of South Asian college students in this study to address major gaps within the research areas of gender violence and immigrant mental health. Findings of this study indicate an interesting and complex picture in the immigration context and the need for both researchers and clinicians to be mindful of the social location and cultural beliefs of their given population of study.

Themes that emerged from the study largely fit the idealized cultural identity model (Mahalingam, 2006) with idealized beliefs about cultural and gender identity strongly influencing attitudes towards CSA. In general, endorsement of MM Ideology was found to shape attitudes towards CSA in varying ways and in differing degrees, depending on attitude domain. MM Ideology was negatively related to Blame Diffusion while positively related to Culture as Protective Factor and Lay Theories of Coping. This indicates that, for South Asian Americans, internalization of being the perfect, “model” minority group in the U.S. shaped the perceptions of the prevalence of CSA in their community. Also, idealized beliefs about Asian male identity were found to be a stronger predictor of my CSA-related outcomes than idealized beliefs about Asian female identity. Asian Male Ideal was positively related to Blame Diffusion, Denial of Abusiveness,

Family and Community Awareness/Response and Culture as Protective Factor while negatively related to Lay Theories of Coping. The Asian Female Ideal was related to fewer outcomes, all positively – Denial of Abusiveness, Restrictive Abuse Stereotypes and Culture as Protective Factor – and with less statistical significance than the Asian Male ideal. Idealized gender identity was also found to impact Attitudes Towards Help-Seeking with both AMI and AFI negatively related to pro help-seeking attitudes. Unlike idealized cultural and gender identity, acculturation did not play as significant a role on my CSA-outcomes, negatively related to Blame Diffusion, Denial of Abusiveness and Culture as Protective Factor alone, and not predictive of Attitudes Towards Help-Seeking.

The theme of gender in this study fits with past literature regarding gender violence and belief systems within patriarchal societies. In terms of study outcomes, being male was related to greater endorsement of Blame Diffusion, Denial of Abusiveness, Restrictive Abuse Stereotypes, Family and Community Awareness/Response and Culture as Protective Factor. Being female was related to greater endorsement of coping mechanisms for survivors of CSA (Lay Theories of Coping) and more positive Attitudes Towards Help-Seeking. These findings highlight the continuity of traditional gender ideology among immigrant families ideology between their native and host countries.

Overall, this study provides a significant theoretical framework to further our understanding of how child sexual abuse is perceived and silenced within the South Asian immigrant community. It also provides a lens through which clinicians may conceptualize the role of idealized gender identity in the underutilization of mental health

services. This study also validates a new scale created to capture implicit beliefs about CSA among South Asian immigrants, urging the use of this scale in studies with other ethnic minority communities.

Figure 1. Graphical Representation and Summary of Analysis

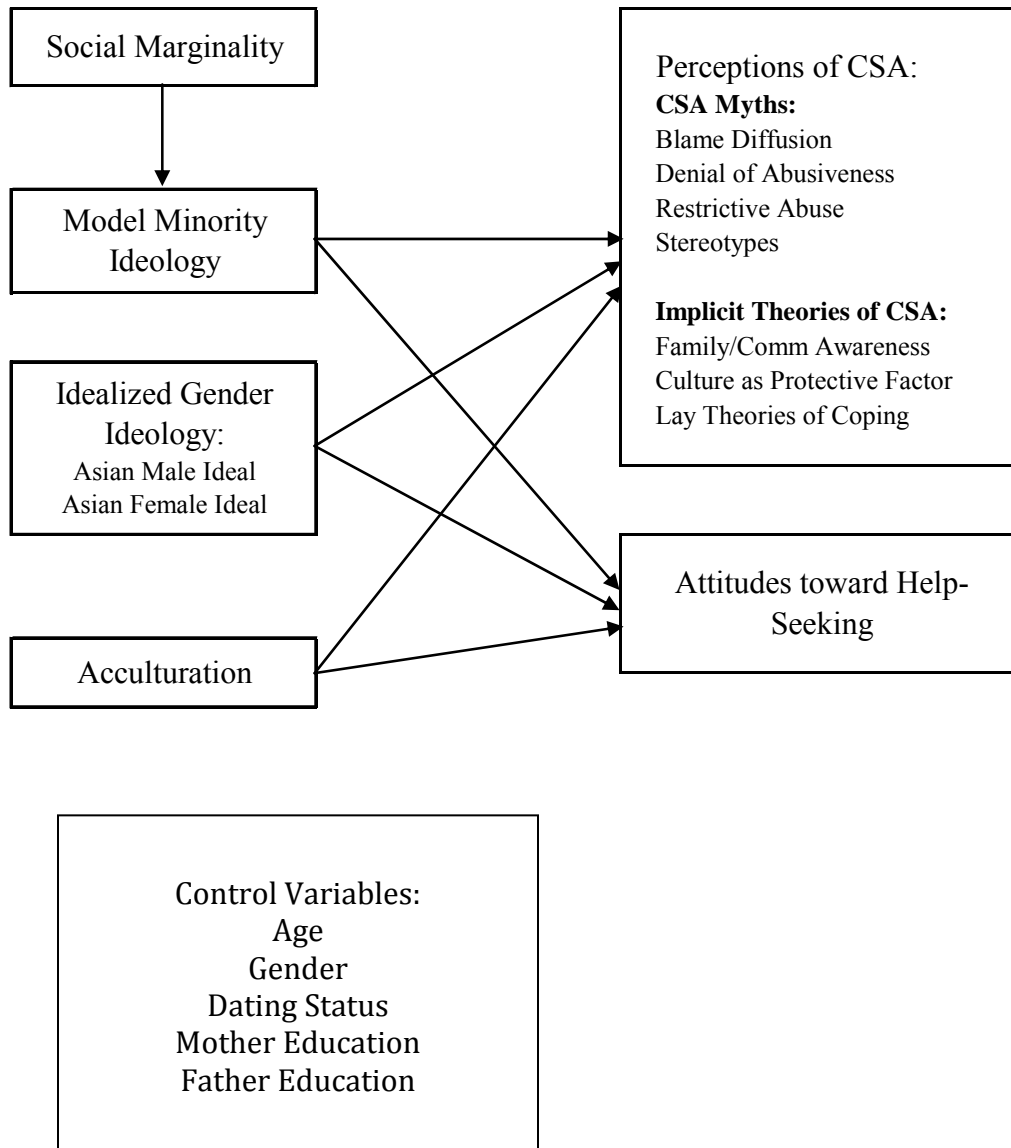


Figure 2. Model Minority Ideology Outcomes Summary

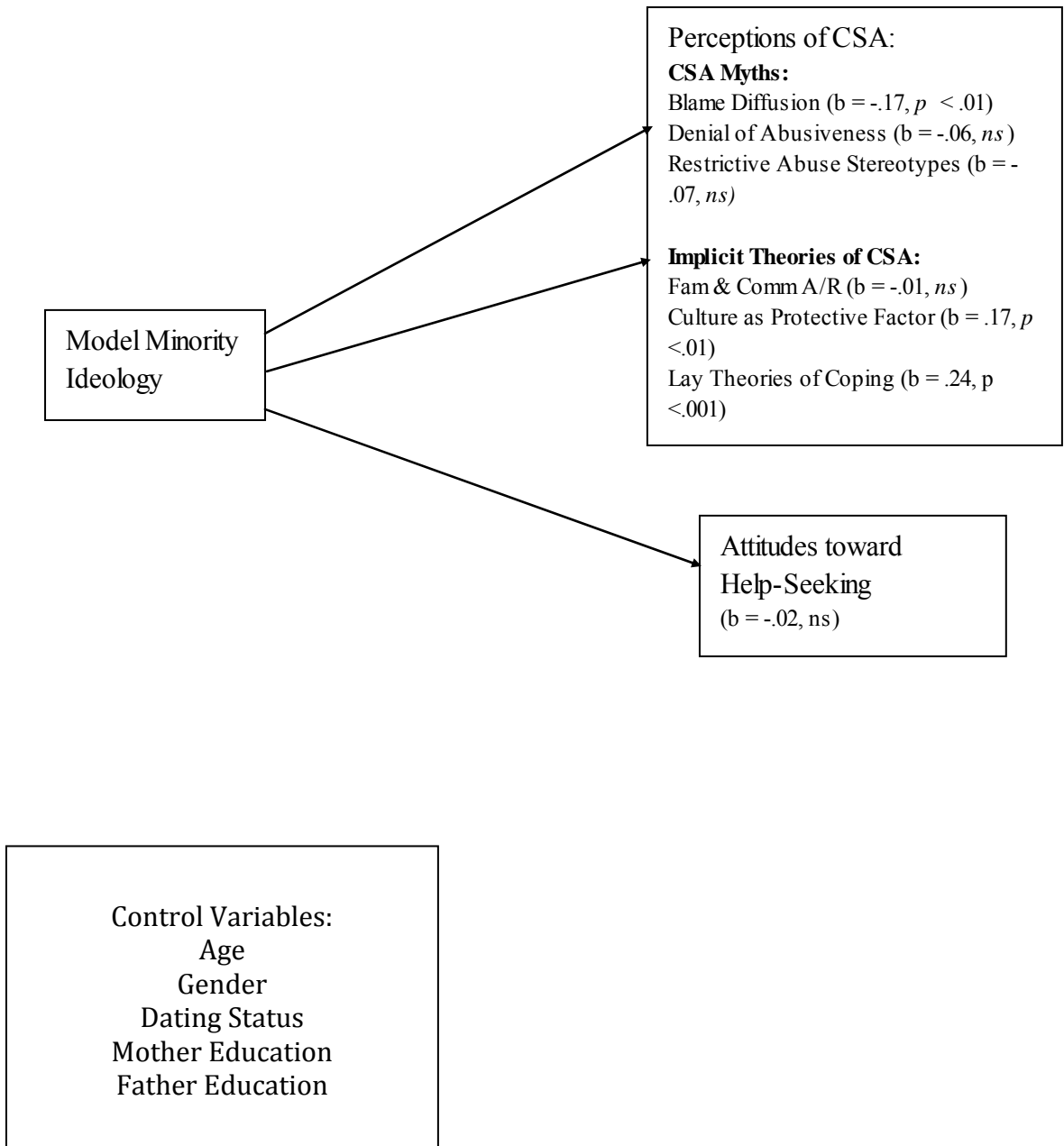


Figure 3. Idealized Gender Ideals Outcomes Summary: Asian Male

Ideal

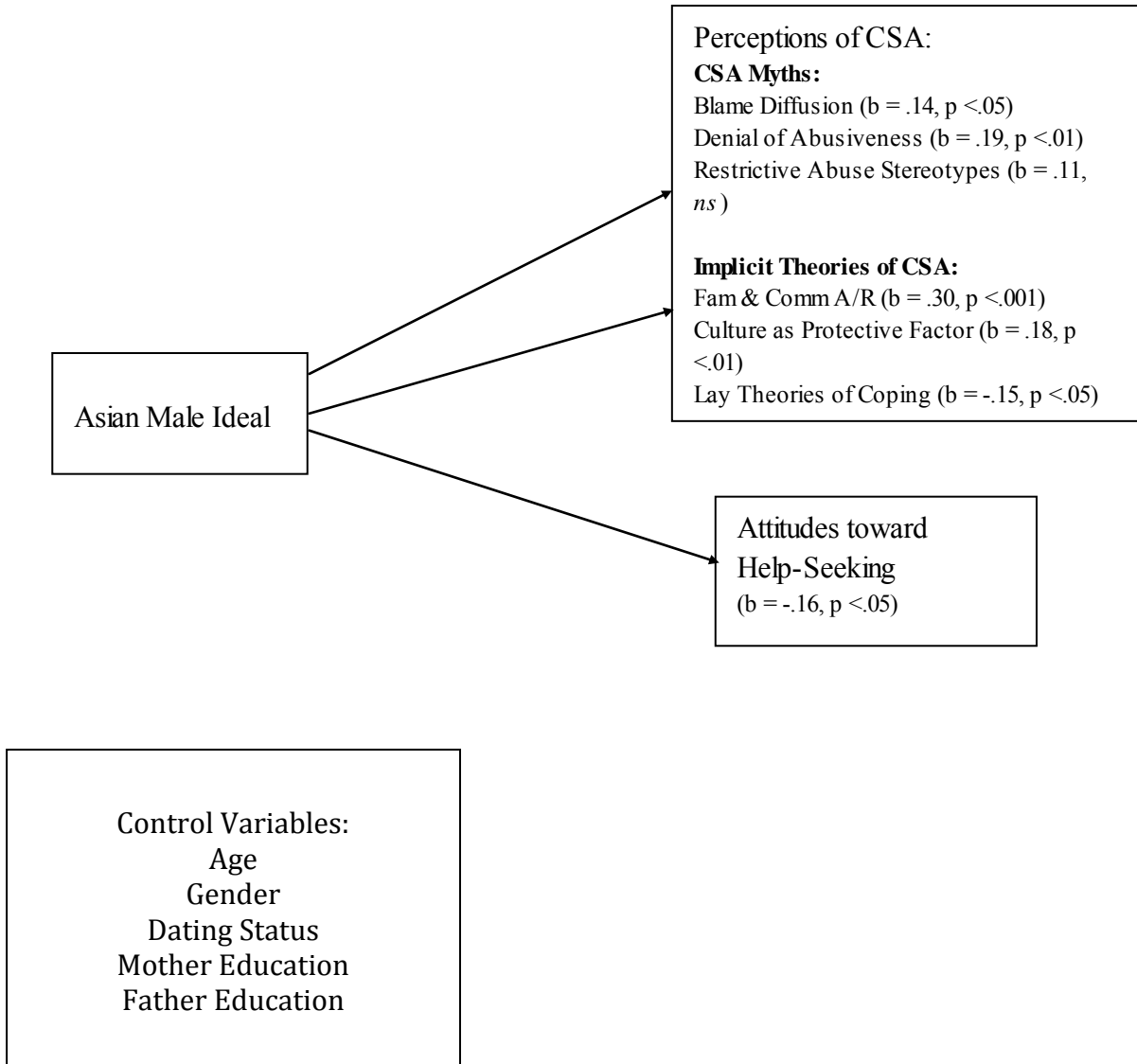


Figure 4. Idealized Gender Ideals Outcomes Summary: Asian Female

Ideal

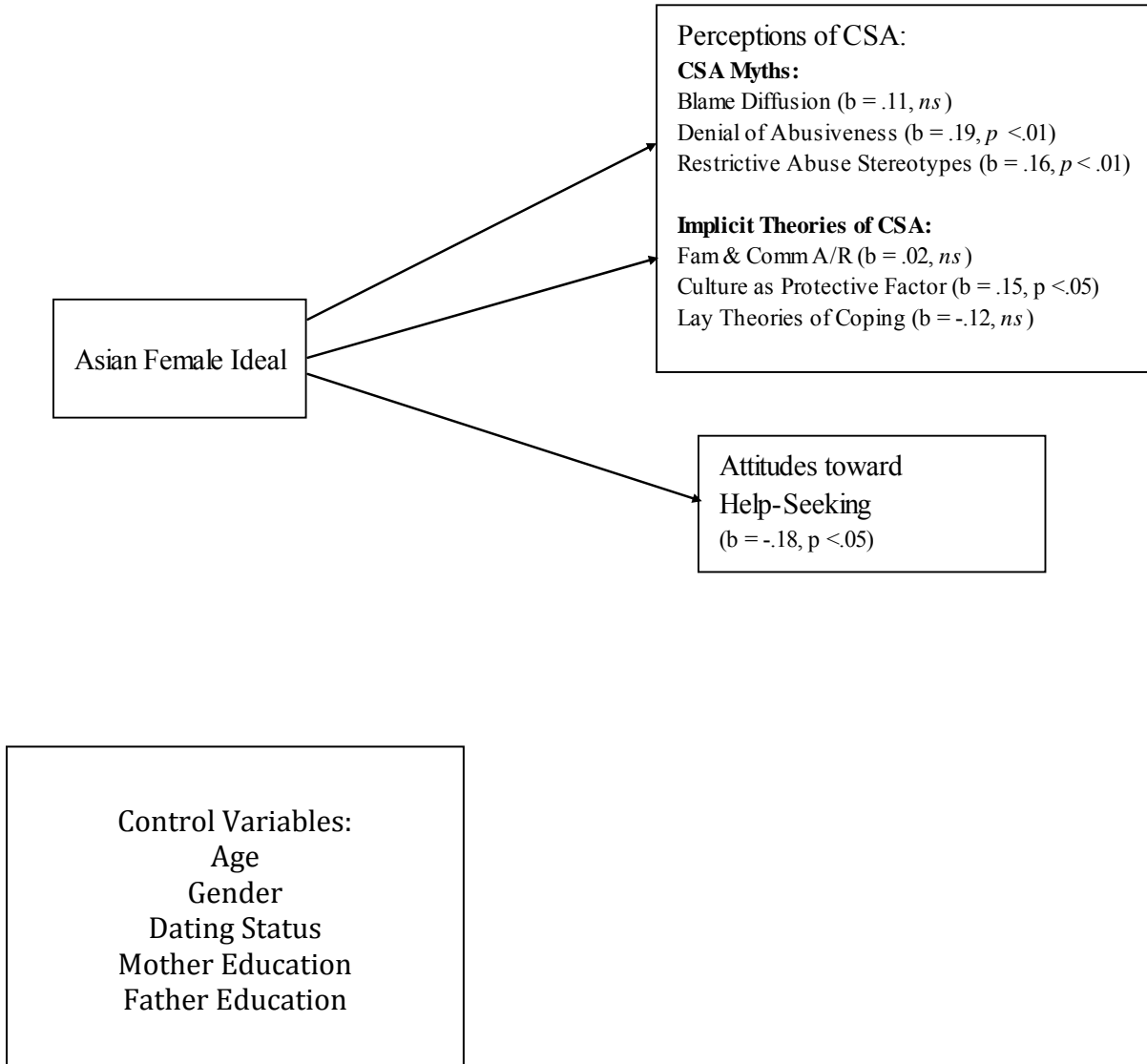


Figure 5. Acculturation Outcomes Summary

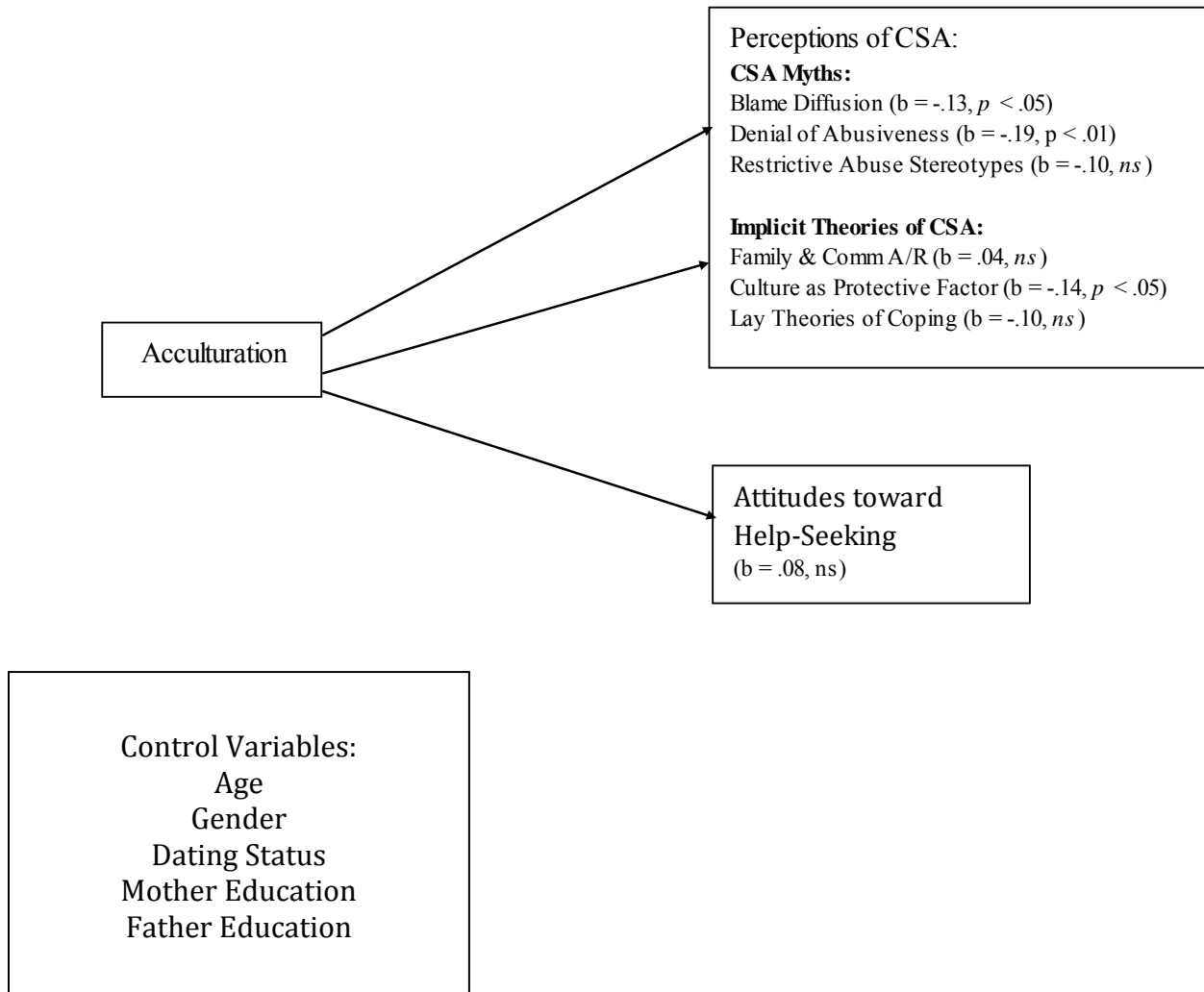


Table 1.

Analysis Plan

	Questions	Analysis & Controls
1	<p>MM Ideology – CSA Myths</p> <p>a) MM Ideology – Blame Diffusion b) MM Ideology – Denial of Abusiveness c) MM Ideology – Restrictive Abuse Stereotypes</p>	<p>Separate Regression Analyses</p> <p>Controls: Age Gender Dating Status Mother Education Father Education</p>
2	<p>MM Ideology – Implicit Theories</p> <p>a) MM Ideology – Fam & Com A/R b) MM Ideology – Culture as Prot Factor c) MM Ideology – Lay Theories of Coping</p>	<p>Separate Regression Analyses</p> <p>Controls: Age Gender Dating Status Mother Education Father Education</p>
3	<p>MM Ideology – Attitudes Towards Help-Seeking</p>	<p>Separate Regression Analyses</p> <p>Controls: Age Gender Dating Status Mother Education Father Education</p>
4/5	<p>Idealized Gender Ideology – CSA Myths</p> <p>a) AMI/AFI – Blame Diffusion</p>	<p>Separate Regression Analyses</p> <p>Controls: Age</p>

	<p>b) AMI/AFI – Denial of Abusiveness c) AMI/AFI – Restrictive Abuse Stereotypes</p>	<p>Gender Dating Status Mother Education Father Education</p>
6/7	<p>Idealized Gender Ideology-Implicit Theories</p> <p>a) AMI/AFI – Fam & Com Awareness/Response b) AMI/AFI – Culture as Prot Factor c) AMI/AFI – Lay Theories of Coping</p>	<p>Separate Regression Analyses</p> <p>Controls: Age Gender Dating Status Mother Education Father Education</p>
8/9	<p>AMI / AFI – Attitudes Towards Help-Seeking</p>	<p>Separate Regression Analyses</p> <p>Controls: Age Gender Dating Status Mother Education Father Education</p>
10	<p>Acculturation – CSA Myths</p> <p>a) Acculturation – Blame Diffusion b) Acculturation – Denial of Abusiveness c) Acculturation – Restrictive Abuse Stereotypes</p>	<p>Separate Regression Analyses</p> <p>Controls: Age Gender Dating Status Mother Education Father Education</p>
11	<p>Acculturation – Implicit Theories of CSA</p> <p>a) Acculturation – Fam & Comm A/R b) Acculturation – Culture as Prot Factor c) Acculturation – Lay Theories of Coping</p>	<p>Separate Regression Analyses</p> <p>Controls: Age Gender Dating Status Mother Education Father Education</p>

12	Acculturation – Attitudes Towards Help-Seeking	Separate Regression Analyses Controls: Age Gender Dating Status Mother Education Father Education
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Table 2.

Descriptive statistics and Chronbach's alpha for study variables

	No. of items	Range	Alpha	N	Mean	SD
Age	-	-	-	349	21	2.2
Gender	-	-	-	349		
Dating status	-			349		
Mother's highest level of education	-					
Father's highest level of education	-					
Model Minority Ideology	6	1-5	.78		3.5	.58
Asian Male Ideal	13	1-5	.85		3.1	.52
Asian Female Ideal	14	1-6	.85		3.2	.53
Acculturation	13	1-5	.75		2.9	.45
CSA Myths	21	1-5	.87			
Implicit Theories of CSA	35	1-5				
Attitudes Towards Help- Seeking	10	0-3	.80		2.7	.57

Table 3.

Intercorrelations of Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 Pride	---	.183*	.252**	-.142*	-0.03	.171**	.236**	-.188**	-.058	-.074	-.034	-.034	.066	-.011	-.012	-.051
2 Asian Male Ideal		---	.490**	-0.08	.428**	.332**	-.264**	.256**	.282**	.254*	-.252**	-.042	-.048	.051	.330**	-.144*
3 Asian Female Ideal			---	-.159*	0.086	.218**	-.142*	.149*	.221**	.181*	-.221**	-.094	-.028	.008	.093	-.064
4 Acculturation				---	0.03	-.162*	-0.1	-.137*	-.172**	-.104	.100	.122	.140*	.109	.068	-.044
5 Fam and Comm Awareness/Response					---	.433**	-.352**	.432**	.436**	.349*	-.252**	-.108	-.118	.127*	.422**	-.174**
6 Culture as Protective Factor						---	-.187**	.344**	.395**	.474*	-.412**	-.139*	-.114	-.003	.384**	-.212**
7 Lay Theories of Coping							---	-.431**	-.360**	-.286**	.315**	.063	.054	-.035	-.313**	.181**
8 Blame Diffusion								---	.769**	.688**	-.215**	-.063	-.106	-.120*	.3499*	-.155*
9 Denial of Abusiveness									---	.586*	-.260**	-.116	-.057	.133*	.258**	-.150*
10 Restrictive Abuse Stereotypes										---	-.305**	-.009	-.023	.079	.377**	-.204**
11 Attitudes Towards Help-Seeking											---	.082	.115	.034	-.285**	.141*
12 Mother's Education												---	.451**	.026	-.100	-.099

13	Father's education	---	.000	-.100	-.062
14	Dating Status	---	.167**	.035	
15	Gender		---	-.071	
16	Age				---

p < .05, ** p < .01, ***p < .001

Table 4.

Intercorrelations among factors related to CSA beliefs i.e. CSA Myth and Implicit

Theories of CSA Factors

Variable	1	2	3	4	5	6
1 Blame Diffusion	--					
2 Denial of Abusiveness	.77**	--				
3 Restrictive Abuse Stereotypes	.69**	.59**	--			
4 Family and Community Awareness/Response	.43**	.43**	.35**	--		
5 Culture as Protective Factor	.33**	.40**	.47**	.43**	--	
6 Lay Theories of Coping	-.43**	-.36**	-.29**	-.35**	.19**	--

* $p < .01$, ** $p < .05$

Table 5.

Summary of Regression Analysis with Model Minority Ideology as predictor of CSA Myths

	Blame Diffusion (N = 276)			Denial of Abusiveness (N = 275)			Restrictive Abuse Stereotypes (N = 277)		
	B	SE(B)	b	B	SE(B)	b	B	SE(B)	b
	<hr/>								
Step 1									
Age	-.05	.02	-.13*	-.05	.02	-.13*	-.08	.03	-.17**
Gender	.45	.09	.31***	.31	.10	.20**	.65	.11	.36***
Dating status	.03	.03	.06	.04	.03	.08	.02	.03	.03
Mother's highest level of education	.01	.04	.01	-.07	.05	-.09	.03	.05	.04
Father's highest level of education	-.07	.05	-.10	-.02	.05	-.02	-.02	.05	-.03
Step 2									
Age	-.05	.02	-.13*	-.05	.02	-.13*	-.08	.03	-.17**
Gender	.45	.09	.31***	.31	.10	.20**	.65	.11	.36***

Dating status	.03	.03	.07	.04	.03	.09	.02	.03	.03
Mother's highest level of education	-.01	.04	-.01	-.07	.05	-.10	.03	.05	.03
Father's highest level of education	-.05	.04	-.08	-.01	.05	-.02	-.02	.05	-.02
Model Minority Ideology	-.21	.07	-.17**	-.07	.08	-.06	-.10	.09	-.07

Note. Blame Diffusion: $R^2 = .15$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($ps < .05$). Denial of Abusiveness: $R^2 = .09$ for Step 1; $\Delta R^2 = .00$ for Step 2 ($ps < .05$). Restrictive Abuse Stereotypes: $R^2 = .18$ for Step 1; $\Delta R^2 = .00$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 6.

Summary of Regression Analysis with Model Minority Ideology as predictor of Implicit Theories of CSA

	Family and Community			Culture as Protective			Lay Theories of Coping		
	Awareness/Response			Factor			(N = 255)		
	(N = 252)			(N = 258)					
	B	SE(B)	b	B	SE(B)	b	B	SE(B)	b
Step 1									
Age	-.04	.02	-.13*	-.07	.02	-.18**	.05	.02	.14*
Gender	.53	.09	.38***	.55	.09	.36***	-.36	.08	-.28***
Dating status	.02	.03	.05	-.04	.03	-.08	.01	.02	.02
Mother's highest level of education	-.03	.04	-.04	-.07	.05	-.10	.05	.04	.08
Father's highest level of education	-.05	.05	-.07	-.03	.05	-.04	-.02	.04	-.03
Step 2									
Age	-.04	.02	-.13*	-.07	.02	-.17**	.05	.02	.15*
Gender	.53	.09	.38***	.55	.09	.36***	-.36	.08	-.28***
Dating status	.02	.03	.05	-.04	.03	-.08	.01	.02	.02

Mother's highest level of education	-.03	.04	-.04	-.06	.05	-.08	.06	.04	.11
Father's highest level of education	-.05	.05	-.07	-.04	.05	-.06	-.04	.04	-.07
Model Minority Ideology	-.01	.07	-.01	.23	.08	.17**	.26	.07	.24***

Note. Family and Community Awareness/Response: $R^2 = .20$ for Step 1; $\Delta R^2 = .00$ for Step 2 ($ps < .05$). Culture as Protective Factor: $R^2 = .20$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($ps < .05$). Lay Theories of Coping: $R^2 = .12$ for Step 1; $\Delta R^2 = .06$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 7.
*Summary of Regression Analysis with Model Minority Ideology as predictor of Attitudes
 Towards Help-Seeking*

	Attitudes Towards Help-Seeking (N = 212)		
	B	SE(B)	B
Step 1			
Age	.04	.02	.13
Gender	-.30	.08	-.26***
Dating status	.03	.02	.08
Mother's highest level of education	.01	.04	.03
Father's highest level of education	.04	.04	.07
Step 2			
Age	.04	.02	.12
Gender	-.30	.08	-.26***
Dating status	.03	.02	.08
Mother's highest level of education	.01	.04	.02
Father's highest level of education	.04	.04	.07
Model Minority Ideology	-.02	.07	-.02

Note. Attitudes Towards Help-Seeking: $R^2 = .11$ for Step 1; $\Delta R^2 = .00$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 8.
Summary of Regression Analysis with Asian Male Ideal as predictor of CSA Myths

	Blame Diffusion (N = 272)			Denial of Abusiveness (N = 275)			Restrictive Abuse Stereotypes (N = 277)		
	B	SE(B)	b	B	SE(B)	b	B	SE(B)	b
	Step 1								
Age	-.04	.02	-.11	-.04	.03	-.11	-.07	.03	-.15*
Gender	.46	.09	.32***	.32	.10	.21**	.65	.11	.36***
Dating status	.02	.03	.05	.04	.03	.08	.02	.03	.03
Mother's highest level of education	.01	.04	.02	-.06	.05	-.09	.03	.05	.04
Father's highest level of education	-.06	.05	-.09	-.01	.05	-.02	-.02	.05	-.03
Step 2									
Age	-.03	.02	-.09	-.04	.02	-.09	-.06	.03	-.13*
Gender	.40	.09	.28***	.23	.10	.15*	.59	.11	.33***

Dating status	.02	.03	.05	.04	.03	.08	.02	.03	.03
Mother's highest level of education	.02	.04	.02	-.06	.05	-.08	.03	.05	-.02
Father's highest level of education	-.06	.05	-.09	-.01	.05	-.02	-.02	.05	-.02
Asian Male Ideal	.20	.09	.14*	.28	.09	.19**	.19	.11	.11

Note. Blame Diffusion: $R^2 = .14$ for Step 1; $\Delta R^2 = .02$ for Step 2 ($ps < .05$). Denial of Abusiveness: $R^2 = .09$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($ps < .05$). Restrictive Abuse Stereotypes: $R^2 = .17$ for Step 1; $\Delta R^2 = .01$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 9.
Summary of Regression Analysis with Asian Male Ideal as predictor of Implicit Theories of CSA

	Family and Community Awareness/Response (N = 252)			Culture as Protective Factor (N = 258)			Lay Theories of Coping (N = 255)			
	B	SE(B)	b	B	SE(B)	b	B	SE(B)	b	
	Step 1									
	Age	-.05	.02	-.14*	-.06	.02	-.15*	.04	.02	.13*
Gender	.53	.09	.37***	.58	.09	.38***	-.38	.08	-.29***	
Dating status	.02	.03	.04	-.04	.03	-.09	.01	.02	.03	
Mother's highest level of education	-.02	.04	-.03	-.06	.05	-.09	.04	.04	.07	
Father's highest level of education	-.05	.05	-.08	-.02	.05	-.04	-.02	.04	-.03	
Step 2										
Age	-.05	.02	-.13*	-.05	.02	-.13*	.04	.02	.12	
Gender	.39	.09	.27***	.50	.10	.33***	-.32	.09	-.25***	

Dating status	.03	.03	.06	-.04	.03	-.08	.01	.02	.03
Mother's highest level of education	-.00	.04	-.01	-.05	.05	-.08	.03	.04	.06
Father's highest level of education	-.05	.04	-.08	-.03	.05	-.04	-.02	.04	-.03
Asian Male Ideal	.41	.08	.30***	.26	.09	.18**	-.18	.08	-.15*

Note. Family and Community Awareness/Response: $R^2 = .21$ for Step 1; $\Delta R^2 = .08$ for Step 2 ($ps < .05$). Culture as Protective Factor: $R^2 = .21$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($ps < .05$). Lay Theories of Coping: $R^2 = .12$ for Step 1; $\Delta R^2 = .02$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 10.

Summary of Regression Analysis with Asian Male Ideal as predictor of Attitudes Towards Help-Seeking

	Attitudes Towards Help-Seeking (N = 212)		
	B	SE(B)	B
Step 1			
Age	.04	.02	.13
Gender	-.29	.08	-.25**
Dating status	.02	.02	.07
Mother's highest level of education	.02	.04	.03
Father's highest level of education	.04	.04	.07
Step 2			
Age	.03	.02	.11
Gender	-.25	.09	-.21**
Dating status	.02	.02	.07
Mother's highest level of education	.01	.04	.02
Father's highest level of education	.03	.04	.06
Asian Male Ideal	-.18	.08	-.16*

Note. Attitudes Towards Help-Seeking: $R^2 = .10$ for Step 1; $\Delta R^2 = .02$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 11.

Summary of Regression Analysis with Asian Female Ideal as predictor of CSA Myths

	Blame Diffusion (N = 276)			Denial of Abuse (N = 275)			Restrictive Abuse Stereotypes (N = 277)		
	B	SE(B)	b	B	SE(B)	b	B	SE(B)	B
Step 1									
Age	-.05	.02	-.15*	-.06	.03	-.14*	-.08	-.03	-.19**
Gender	.45	.09	.31***	.31	.10	.20**	.62	.11	.35***
Dating status	.04	.03	.08	.05	.03	.10	.03	.03	.05
Mother's highest level of education	.01	.04	.01	-.07	.05	-.11	.02	.05	.02
Father's highest level of education	-.06	.05	-.09	-.02	.05	-.02	-.03	.05	-.03
Step 2									
Age	-.05	.02	-.14*	-.05	.02	-.14*	-.08	.03	-.18**
Gender	.44	.09	.30***	.29	.10	.19**	.61	.11	.34***

Dating status	.04	.03	.08	.04	.03	.09	.03	.03	.05
Mother's highest level of education	.01	.04	.02	-.06	.05	-.09	.03	.05	.04
Father's highest level of education	-.06	.05	-.09	-.02	.05	-.03	-.02	.05	-.03
Asian Female Ideal	.15	.08	.11	.27	.09	.19**	.26	.10	.16**

Note. Blame Diffusion: $R^2 = .05$ for Step 1; $\Delta R^2 = .01$ for Step 2 ($ps < .05$). Denial of Abusiveness: $R^2 = .10$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($ps < .05$). Restrictive Abuse Stereotypes: $R^2 = .19$ for Step 1; $\Delta R^2 = .02$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 12.

Summary of Regression Analysis with Asian Female Ideal as predictor of Implicit Theories of CSA

	Family and Community Awareness/Response (N = 252)			Culture as Protective Factor (N = 258)			Lay Theories of Coping (N = 255)			
	B	SE(B)	b	B	SE(B)	b	B	SE(B)	B	
	Step 1									
	Age	-.04	.02	-.13*	-.07	.02	-.19**	.04	.02	.14*
Gender	.53	.09	.38***	.54	.09	.35***	-.38	.08	-.29***	
Dating status	.02	.03	.05	-.03	.03	-.07	.01	.03	.03	
Mother's highest level of education	-.02	.04	-.03	-.06	.05	-.09	.03	.04	.05	
Father's highest level of education	-.03	.05	-.04	-.02	.05	-.03	-.01	.04	-.02	
Step 2										
Age	-.04	.02	-.12*	-.07	.02	-.17**	.04	.02	.13*	
Gender	.53	.09	.38***	.52	.09	.34***	-.36	.08	-.28***	

Dating status	.02	.03	.06	-.03	.03	-.06	.01	.03	.02
Mother's highest level of education	-.02	.04	-.02	-.06	.05	-.08	.03	.04	.05
Father's highest level of education	-.03	.05	-.04	-.02	.05	-.03	-.02	.04	-.02
Asian Female Ideal	.03	.08	.02	.22	.09	.15*	-.14	.08	-.12

Note. Family and Community Awareness/Response: $R^2 = .19$ for Step 1; $\Delta R^2 = .00$ for Step 2 ($ps < .05$). Culture as Protective Factor: $R^2 = .19$ for Step 1; $\Delta R^2 = .02$ for Step 2 ($ps < .05$). Lay Theories of Coping: $R^2 = .12$ for Step 1; $\Delta R^2 = .01$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 13.

Summary of Regression Analysis with Asian Female Ideal as predictor of Attitudes

Towards Help-Seeking

	Attitudes Towards Help-Seeking (N = 212)		
	B	SE(B)	B
Step 1			
Age	.04	.02	.13
Gender	-.27	.08	-.24**
Dating status	.02	.02	.07
Mother's highest level of education	.02	.04	.03
Father's highest level of education	.03	.04	.06
Step 2			
Age	.03	.02	.11
Gender	-.25	.08	-.22**
Dating status	.02	.02	.07
Mother's highest level of education	.01	.04	.01
Father's highest level of education	.03	.04	.06
Asian Female Ideal	-.18	.08	-.18*

Note. Attitudes Towards Help-Seeking: $R^2 = .09$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 14.

Summary of Regression Analysis with Acculturation as predictor of CSA Myths

	Blame Diffusion (N = 276)			Denial of Abusiveness (N = 275)			Restrictive Abuse Stereotypes (N = 277)		
	B	SE(B)	b	B	SE(B)	B	B	SE(B)	B
Step 1									
Age	-.06	.02	-.16*	-.06	.03	-.14*	-.09	.03	-.21**
Gender	.52	.10	.35***	.36	.11	.23**	.73	.11	.42***
Dating status	.02	.03	.04	.03	.03	.06	.01	.03	.02
Mother's highest level of education	.01	.05	.01	-.05	.05	-.06	.05	.06	.06
Father's highest level of education	-.08	.05	-.12	-.04	-.05	-.05	-.04	.05	-.06
Step 2									
Age	-.06	.02	-.16*	-.05	.03	-.15*	-.09	.03	-.22***
Gender	.52	.09	.35***	.35	.10	.23**	.73	.11	.41***

Dating status	.02	.03	.05	.04	.03	.07	.02	.03	.03
Mother's highest level of education	.01	.05	.01	-.04	.05	-.06	.05	.06	.06
Father's highest level of education	-.06	.05	-.09	-.01	.05	-.01	-.03	.05	-.03
Acculturation	-.22	.11	-.13*	-.33	.12	-.19**	-.20	.12	-.10

Note. Blame Diffusion: $R^2 = .18$ for Step 1; $\Delta R^2 = .02$ for Step 2 ($ps < .05$). Denial of Abusiveness: $R^2 = .10$ for Step 1; $\Delta R^2 = .03$ for Step 2 ($ps < .05$). Restrictive Abuse Stereotypes: $R^2 = .24$ for Step 1; $\Delta R^2 = .10$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 15.

Summary of Regression Analysis with Acculturation as predictor of Implicit Theories of CSA

	Family and Community Awareness/Response (N = 252)			Culture as Protective Factor (N = 258)			Lay Theories of Coping (N = 255)			
	B	SE(B)	b	B	SE(B)	b	B	SE(B)	b	
	Step 1									
	Age	-.04	.02	-.10	-.07	.02	-.20**	.04	.02	.13
Gender	.53	.10	.37***	.54	.10	.36***	-.32	.09	-.25**	
Dating status	.00	.03	.01	-.04	.03	-.09	.01	.03	.03	
Mother's highest level of education	-.02	.05	-.03	-.05	.05	-.07	.06	.05	.10	
Father's highest level of education	-.03	.05	-.05	-.06	.05	-.09	-.02	.05	-.03	
Step 2										
Age	-.04	.02	-.10	-.07	.02	-.20**	.04	.02	.13**	
Gender	.53	.10	.37***	.54	.10	.36***	-.32	.10	-.24	

Dating status	.00	.03	.00	-.03	.03	-.07	.01	.03	.04
Mother's highest level of education	-.02	.05	-.03	-.05	.05	-.07	.06	.05	.10
Father's highest level of education	-.04	.05	-.06	-.04	.05	-.06	-.01	.05	-.01
Acculturation	.07	.11	.04	-.23	.11	-.14*	-.14	.10	-.10

Note. Family and Community Awareness/Response: $R^2 = .17$ for Step 1; $\Delta R^2 = .00$ for Step 2 ($ps < .05$). Culture as Protective Factor: $R^2 = .21$ for Step 1; $\Delta R^2 = .02$ for Step 2 ($ps < .05$). Lay Theories of Coping: $R^2 = .10$ for Step 1; $\Delta R^2 = .01$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 16.
*Summary of Regression Analysis with Acculturation as predictor of Attitudes Towards
 Help-Seeking*

	Attitudes Towards Help-Seeking (N = 212)		
	B	SE(B)	B
Step 1			
Age	.04	.02	.14
Gender	-.31	.09	-.27***
Dating status	.04	.03	.11
Mother's highest level of education	-.01	.05	-.01
Father's highest level of education	.03	.04	.06
Step 2			
Age	.04	.02	.14
Gender	-.31	.09	-.27***
Dating status	.04	.03	.11
Mother's highest level of education	-.00	.05	-.01
Father's highest level of education	.02	.04	.04
Acculturation	.11	.10	.08

Note. Attitudes Towards Help-Seeking: $R^2 = .12$ for Step 1; $\Delta R^2 = .01$ for Step 2 ($ps < .05$).

* $p < .05$. ** $p < .01$. *** $p < .001$

Appendix A. Model Minority Ideology

Now, we'd like to ask some questions about how you, personally, feel about yourself and your own experiences living in the US. After reading each statement, please indicate how true it is for you personally by writing in the number from the scale below which best represents your opinion. If you are not sure, you may mark the "neutral" option.

1.....	2.....	3.....	4.....	5
strongly disagree	somewhat disagree	neutral	somewhat agree	strongly agree

1. Being an Asian American, I feel the pressure to be high achieving _____
2. I do not mind making personal sacrifices to be a successful Asian American _____
3. I am proud of being a member of an ethnic group that is considered a model minority -

4. My own personal achievements in life are typical of the success of my ethnic group -

5. I feel pressure to work harder to be a successful Asian American _____
6. I am proud of the fact that despite severe social discrimination, my ethnic group has emerged as one of the most successful ethnic minorities in the US _____
7. I have to work harder because of high expectations from my family _____
8. I often draw inspiration from the struggles and triumphs of the previous generations of my ethnic group _____
9. I feel the pressure of living up to the expectations people have of me as a "model minority" _____
10. I feel inspired when I think about the high levels of achievement in my ethnic group

11. I pursue my academic interests because I truly love them _____
12. I pursue my academic interests to make my parents happy _____
13. I am proud of the fact that my ethnic group has contributed greatly to American society
14. I do not compare my success with other Asian Americans _____
15. I am proud of coming from an ethnic group with a long history of achievements

16. I feel proud to be a member of an ethnic group that is more highly respected than other minority groups in the US _____

Appendix B. Asian Male Ideal

Continuing from the previous section, we would like to get your thoughts about Asian American women and men in general living in the US today. After reading each statement below, please indicate how you feel about it by writing in the number from the scale below which best represents your opinion.

1.....2.....3.....4.....5
strongly somewhat neutral somewhat strongly
disagree disagree agree agree

1. Asian American men know how to treat a woman well _____
2. Asian American men are more considerate of their partners' needs than Caucasian men _____
3. Asian American men are more family-oriented than Caucasian men _____
4. Asian American men are more loyal to their partners than Caucasian men _____
5. Asian American men have better social skills than Caucasian men _____
6. Asian American men are better at math than Caucasian men _____
7. Asian American men outperform Caucasian men in engineering and computer science _____
8. Asian American men are more hard working than Caucasian men _____
9. Asian American men like martial arts more than Caucasian men _____
10. Asian American men have a more positive sense of their bodies than Caucasian men - _____
11. Asian American men exercise more than Caucasian men _____
12. Asian American men are more artistic than Caucasian men _____
13. Asian American men are more romantic than Caucasian men _____

Appendix C. Asian Female Ideal

In the next section, we would like to get your thoughts about Asian American women and men in general living in the US today. After reading each statement below, please indicate how you feel about it by writing in the number from the scale below which best represents your opinion.

1.....2.....3.....4.....5
strongly somewhat neutral somewhat strongly
disagree disagree agree agree

1. Asian American women have the capacity to make more sacrifices for their family than Asian American men _____
2. Asian American women are more considerate of the needs of their family members than Asian American men _____
3. Asian American women are more family oriented than Asian American men _____
4. Asian American professional women tend to be more self-centered than Asian American women who are home-makers _____
5. Asian American women are more compliant than Asian American men _____
6. Asian American men are more career oriented than Asian American women _____
7. Asian American women are psychologically much stronger than men _____
8. Asian American women are more family oriented than Caucasian women _____
9. Asian American women are more virtuous than Caucasian women _____
10. Asian American women are more loyal to their partners than Caucasian women - _____
11. Asian American women are more hard working than Caucasian women _____
12. Asian American women outperform Caucasian women in engineering and computer science _____
13. Asian American women have a more positive image of their body than Caucasian women _____
14. Asian American women are more assertive than Caucasian women _____

Appendix D. Acculturation

INSTRUCTIONS: The questions which follow are for the purpose of collecting information about your historical background as well as more recent behaviors which may be related to your cultural identity. Choose the one answer which best describes you.

1. What languages can you speak?
 1. South Asian only (for example, Hindi, Gujurati, Telugu, Tamil, Kannada, etc.)
 2. Mostly South Asian, some English
 3. South Asian and English about equally well (bilingual)
 4. Mostly English, some South Asian
 5. Only English

2. How do you identify yourself?
 1. Asian
 2. Asian- American
 3. South Asian
 4. South Asian-American
 5. American

3. Whom do you now associate with in the community?
 1. Almost exclusively South Asians, South Asian-Americans, Asians
 2. Mostly South Asians, South Asian-Americans, Asians
 3. About equally South Asian groups and Anglo groups
 4. Mostly Anglos, Blacks, Hispanics, or other non-South Asian ethnic groups
 5. Almost exclusively Anglos, Blacks, Hispanics, or other non-South Asian ethnic groups

4. If you could pick, whom would you prefer to associate with in the community?
 1. Almost exclusively South Asians, South Asian-Americans, Asians
 2. Mostly South Asians, South Asian-Americans, Asians
 3. About equally South Asian groups and Anglo groups
 4. Mostly Anglos, Blacks, Hispanics, or other non-South Asian ethnic groups
 5. Almost exclusively Anglos, Blacks, Hispanics, or other non-South Asian ethnic groups

5. What is your music preference?
 1. Only South Asian music (for example, Hindi, Gujurati, Telugu, Tamil, Kannada, etc.)
 2. Mostly South Asian
 3. Equally South Asian and English
 4. Mostly English
 5. English only

6. What is your movie preference?

1. South Asian-language movies only
 2. South Asian-language movies mostly
 3. Equally South Asian/English English-language movies
 4. Mostly English-language movies only
 5. English-language movies only
7. What generation are you? (circle the generation that best applies to you):
1. 1st Generation = I was born in Asia or country other than U.S.
 2. 2nd Generation = I was born in U.S., either parent was born in Asia or country other than U.S.
 3. 3rd Generation = I was born in U.S., both parents were born in U.S, and all grandparents born in Asia or country other than U.S.
 4. 4th Generation = I was born in U.S., both parents were born in U.S, and at least one grandparent born in Asia or country other than U.S. and one grandparent born in U.S.
 5. 5th Generation = I was born in U.S., both parents were born in U.S., and all grandparents also born in U.S.
 6. Don't know what generation best fits since I lack some information.
8. Where were you raised?
1. In Asia only
 2. Mostly in Asia, some in U.S.
 3. Equally in Asia and U.S.
 4. Mostly in U.S., some in Asia
 5. In U.S. only
9. What contact have you had with Asia?
1. Raised one year or more in Asia
 2. Lived for less than one year in Asia
 3. Occasional visits to Asia
 4. Occasional communications (letters, phone calls, etc.) with people in Asia
 5. No exposure or communications with people in Asia
10. What is your food preference at home?
1. Exclusively South Asian food
 2. Mostly South Asian food, some American
 3. About equally South Asian and American
 4. Mostly American food
 5. Exclusively American food
11. If you consider yourself a member of the South Asian group (Asian, South Asian, South Asian-American, Chinese-American, etc., whatever term you prefer), how much pride do you have in this group?
1. Extremely proud
 2. Moderately proud
 3. Little pride

- 4. No pride but do not feel negative toward group
- 5. No pride but do feel negative toward group

12. How would you rate yourself?

- 1. Very South Asian
- 2. Mostly South Asian
- 3. Bicultural
- 4. Mostly Westernized
- 5. Very Westernized

13. Do you participate in South Asian occasions, holidays, traditions, etc.?

- 1. Nearly all
- 2. Most of them
- 3. Some of them
- 4. A few of them
- 5. None at all

14. Rate yourself on how much you believe in South Asian values (e.g., about marriage, families, education, work):

- | | | | | |
|---------------------|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| (do not
believe) | | | | (strongly believe
in South Asian values) |

15. Rate yourself on how much you believe in American (Western) values:

- | | | | | |
|---------------------|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
| (do not
believe) | | | | (strongly believe
in South Asian values) |

16. There are many different ways in which people think of themselves. Which ONE of the following most closely describes how you view yourself?

- 1. I consider myself basically an South Asian person (e.g., Hindi, Gujurati, Telugu, Tamil, Kannada, etc.). Even though I live and work in America, I still view myself basically as a South Asian person.
- 2. I consider myself basically as an American. Even though I have a South Asian background and characteristics, I still view myself basically as an American.
- 3. I consider myself as an South Asian-American, although deep down I always know I am an South Asian.
- 4. I consider myself as an South Asian-American, although deep down, I view myself as an American first.
- 5. I consider myself as a South Asian-American. I have both South Asian and American characteristics, and I view myself as a blend of both.

Appendix E. Lay Theories of Child Sexual Abuse

In the next section, we would like to get your thoughts about childhood sexual abuse. After reading each statement below, please indicate how you feel about each it by writing in the number from the scale below which best represents your opinion.

1.....2.....3.....4.....5
strongly somewhat neutral somewhat strongly
disagree disagree agree agree

1. Sexual contact between an adult and a child which is wanted by the child cannot really be described as being “abusive”.
2. Sexual contact between an adult and a child, which is physically pleasurable for the child cannot really be described as being “abusive”.
3. Sexual contact with an adult can contribute favorably to a child’s subsequent psycho-sexual development.
4. Most children are sexually abused by strangers who are not well known to the child.
5. Children who act in a seductive manner must be seen as being at least partly to blame if an adult responds to them in a sexual way.
6. Sexual contact between an adult and child that does not involve force or coercion is unlikely to have serious psychological consequences to the child.
7. Sexual contact between an adult and child that does not involve actual or attempted sexual intercourse is unlikely to have serious psychological consequences to the child.
8. A woman who does not satisfy her partner sexually must bear some of the responsibility if her partner feels frustrated and turns to her children for sexual intercourse.
9. Child sexual abuse takes place mainly in poor, disorganized, unstable families.
10. Having the “secret” of child sexual abuse come out in the community is what is damaging to a child as opposed to the act itself.
11. Many children have an unconscious wish to be sexually involved with an opposite-sexed parent.

12. Many children unconsciously behave in ways that make sexual abuse by a parent more likely.
13. Adolescent girls who wear very revealing clothing are asking to be sexually abused.
14. Children raised by gay or lesbian couples face a greater risk of being sexually abused than children raised by heterosexual couples.
15. Boys are more likely than girls to enjoy sexual contact with an adult.
16. Boys are less likely to be emotionally traumatized by the sexual contact with an adult.
17. Child sexual abuse is caused by social problems such as unemployment, poverty, and alcohol abuse.
18. Children who do not report ongoing sexual abuse must want the sexual contact to continue.
19. Older children have a responsibility to actively resist sexual advances made by adults.
20. Child sexual abuse occurs in some ethnic communities more often than in others.
21. Child sexual abuse is more acceptable in some ethnic minority communities than others.

Appendix F. Implicit Theories of Child Sexual Abuse: Attitudes, Prevalence and Coping

In the next section, we would like to get your thoughts about childhood sexual abuse in your community. After reading each statement below, please indicate how you feel about each it by writing in the number from the scale below which best represents your opinion.

1.....2.....3.....4.....5
strongly somewhat neutral somewhat strongly
disagree disagree agree agree

1. Child sexual abuse is more prevalent among Americans than in my ethnic community.
2. South Asian cultural values do not act as a strong deterrence for child sexual abuse in my community
3. I believe that child sexual abuse is a problem within the South Asian community.
4. Because my culture emphasizes strong family values more than American culture, there is a low incidence of child sexual abuse in my community.
5. Because my religion provides a strong spiritual foundation in comparison to the American culture, there are few instances of sexual abuse in my ethnic community.
6. Members of my community can overcome their desire to sexually abuse young children due to their self-discipline.
7. Young boys and girls in my ethnic community are *not* taught how to avoid being placed in situations that make them vulnerable to child sexual abuse.
8. Sexual abuse of young boys is very rare in my community.
9. More girls are sexually abused in my community than boys.
10. Strangers are more likely to sexually abuse young children than family members within my community.
11. Overall, child sexual abuse is a major problem only for Americans.
12. More men sexually molest or seduce young girls in my community than women do.
13. Very rarely do women in our community sexually molest young boys.
13. Parents in my ethnic community are not vigilant about situations in which their children might be vulnerable to sexual abuse.

14. Parents in my ethnic community create a safe family climate for their children to discuss their experience of sexual abuse.
15. Parents in my ethnic communities do respond appropriately when their children talk to them about an experience of child sexual abuse.
16. A South Asian person who has been sexually abused **cannot** overcome this experience with strong will.
17. Young women with a history of child sexual abuse need more help than young men with a history of sexual abuse.
18. A sexually abused person can never have any trusting intimate relationship for the rest of his/her life.
19. Support from immediate family members is critical for people to recover from the trauma of child sexual abuse.
20. Therapy is not effective in helping South Asian victims of sexual abuse cope with their trauma.
21. Sharing the stories of their child sexual abuse experience helps victims make sense of their experience.
22. Talking about their child sexual abuse experience can be harmful for South Asian victims of child sexual abuse.
23. If a victim of child sexual abuse shares their experience, my ethnic community would not stigmatize them.
24. Child sexual abuse during childhood can have short-term consequences.
25. Child sexual abuse during childhood can have long-term consequences.
26. It is **not possible** to “get over” sexual abuse if someone works hard to stop focusing on the experience.
27. My ethnic community responds promptly to reports of child sexual abuse.
28. My ethnic community is educated and aware of the prevalence of child sexual abuse in our community.
29. Sexual abuse victims in my community do not discuss their experiences openly because they don’t think it happens to anyone else within the community.
30. My ethnic community is more supportive of victims of child sexual abuse than the American community.

31. Victims of sexual abuse are less stigmatized in my community than in the American community.
32. I would help an initiative for community education about combating child sexual abuse in our community.
33. I am satisfied with the awareness level of child sexual abuse in my community.
34. If any family members confided to me that they were sexually abused when they were young, I would encourage them to go for therapy.
35. Spiritual practices like meditation can be useful for coping with the effects of child sexual abuse.

Appendix G. Attitudes Towards Seeking Professional Psychological Help Scale –Short Form (ATSPPH)

Circle the answer that best describes your response to the following statements.

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

Agree Partly Agree Partly Disagree Disagree

2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

Agree Partly Agree Partly Disagree Disagree

3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

Agree Partly Agree Partly Disagree Disagree

4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears *without* resorting to professional help.

Agree Partly Agree Partly Disagree Disagree

5. I would want to get psychological help if I were worried or upset for a long period of time.

Agree Partly Agree Partly Disagree Disagree

6. I might want to have psychological counseling in the future.

Agree Partly Agree Partly Disagree Disagree

7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

Agree Partly Agree Partly Disagree Disagree

8. Considering the time and expense involved in psychotherapy, it would have doubtful value of a person like me.

Agree Partly Agree Partly Disagree Disagree

9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

Agree Partly Agree Partly Disagree Disagree

10. Personal and emotional troubles, like many things, tend to work out by themselves.

Agree

Partly Agree

Partly Disagree

Disagree

Appendix H. Factor Definitions: Child Sexual Abuse (CSA) Myths and Implicit Theories
of Child Sexual Abuse

CSA Myths

Blame Diffusion: Belief that persons other than the offender – the child, non-offending parent or gay people in general – are to blame or at least partly to blame, for the abuse.

Denial of Abusiveness: Beliefs that serve to minimize the abusive nature of CSA, either directly or through attempts to define abuse as a benign or positive experience for the child.

Restrictive Abuse Stereotypes: Beliefs that serve to deny the reality of abuse or minimize/deny the consequences of CSA.

Implicit Theories of CSA

Family and Community Awareness/Response: Belief that family and community members are aware of and would be responsive to CSA.

Culture as Protective Factor: Belief in an idealized view of one's ethnic community in terms of CSA and believe in cultural factors as buffers/protective factors against CSA.

Lay Theories of Coping: Belief in or knowledge of appropriate coping mechanisms and/or interventions for CSA.

Appendix I. Factor Loadings based on Principal Components Analysis for a 35-item version of The Implicit Theories of Child Sexual Abuse Scale

	Family and Community Awareness/Response (N =252)	Culture as Protective Factor (N=258)	Lay Theories of Coping (N=255)
Parents in my ethnic community create a safe family climate for their children to discuss their experience of sexual abuse.	.62		
Parents in my ethnic communities do respond appropriately when their children talk to them about an experience of child sexual abuse.	.55		
If a victim of child sexual abuse shares their experience, my ethnic community would not stigmatize them.	.68		
My ethnic community responds promptly to reports of child sexual abuse.	.83		
My ethnic community is educated and aware of the prevalence of child sexual abuse in our community.	.80		
My ethnic community is more supportive of victims of child sexual abuse than the American community.	.78		
Victims of sexual abuse are less stigmatized in my community than in the American community.	.71		
I am satisfied with the awareness level of child sexual abuse in my community	.53		

Child sexual abuse is more prevalent among Americans than in my ethnic community.		.75	
Because my culture emphasizes strong family values more than American culture, there is a low incidence of child sexual abuse in my community.		.81	
Because my religion provides a strong spiritual foundation in comparison to the American culture, there are few instances of sexual abuse in my ethnic community.		.82	
Members of my community can overcome their desire to sexually abuse young children due to their self-discipline.		.70	
Sexual abuse of young boys is very rare in my community.		.74	
Strangers are more likely to sexually abuse young children than family members within my community.		.65	
Overall, child sexual abuse is a major problem only for Americans.		.47	
Very rarely do women in our community sexually molest young boys.		.57	
Support from immediate family members is critical for people to recover from the trauma of child sexual abuse.			.67
Sharing the stories of their child sexual abuse experience helps victims make sense of their experience.			.56

I would help an initiative for community education about combating child sexual abuse in our community.			.58
If any family members confided to me that they were sexually abused when they were young, I would encourage them to go for therapy.			.68
Spiritual practices like meditation can be useful for coping with the effects of child sexual abuse.			.53
Young women with a history of child sexual abuse need more help than young men with a history of sexual abuse.			-.43
Child sexual abuse during childhood can have long-term consequences.			-.53

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