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Chapter 1

GENERAL INTRODUCTION

Child maltreatment can affect individuals across their life span and in many aspects of their life (Majer, Nater, Lin, Capuron, & Reeves, 2010; Norman et al., 2012; Wegman & Stetler, 2009). The cycle of maltreatment shows reoccurrence across multiple generations (Thornberry et al., 2013). Child maltreatment has been observed without exception in every culture and society where it has been studied (Who & Ipscan, 2006). This also applies to Vietnam, where research showed that child maltreatment is highly prevalent (Nguyen, 2006; Nguyen, Dunne, & Anh, 2009). The economic loss due to child maltreatment consequences in low- and middle-income countries in East Asia and the Pacific region have been estimated to account for 3.30% of the gross domestic product (GDP) (Fang et al., 2015). Because of the burden of child maltreatment for individuals, families, and the country, it is important to gain solid scientific evidence on child maltreatment to improve the awareness of stakeholders and increase the effectiveness of child maltreatment prevention and treatment. The current thesis addresses the prevalence, both current and over time, risk factors, and consequences of child maltreatment in Vietnam.

Vietnam is an East Asian country on the Indochina peninsula with a surface area of 331,051 square kilometers. Its borders are shared with China, Laos, and Cambodia. It has a relatively low degree of urbanization with 33.5% of the population living in urban areas. The population was estimated to be around 90,493,000 in 2014 (Gso, 2015) of which the majority, 84%, has the Kinh ethnicity (Baulch, Chuyen, Haughton, & Haughton, 2007). Vietnamese culture is affected deeply by Confucianism which originated in China. Some characteristics of the Vietnamese culture are collectivism and power disparities between men and women and between children and adults. Harsh discipline is a common parenting practice to shape children's behaviors as in the traditional belief "Spare the rod, spoil the child" (Beazley, Bessell, Ennew, & Waterson, 2006). Since the economy changed from a command mechanism to a market mechanism in 1986, Vietnam has achieved impressive economic growth (Wb, 2016). Nevertheless, the high speed of development has brought challenges to the country, such as an increase in migration, family breakdowns, erosion of traditional values, and widening inequality between rich versus poor, urban versus rural, and Kinh (the ethnic majority) versus ethnic minorities (Mocst, Gso, Unicef, & Ifgs, 2006).



Throughout four thousand years of history, Vietnam experienced many wars at various scales. The prolonged and most devastating war with the United States ceased 40 years ago, but its trace is still apparent in the Vietnamese people of today: in the arts, in the memories and lives of veterans, and possibly in an attitude towards the acceptance of violence. From 1954 to 1975 during the Vietnam war, the country was divided into the North and the South ruled by two different governments. Since 1975, the North and the South have been reunited, but there are still some differences in culture and dialects. However, there are no clear indications that the North and South differ greatly in family life, childrearing practices, or population size, as about half of the Vietnamese population lives in each region (GSO, 2013). Despite recent efforts, the child protection system in Vietnam is still rudimentary, which can be seen in the limited coverage of and underqualified social work force, a lack of a comprehensive data monitoring system for child protection, a shortage of clear guidance on child protection legislation, and limited availability of support services for child maltreatment victims (Molisa & Unicef, 2009; Unicef, 2017). The characteristics described above suggest that Vietnamese children might be vulnerable to child maltreatment.

Empirical research on child maltreatment in Vietnam is scarce. The very low number of studies on child maltreatment in limited resource contexts compared with that in *Western, educated, industrialized, rich, and democratic (WEIRD)* countries (Henrich, Heine, & Norenzayan, 2010) is also evident in the literature (Mikton & Butchart, 2009; Stoltenborgh, Bakermans-Kranenburg, Alink, & Van Ijzendoorn, 2014). Scientific knowledge about various aspects of child maltreatment in Vietnam including its prevalence, prevalence changes over time, its consequences specifically for Vietnamese children, and child and family characteristics associated with child maltreatment would shed more light on child maltreatment in limited resource contexts and inform policy makers and child protection program developers to tackle this issue in Vietnam.

This dissertation is based on data from the Vietnam prevalence study on child maltreatment (VPM-2014), a cross-sectional study with a representative sample of secondary and high school students in Northern Vietnam. The VPM-2014 study aims to explore (1) the child maltreatment prevalence in Vietnam and compare it with the prevalence in the Netherlands; (2) the changes in child maltreatment prevalence in Vietnam over the period of 10 years; (3) the association of child maltreatment with emotional, cognitive and physical health functioning of children; and (4) the association of child maltreatment with child and family risk factors.

METHODOLOGY

DEFINING CHILD MALTREATMENT

To conform with the international norms in child maltreatment research, the child maltreatment definition the WHO issued in 1999, WHO Consultation on Child Abuse Prevention (WHO,1999), is used in this dissertation:

Physical abuse: *Physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.*

Sexual abuse: *The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:*

- *The inducement or coercion of a child to engage in any unlawful sexual activity;*
- *The exploitative use of a child in prostitution or other unlawful sexual practices;*
- *The exploitative use of children in pornographic performance and materials.*

Emotional abuse: *Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the a child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of a movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment.*

Neglect: *Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living*

conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible.

SAMPLING

The VPM-2014 study was conducted in Northern Vietnam only because of time and funding constraints. Northern Vietnam is divided into three geographical areas including the Northern midland and mountains, the Red River Delta, and the North Central Coast. The Northern midland and mountain area is the least developed area; it has more remote areas where many ethnic minorities are living. With favorable geographical characteristics, the Red River delta is highly inhabited and has the highest economic development. The North Central Coast is at the mid-level of development compared with the Northern midland and mountain area and the Red River Delta. In each of the three geographic areas, one province was randomly selected from the list of provinces. In addition, four additional provinces per area were randomly selected in case a province did not participate. Hanoi is the capital of Vietnam. It is located in the Red River Delta. Its metropolitan level is much higher than the metropolitan level of any other province in (the northern) Vietnam so Hanoi was selected in addition to the three provinces mentioned above.

In each of the four provinces, two secondary schools were randomly selected first. Because the sample of Hanoi represents the highest metropolitan population, only schools in urban areas were selected. In each of the other three provinces one school was selected from a list of all schools in the urban areas and one from a list of all schools in rural areas. In addition, for each province we selected two high schools that were close to the secondary schools. Within the schools we randomly selected one class per grade.

The final sample consisted of 1,851 students (47.3% boys, 57.6% secondary school students). The students were equally distributed among the four provinces. Most of the students were Kinh (81.7%), and 17.8% belonged to one of the ethnic minority groups (the other 0.5% had missing values for ethnicity). The mean age of the students was 14.2 years ($SD = 1.4$) and 89% of the students lived in two-parent families.

MEASUREMENT

The VPM-2014 study administered two different child maltreatment measures with the same population of school children in order to be able to compare child maltreatment prevalence cross-culturally and chronologically. One measure was based on the measure of the Netherlands' prevalence study on maltreatment of children and youth (NPM-2010) (Euser et al., 2013) (NPM measure). The other (Vietnam measure) was constructed by Nguyen (Nguyen, 2006) and was used in an earlier child maltreatment study in Vietnam (Nguyen, 2006; Nguyen et al., 2009). Students also reported child and family demographics. For child well-being, we measured emotional function and perceived physical health with standard questionnaires. In addition, we also administered a working memory test and collected information from students on weight, height, school performance to attain some objective indicators about children physical health, academic performance, and cognitive function.

FOCUS AND OUTLINE OF THE DISSERTATION

This dissertation presents the findings of the VPM-2014 study to provide empirical evidence on child maltreatment prevalence, risk factors and consequences in Vietnam. Chapter 2 and Chapter 3 focus on child maltreatment prevalence but in different perspectives. In Chapter 2, child maltreatment prevalence are estimated and compared with those in the Netherlands. Chapter 3 also explores the prevalence of child maltreatment but in a chronological comparison with the child maltreatment prevalence in Vietnam 10 years ago. In Chapter 4, the association between child and family risk factors and child maltreatment is investigated. The fifth chapter examines the association of child maltreatment with emotional, cognitive and physical health functioning of children. The last chapter addresses measurement issues, integrates the findings from the previous chapters using an etiological perspective and discusses implications for interventions and future research.

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