



Universiteit  
Leiden  
The Netherlands

## **Child maltreatment in Vietnam : prevalence, risk factors, and consequences**

Tran Kieu, N.

### **Citation**

Tran Kieu, N. (2017, December 12). *Child maltreatment in Vietnam : prevalence, risk factors, and consequences*. Retrieved from <https://hdl.handle.net/1887/59478>

Version: Not Applicable (or Unknown)

License: [Licence agreement concerning inclusion of doctoral thesis in the Institutional Repository of the University of Leiden](#)

Downloaded from: <https://hdl.handle.net/1887/59478>

**Note:** To cite this publication please use the final published version (if applicable).

Cover Page



Universiteit Leiden



The following handle holds various files of this Leiden University dissertation:

<http://hdl.handle.net/1887/59478>

**Author:** Tran, Kieu N.

**Title:** Child maltreatment in Vietnam : prevalence, risk factors, and consequences

**Issue Date:** 2017-12-11



## Chapter 2

### **CHILD MALTREATMENT IN VIETNAM: PREVALENCE AND CROSS-CULTURAL COMPARISON**

Nhu K. Tran, Lenneke R.A. Alink, Sheila R. Van Berkel,  
and Marinus H. van Ijzendoorn

*Journal of Aggression Maltreatment and Trauma* (2016), 26, 1-20

**ABSTRACT**

This Vietnam Prevalence study on child maltreatment (VPM-2014), was designed to examine the prevalence of child maltreatment in Vietnam and to compare it with the child maltreatment prevalence in the Netherlands using the same measures and procedure. Questionnaires were filled out by 1,851 students aged 12 to 17 years (47.3% were boys). Results indicated that half of the students (49.9%) reported at least one event of child maltreatment in the past year. Emotional abuse was most frequently reported (31.8%), followed by physical abuse, neglect, and witnessing parental conflict. Sexual abuse was the least prevalent (2.6%). Compared with the Netherlands, the prevalence rates of most types of child maltreatment were higher in Vietnam: the largest difference was with emotional abuse, followed by neglect, physical abuse, and witnessing parental conflict. Only the past year sexual abuse prevalence in Vietnam was lower. These findings highlight the alarming problem of child maltreatment in Vietnam.

*Keywords:* child maltreatment, child abuse and neglect, prevalence, cross-cultural comparison, Vietnam

## INTRODUCTION

Child maltreatment is a worrisome burden. It has short-term and long-term consequences for the well-being of the victims such as more depression, anxiety, and risky behaviors both during childhood and adulthood (Huong, Dunne, & Anh, 2009; Spinhoven et al., 2010), and poorer economic well-being during adulthood (Currie & Widom, 2010). These consequences are not limited to personal effects; the victims also have a higher risk of developing delinquency and maltreating their own children (Berlin, Appleyard, & Dodge, 2011; Mersky & Reynolds, 2007; Thompson, 2006). This vicious cycle is detrimental to the society at large. As an illustration, it was estimated that the costs converted from Disability-Adjusted Life Years (DALYs) losses related to child maltreatment accounted for 1.36%-2.52% of GDP (Gross Domestic Product) of countries in East Asia and Pacific regions (Fang et al., 2015).

Meta-analyses on the global prevalence of child maltreatment show that 18% of children experienced physical abuse, 36% experienced emotional abuse, and about 18% of girls and 8% of boys were sexually abused during their childhood (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2012; Stoltenborgh, Bakermans-Kranenburg, Van IJzendoorn, & Alink, 2013; Stoltenborgh, Van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Moreover, global prevalence estimates of neglect show that 16% of children have experienced physical neglect and 18% have experienced emotional neglect during their lives (Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2013). Meta-analyses based on available studies in Asia suggest that child maltreatment is also a considerable problem in these regions (4%-42%) (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2014). Similar prevalence rates were found for East Asia and Pacific regions (2%-53%) (Fang et al., 2015). In addition, meta-analyses on child maltreatment in China show that the prevalence rates for physical and sexual abuse range from 10%-43% (Ji & Finkelhor, 2015; Ji, Finkelhor, & Dunne, 2013) and that the prevalence rates of sexual abuse among boys (14%) and physical abuse (37%) are even higher than the world prevalence estimates at 8% for sexual abuse and at 23% for physical abuse (Ji & Finkelhor, 2015). Even though prevalence estimates are available for a number of different Asian countries, these are still a small *minority* of child maltreatment studies worldwide (Stoltenborgh et al., 2014), so more efforts should be undertaken to get a reliable view on the prevalence of child maltreatment in Asia.

The current study specifically focuses on the prevalence of maltreatment in Vietnam. Culturally, similar to other East Asian countries, the strong family and community cohesion, the power disparity between males and females, and adults and

children embedded in Confucianism affects the behavior of adults including parents towards children (Park & Chesla, 2007) and may also be risk or protective factors for child maltreatment. In addition, Vietnam has been severely affected by the long and devastating war between North and South Vietnam which ended only 40 years ago. Violence induced by the war may still leave its trace in the current lives of Vietnamese people and lead to a higher tolerance of violence in the society, which in turn could affect the behavior of parents towards their children.

In Vietnam, to date four studies on the prevalence of child maltreatment have been conducted (Emery, Nguyen, & Kim, 2014; Emery, Trung, & Wu, 2015; Huong, 2006; Loan, 2010; Tran, Dunne, Vo, & Luu, 2015). These studies have strengths as well as limitations. For example, provinces were not randomly selected (Huong, 2006) or only one province was included (Emery et al., 2014a; Emery et al., 2015; Loan, 2010), which limits the generalizability of the findings. In addition, two of the previous studies investigated only one or two forms of child maltreatment (Emery et al., 2014b; Emery et al., 2015) and one other study focused on physical discipline and verbal aggression and not on child maltreatment as such (Cappa & Dam, 2014). Finally, a more recent study examined all types of child maltreatment, but used a sample of medical university students (Tran et al., 2015) which limits the generalizability of the findings to other members of society. The current study addresses these limitations by including a representative, randomly selected sample and assessing all types of maltreatment.

The comparison of child maltreatment prevalence rates across continents and cultures can provide interesting insights into the nature of child maltreatment. However, there are very few studies that directly compared prevalence rates between countries. Indirect comparisons via meta-analyses indicate that the prevalence of physical and emotional abuse for Asia are not different from the global estimates but the prevalence of emotional abuse for Asian-American samples seems much higher than for Asian samples (Stoltenborgh et al., 2012; Stoltenborgh, Bakermans-Kranenburg, Van IJzendoorn, et al., 2013). This difference may suggest an underestimation of the emotional abuse prevalence in Asia (Stoltenborgh et al., 2012). In addition, the global sexual abuse prevalence rate in Asia appeared to be consistently lower than that in other geographical areas (Back et al., 2003; Stoltenborgh et al., 2011). However, the validity of these comparisons is limited by methodological issues. Most studies used different methodologies such as different measurements, study procedures, or different child maltreatment definitions. Specifically, for emotional abuse, some studies used a narrow definition by including only verbal abuse, while others used a broader definition by including also inadequate nurturance and affection (Stoltenborgh et al., 2012). Regarding child sexual abuse and emotional neglect, some

studies used vague or subjective terms, while others used more behaviorally specific questions (Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2013; Stoltenborgh et al., 2011). Fortunately, some progress has been made to improve the quality of cross-cultural studies by using the same measures and procedures in different countries (Back et al., 2003; Mbagaya, Oburu, & Bakermans-Kranenburg, 2013). Yet, there still is a crucial need to conduct more cross-cultural studies with optimal designs for valid comparisons (Stoltenborgh et al., 2012; Stoltenborgh, Bakermans-Kranenburg, Van IJzendoorn, et al., 2013).

To address these issues, the aims of the current study were to examine (a) the prevalence of child maltreatment in Vietnam, and (b) differences between the prevalence of the different types of child maltreatment in Vietnam and the Netherlands. We conducted a cross-sectional study with secondary and high school students (aged 12-17 years) in Vietnam using the same measures as the Netherlands' Prevalence Study on Maltreatment of children and youth of 2010 (NPM-2010; Euser et al., 2013). In the NPM-2010, a representative group of randomly selected high school students (aged 12-17 years) from all parts of the country reported on their maltreatment experiences. The current study, the Vietnam Prevalence study on child maltreatment (VPM-2014), addresses the limitations of current child maltreatment studies in Asia and is among the first to examine the prevalence of child maltreatment in Vietnam in a more representative sample. In addition, it is a unique cross-cultural study comparing an Asian country and a European country with a similar study design.

## **METHOD**

### **SAMPLE**

The study was conducted in four provinces of Northern Vietnam, namely Hanoi, Nam Dinh, Ha Tinh, and Tuyen Quang. Hanoi, the capital of Vietnam, was selected because of its unique metropolitan characteristics. Regarding the other three provinces, one province was randomly selected from each of the three geographic areas of Northern Vietnam. In each province, two secondary schools and two high schools were randomly selected. Because the sample of Hanoi represents the largest metropolitan population, only schools in urban areas were selected in this province. In each of the other three provinces, one secondary school (for children aged 12-14) was selected from a list of schools in urban areas and the other secondary school in rural areas. In addition, for logistical reasons, for each province the two high schools (for children aged 15-17) that were nearest to the secondary schools were selected. We excluded schools for blind

students, schools with fewer than 40 students per grade, and boarding schools where children live full time. We randomly selected one or two classes per grade of each participating school, depending on the number of students in a class.

Our sample thus consisted of a total of eight secondary schools and eight high schools. In total, 2,360 students of 71 classes participated in the study. Students were excluded when unreliable answers were suspected based on outlying scores (more than 3.29 SD above the mean (Tabachnick & Fidell, 2012) on the Wildman Symptom Checklist, a scale consisting of bogus symptoms, such as “The buzzing in my ears keeps switching from the left to the right” (Merckelbach, Smeets, & Jelicic, 2009; Wildman & Wildman, 1999), or based on a specific pattern in their answers on the maltreatment questionnaire (e.g., all questions answered with the highest possible score;  $n = 53$ ). In addition, students who were 18 years or older were excluded ( $n = 2$ ). Finally, 11-year-old students were excluded ( $n = 331$ ) to make our sample comparable in age distribution with the sample of the Dutch child maltreatment study (NPM-2010; Euser et al., 2013). 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%), which is the majority ethnic group of Vietnam 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 ( $SD = 1.4$ ). The Dutch comparison sample comprised of 1,920 students, with 52% boys, the mean age was 13.8 ( $SD = 1.3$ ) (Euser et al., 2013).

## PROCEDURE

After the Provincial Department of Education and the school boards approved the implementation of the study in the schools, informed consent was obtained from both the students and their parents. The students filled out a questionnaire during class hours. Students who refused or students whose parents refused participation in the study filled out dummy questionnaires which were not used in our data-analyses, to avoid making these students a special group in the classroom. The original questionnaire was in English and translated forward to English and backward to Vietnamese by two bilingual social science professionals. The Vietnamese questionnaire was piloted with 5 school-aged children and well understood by these children. The research proposal was approved by the Ethics Committee of the Institute of Education and Child Studies, Leiden University and the Ethics Committee of Institute of Population, Health and Development of Vietnam.



## MEASURES

### *Child maltreatment.*

The child maltreatment questionnaire was based on the measure of the Netherlands' NPM-2010 (Euser et al., 2013). The 32-item NPM measure was developed for the NPM-2010 study and was based on the Dating Violence Questionnaire (Douglas & Straus, 2006) and the Parent-Child Conflict Tactics Scales (CTSPC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). The physical abuse scale consists of 8 items reflecting serious physical violence by (one of) the parents. The emotional abuse scale consists of a single item ("threatening to spank or hit") because during scale development (Lamers-Winkelmann, Slot, Bijl, & Vijlbrief, 2007) only this item was considered serious enough to be regarded as maltreatment. The sexual abuse scale includes 8 items, and distinguishes between abuse within and outside of the family and uses both behaviorally specific and subjective questions. The witnessed parental conflict scale consists of 7 items covering physical violence between parents. The neglect scale includes 8 items and uses behaviorally specific questions to measure both emotional and physical neglect. The items are listed in Table 2.1. The maltreatment items were embedded in a questionnaire with filler items, which concerned unpleasant and nasty incidents, nonviolent parental discipline (CTSPC; Straus et al., 1998), and the social desirability items of the Dating Violence Questionnaire (Douglas & Straus, 2006). In the current study, 28 filler items about violence in the school were left out (while keeping enough filler items to not change the content of the questionnaire), because of time constraints (additional questionnaires were added, which will be presented elsewhere). The Cronbach's alphas of the whole maltreatment scale was .75. In addition, the Cronbach's alphas of the child maltreatment subscales were also adequate ( $\geq .69$ ) and comparable with those of the NPM-2010 study, except the Cronbach's alphas of the sexual abuse subscale in the VPM-2014 (Cronbach's alpha = .69), which was adequate, but somewhat lower than that of the sexual abuse subscale in the NPM-2010 (Cronbach's alpha = .88).

Table 2.1 | Child Maltreatment Items

Type of CM	Items	Past-year		Life-time		NIS definition
		CM		CM		
Sexual abuse	(1) An adult member of my family has had sex with me	x		x		x
	(2) An adult member of my family has forced me to look at his/her genitals or to touch them, or he/ she has done this to me	x		x		x
	(3) A child/young person from my family has forced me to look at his/her genitals or to touch them, or he/she has done this to me	x		x		
	(4) A child/young person from my family has done things to me that you could call sexual abuse	x		x		
Outside family	(5) An adult who does not belong to my family, has had sex with me	x		x		
	(6) An adult who does not belong to my family has forced me to look at his/her genitals or to touch them, or he / she has done this to me	x		x		
	(7) A child/young person who does not belong to my family, has forced me to look at his/her genitals or to touch them, or he/she has done this to me	x		x		
	(8) A child/young person who does not belong to my family, has done things to me that you could call sexual abuse	x		x		
Physical abuse	(1) My mother/ father hit me on my bottom with something	x		x		x
	(2) My mother/ father beat me with a fist or kicked me hard	x		x		x
	(3) My mother/ father grabbed me around my neck and choked me	x		x		x
	(4) My mother/ father beat me up, that is he/she hit me over and over	x		x		x
	(5) My mother/ father burned or scalded me on purpose	x		x		x
	(6) My mother/ father hit me on some other part of my body besides my bottom	x		x		x
	(7) My mother/ father threatened me with a knife or a gun	x		x		x
	(8) My mother/ father threw me or knocked me down	x		x		x

Emotional abuse	(1) My mother/ father threatened to spank or hit me but did not actually do it	x	x
Witnessed	(1) My mother/ father pushed, grabbed, or shoved the other	x	x
parental conflict	(2) My mother/ father slapped the other	x	x
	(3) My mother/ father kicked, bit or hit the other with a fist	x	x
	(4) My mother/ father hit the other or tried to hit the other with something	x	x
	(5) My mother/ father beat the other up	x	x
	(6) My mother/ father threatened the other with a knife or gun	x	x
	(7) My mother/ father used a knife or fired a gun against the other	x	x
Neglect	(1) When I was younger, my parents made sure I went to school		x
	(2) When I was younger, my parent made sure I was clean		x
	(3) When I was a child, my parents would comfort me when I was upset		x
	(4) My parents did not help me to do my best		x
	(5) My parents did not care if I got into trouble in school		x
	(6) My parents gave me enough clothes to keep me warm		x
	(7) My parents helped me with my homework		x
	(8) My parents helped me when I had problems		x

*Note.* CM refers to child maltreatment. Items are derived from the Dating Violence Questionnaire (Douglas & Straus, 2006) and the CTSPC (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998).

The NPM-2010 consisted of a sentinel component and a self-report component. The self-report component used the questionnaire with 32 child maltreatment items mentioned above (see Table 2.1). To be able to directly compare sentinel and self-report results in that study, the coders of the sentinel component coded these items according to the definitions they used to code sentinel reports (NIS [National Incidence Study] definitions; Sedlak et al., 2010). All coders agreed on 13 items out of the 32 items to be the most valid indicators of maltreatment as defined by the NIS (these items were used for comparison with the sentinel data). We refer to these 13 items as child maltreatment according to the NIS definition (Euser et al., 2013). The Cronbach's alpha of the child maltreatment scale using the NIS definition was .77. The physical abuse scale using the NIS definition was the same as the physical abuse scale of the original questionnaire (Cronbach's alpha = .78). The sexual abuse scale included two items of the eight sexual abuse items of the original questionnaire (Cronbach's alpha = .35) and three items of the witnessed parental conflict scale were selected as indicators of child maltreatment according to the NIS definition (Cronbach's alpha = .72).

## STATISTICAL PROCEDURES

Prevalence estimates were computed as the proportion maltreated students of the total number of participants. Parallel to the Dutch prevalence study, participants were considered to have experienced child maltreatment if they reported any experience of maltreatment, regardless of the frequency of this experience. For the neglect scale, severe neglect was measured and only participants who had experienced at least three events of neglect were considered as being neglected (Lamers-Winkelmann et al., 2007). To compare the prevalence estimates of the different samples, 84% confidence intervals were computed. Non-overlapping 84% CIs are considered to be adequate for the comparison of rates at a 5% significance level (Julious, 2004). Prevalence estimates were considered not significantly different if their 84% confidence intervals overlapped. This method has been shown to be statistically adequate (Goldstein & Healy, 1995; Julious, 2004; Payton, Greenstone, & Schenker, 2003) and has been used in previous research (Euser, Van IJzendoorn, Prinzie, & Bakermans-Kranenburg, 2009; Euser et al., 2013). The neglect prevalence was only available for lifetime experience. For the other forms of maltreatment both past year and lifetime prevalence rates were computed.

## RESULTS

### PREVALENCE ESTIMATES OF CHILD MALTREATMENT IN VIETNAM

Maltreatment prevalence rates are presented in Table 2.2. About half of the Vietnamese participants reported having experienced any type of child maltreatment during the past year and a vast majority of the children (83%) had experienced any type of maltreatment during their lifetime. Emotional abuse was the most frequently reported type of maltreatment both for the occurrence within the past year and for life-time occurrence. The past year and lifetime prevalence rates of emotional abuse were followed by physical abuse, neglect (only life-time) and witnessing parental conflict. Sexual abuse was reported least frequently both for the occurrence within the past year and for lifetime occurrence.

Table 2.2 | *Maltreatment prevalence estimates in Vietnam*

Type of maltreatment	Past year prevalence			Lifetime prevalence		
	<i>N</i>	%	84% CI	<i>N</i>	%	84% CI
Sexual abuse	1,685	2.6	[2.2,3.3]	1,701	7.1	[6.3,8.1]
Within family	1,708	1.3	[1.0,1.8]	1,714	3.2	[2.7,3.9]
Outside family	1,780	2.0	[1.6,2.5]	1,783	5.7	[5.0,6.6]
Physical abuse	1,782	19.1	[17.9,20.5]	1,795	38.5	[36.9,40.1]
Emotional abuse	1,823	31.8	[30.3,33.3]	1,823	59.9	[58.3,61.5]
Witnessed parental conflict	1,851	15.3	[14.2,16.6]	1,851	23.7	[22.3,25.1]
Neglect <sup>a</sup>	-	-	-	1,846	25.0	[23.6,26.4]
Total	1,759	49.9	[48.2,51.6]	1,816	83.4	[82.1,84.5]

<sup>a</sup> The questions about neglect only covered lifetime experiences

Next, prevalence rates were compared between boys and girls. There was no difference between boys and girls in the experience of maltreatment in general (Table 2.3). However, boys reported significantly more physical and sexual abuse than girls both during the past year and their lifetime. There were no differences in the past year and lifetime experience of witnessed parent conflict and past year experience of emotional abuse between boys and girls. In addition, boys reported significantly less neglect and emotional abuse during their lifetime than girls.

*Table 2.3 | Child Maltreatment Prevalence by Gender*

Type of maltreatment	Boys			Girls			Boys (M) versus Girls (F)
Past year prevalence	<i>N</i>	%	84% CI	<i>N</i>	%	84% CI	
Sexual abuse	773	3.5	[2.8,4.7]	899	1.7	[1.2,2.5]	M > F
Physical abuse	834	22.2	[20.3,24.3]	933	16.4	[14.8,18.2]	M > F
Emotional abuse	858	33.1	[30.9,35.4]	950	30.7	[28.7,32.9]	M = F
Witnessed parental conflict	875	15.2	[13.6,17.1]	961	15.6	[14.1,17.4]	M = F
Total	825	51.9	[49.4,54.3]	920	48.2	[45.8,50.5]	M = F
Lifetime prevalence							
Sexual abuse	784	8.9	[7.7,10.6]	904	5.3	[4.4,6.6]	M > F
Physical abuse	843	42.8	[40.5,45.3]	937	34.6	[32.5,36.8]	M > F
Emotional abuse	858	57.5	[55.1,59.8]	950	62.6	[60.4,64.8]	M < F
Witnessed parental conflict	875	23.2	[21.3,25.3]	961	24.3	[22.5,26.4]	M = F
Neglect	871	22.6	[20.7,24.7]	960	27.2	[25.3,29.3]	M < F
Total	854	84.3	[82.4,85.9]	948	82.5	[80.6,84.1]	M = F

*Note.* The numbers for boys and girls do not add up to the total numbers mentioned in Table 2.1 because of missing information on gender.

## COMPARISON OF CHILD MALTEATMENT PREVALENCE IN VIETNAM AND THE NETHERLANDS

The past year child maltreatment prevalence estimates in Vietnam with those in the Netherlands (NPM-2010; Euser et al., 2013) were also compared. Of the Vietnamese children 49.9% (84% CI [48.2,51.6]) had experienced any event of emotional abuse, physical abuse, sexual abuse, or witnessed parental conflicts in the past year, while 18.7% (84% CI [17.5,20.0]) of the Dutch children did (Figure 2.1). When comparing the subtypes of child maltreatment, similar differences were found between the prevalence estimates of Vietnam and the Netherlands for most types of maltreatment. Compared to the prevalence estimates in the Netherlands, the prevalence estimates in Vietnam were significantly higher for emotional abuse (VN: 31.8%, 84% CI [30.3,33.3]; NL: 8.5%, 84% CI [7.7,9.5]), physical abuse (VN: 19.1%, 84% CI [17.9,20.5]; NL: 7.2%, 84% CI [6.4,8.1]), neglect (VN: 25.0%, 84% CI [23.6,26.4]; NL: 4.3%, 84% CI [3.5,5.3]), and witnessing parental conflicts (VN: 15.3%, 84% CI [14.2,16.6]; NL: 4.9%, 84% CI [4.3,5.7]). Only the past year prevalence of sexual abuse in Vietnam was lower than in the Netherlands (VN: 2.6%, 84% CI [2.2,3.3]; NL: 5.8%, 84% CI [5.1,6.6]). A similar pattern was observed for sexual abuse outside the family (VN: 2.1%, 84% CI [1.7,2.7]; NL: 5.1%, 84% CI [4.5,5.9]). However, prevalence of sexual abuse within the family was similar between the two countries (VN: 1.3%, 84% CI [1.0,1.8]; NL: 2.2%, 84% CI [1.8,2.8]).

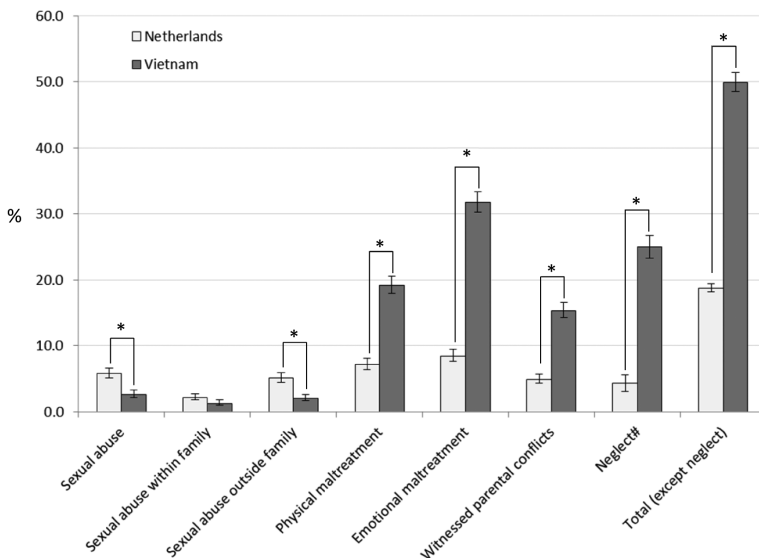


Figure 2.1 | Comparison of past year maltreatment prevalence in Vietnam and the Netherlands

\* $p < .05$ ; #: Lifetime neglect prevalence estimate

In the NPM-2010 study, 13 maltreatment items were selected based on the NIS-definitions of maltreatment (Euser et al., 2013). For this measure, similar differences were found between Vietnam and the Netherlands (Table 2.4). Maltreatment prevalence estimates were higher in Vietnam for total maltreatment, physical abuse, and witnessing parental conflicts than in the Netherlands. In contrast, using the two selected sexual abuse items, the sexual abuse prevalence in Vietnam was significantly lower than in the Netherlands (0.5% versus 1.8%).

*Table 2.4 | Past Year Child Maltreatment Prevalence Estimates Using NIS-Definitions in Vietnam and in the Netherlands*

Type of maltreatment	Vietnam			Netherlands			Vietnam (V) versus Netherlands (N)
	<i>N</i>	%	84% CI	<i>N</i>	%	84% CI	
Sexual abuse	1719	0.5	[0.4,0.9]	1195	1.8	[1.4,3.3]	V<N
Physical abuse	1782	19.1	[17.9,20.5]	1229	7.2	[6.5,8.2]	V>N
Witnessed parental conflicts	1851	12.3	[11.3,13.5]	1285	2.3	[1.9,2.9]	V>N
Total	1753	29.3	[27.8,30.8]	1218	9.9	[9.0,11.0]	V>N

## DISCUSSION

Child maltreatment, especially emotional abuse, physical abuse, and neglect, is highly prevalent in Vietnam. In addition, children's exposure to violence in the form of witnessing parental conflict is very common. Compared to the Netherlands prevalence estimates of all forms of child maltreatment except child sexual abuse are much higher in Vietnam.

Majority of 12-17-year-old Vietnamese children had experienced at least one type of child maltreatment during their lives. Emotional abuse was reported most frequently, with more than half of the children reporting that they had experienced emotional abuse. This result was like the findings of a previous Vietnamese study indicating that the most common adversity reported by medical university students was emotional abuse at 42.3% (Tran et al., 2015) and the Vietnamese national household survey on violent discipline in 2010-2011 that found that 55.4% of the caregivers reported to use verbal aggression towards their children (Cappa & Dam, 2014). This finding is also in line with the results of the meta-analyses on child maltreatment in lower and middle income East Asian and Pacific countries (Fang et al., 2015).



In addition, the comparison of past year child maltreatment prevalence rates between Vietnam and the Netherlands showed the largest difference between the two countries in emotional abuse. In Vietnam, the emotional abuse prevalence estimate was 23.3% higher than in the Netherlands. This result is in line with previous studies that found that emotional punishment is used widely as a child-rearing practice in Vietnam (Beazley, Bessell, Ennew, & Waterson, 2006; Cappa & Dam, 2014). Other cross-cultural studies that directly compare the prevalence of child emotional abuse in Asian and Western countries are lacking. The recent global meta-analysis estimated the emotional abuse prevalence for each available geographic region and did not find a difference between the prevalence in Asia and global prevalence estimates (Stoltenborgh et al., 2012). This could be due to the broad range of measures used in the different studies included in the meta-analysis, which complicates direct comparison between regions. A higher prevalence of emotional abuse was found for ethnic Asian Americans compared to other ethnic groups within the US (Meston, Heiman, Trapnell, & Carlin, 1999; Stoltenborgh et al., 2012). The current study is the first to show a similar difference between countries.

Physical abuse was the second most frequently reported type of maltreatment and prevalent at a similar level as the meta-analytic estimate in China (Ji & Finkelhor, 2015), as well as the prevalence reported by medical university students in Vietnam (Tran et al., 2015). This was in line with our expectation based on the knowledge that physical violence is widely used by parents for the purpose of discipline and punishment in Southeast Asia and the Pacific (Beazley et al., 2006). Comparing with the Netherlands, there was also a large difference in prevalence rates, with prevalence estimates in Vietnam being 11.9% higher. Other cross-cultural studies also showed that the physical abuse prevalence was higher in a context where physical discipline is commonly accepted as a parenting practice such as in Asia and Africa as compared to contexts where physical discipline is less accepted such as in Europe or the United States (Back et al., 2003; Mbagaya et al., 2013). This finding is in line with the meta-analysis showing that the physical abuse prevalence was higher in China than worldwide (Ji & Finkelhor, 2015). In contrast, the global meta-analysis did not find a difference between the physical abuse prevalence in Asia and other geographic areas (Stoltenborgh, Bakermans-Kranenburg, Van IJzendoorn, et al., 2013). The lack of studies in developing Asian countries, rather than developed Asian regions such as Hong Kong or Taiwan, could be a reason for the under-estimation of physical abuse prevalence in Asia (Ji & Finkelhor, 2015; Stoltenborgh, Bakermans-Kranenburg, Van IJzendoorn, et al., 2013). We added to this literature by showing that the prevalence of physical abuse in a developing Asian country was high.

With one in four students reporting having experienced neglect, this was the next most frequently reported type of maltreatment. This parallels the findings that 19.8% of middle and high school students in Ho Chi Minh city reported to have experienced neglect (Loan, 2010). In addition, the neglect prevalence in Vietnam in the current study seems similar to the global neglect prevalence estimates (16.3% for physical neglect and 18.4% for emotional neglect) (Stoltenborgh, Bakermans-Kranenburg, & Van IJzendoorn, 2013). We also found that the life-time neglect prevalence rate in Vietnam was much higher than in the Netherlands (by 21%) (Euser et al., 2013). To our knowledge, no previous cross-cultural studies have been conducted that directly compare the prevalence of neglect between Asian countries and other countries. However, our results are in line with a cross-cultural study comparing parenting in Vietnam and in Germany, which found a higher level of neglectful parenting in Vietnam compared to Germany (Rindermann, Hoang, & Baumeister, 2013). The difference in neglect rates that we found could be related to the lower developmental level of Vietnam compared to the Netherlands. Families, especially poor families, in Vietnam may have fewer resources to meet the physical needs of their children. In two African countries with similar economic circumstances as Vietnam, the neglect prevalence was indeed also higher than in the Netherlands (Mbagaya et al., 2013). In addition, the power disparity between children and adults, originating from Confucianism in the Vietnamese culture, (MOCST, GSO, UNICEF, & IFGS, 2006; Rindermann et al., 2013), may lead to more neglect. Compared to Dutch parents, Vietnamese parents may have more financial stress because of the large difference in social economic status between the two countries. For example, in Vietnam, 68% of the population live in rural areas, with much lower living standards than urban counterparts (GSO, 2013; Thu Le & Booth, 2014). This, in combination with limited parenting skills, may result in parents neglecting their children more in Vietnam than in the Netherlands.

Witnessing parental conflict was almost as commonly reported as neglect. There were no previous studies examining witnessed parental conflict in Vietnam. However, some evidence concerning the high frequency of parental conflict can be derived from a study on family violence, in which 36.8% of the married women in the Nghe An province in Vietnam reported being hit by their husbands (Luke, Schuler, Mai, Vu Thien, & Minh, 2007). Compared to the Netherlands, Vietnamese children witnessed parental conflict in the past year more often than Dutch children both when analyzing the full subscale (by 10.4%) and the selected items according to the NIS-definitions (by 10.0%). Although there were no previous cross-cultural studies on witnessing parental conflict, the discrepancy in the prevalence estimates between Vietnam and the Netherlands - two countries with largely different developmental and income levels - is consistent

with the finding of the meta-analysis in East Asian and Pacific regions indicating that the prevalence of witnessing parental conflict was higher in the lower middle income countries than in the upper middle and high income countries in this region (Fang et al., 2015). Another explanation for the higher prevalence in Vietnam can be found in Vietnam's cultural background. Historically, the Vietnamese culture is largely influenced by Confucianism, which considers females inferior to males; hence it may facilitate husbands to treat their wives violently (Hong, Duong, & Huong, 2009; MOCST et al., 2006; Weil & Lee, 2004). Other studies indeed found that domestic violence is common in Vietnam (Luke et al., 2007; Weil & Lee, 2004).

We found that among the five types of maltreatment, child sexual abuse was the least prevalent, which is consistent with the findings of two studies on four types of child maltreatment in Vietnam (Huong, 2006; Loan, 2010) and the findings of the meta-analyses of child maltreatment in the East Asian and Pacific countries with lower or middle income (Fang et al., 2015). Regarding the comparison with the Netherlands, among the different types of child maltreatment, only the past year prevalence of sexual abuse in Vietnam was lower than the prevalence in the Netherlands. Similarly, in the global meta-analysis on sexual abuse, the prevalence in Asia was the lowest compared to the other continents (Stoltenborgh et al., 2011). The lower prevalence of sexual abuse in Asian samples was also found in a cross-cultural study with Singapore and the United States and in a cross-ethnic study in Canada, comparing East and Southeast Asian Canadians with European Canadians (Back et al., 2003; Meston et al., 1999). This finding is also in line with the finding on sexual abuse among females in China (Ji et al., 2013). Moreover, the higher sexual abuse prevalence among boys than girls in this study is consistent with the meta-analytic findings on child sexual abuse in China (Ji et al., 2013). Some cultural factors may affect the reported prevalence in Vietnam. First, the taboo for girls on losing virginity before marriage may inhibit the report of assaults. Second, the collectivist culture in Asia, which emphasizes family interests and honor above individual interests or needs, may lead to reluctance to report abusive events, especially when they occur within the family (Back et al., 2003; Huong, 2006; Ji et al., 2013; Meston et al., 1999; Stoltenborgh et al., 2011). These cultural characteristics can lead to under-report of sexual abuse in Asia.

In addition to the Confucianistic ideology, the long and devastating war in Vietnam could play a role in the higher prevalence of child maltreatment other than sexual abuse in Vietnam compared to the Netherlands. A study in post-conflict settings in Uganda found that the exposure to traumatic war events increased the risk of domestic violence victimization and child maltreatment perpetration of women 20 years after the war (Saile, Ertl, Neuner, & Catani, 2014; Saile, Neuner, Ertl, & Catani, 2013).

Although the relation between war exposure of men and their child maltreatment perpetration or the violence against their partners was not found in the study of Saile et al. (2013, 2014), a higher severity level of PTSD among men was related to higher reported maltreatment of their children (Saile et al., 2014). In a meta-analysis, PTSD, a common disorder among veterans (Kulka et al., 1990; Sagi, Van IJzendoorn, Joels, & Scharf, 2002; Van der Hal-Van Raalte, Van IJzendoorn, & Bakermans-Kranenburg, 2007), was also found to be associated with domestic violence perpetration of male veterans (Taft, Watkins, Stafford, Street, & Monson, 2011). Although the Vietnam war ceased 40 years ago, the effect of the war may still be transmitted inter-generationally through the cycle of violence mechanism (Widom, 1989) and contribute to the higher prevalence of child maltreatment in Vietnam.

## **LIMITATIONS**

Some limitations of this study must be mentioned. First, this study was conducted only in Northern Vietnam, so the representativeness of the study for the country is not guaranteed. It should be noted however that about half of the Vietnamese population lives in Northern Vietnam (GSO, 2013) and there are no clear indications that the north and south differ greatly in family life and child rearing. A second limitation is that the emotional abuse subscale consisted of only one item. From a psychometric perspective, this certainly is a weakness. Perhaps the influence on our results is not fatal as we previously showed in a meta-analysis that the number of items used to measure emotional abuse (ranging from 1-20) was not significantly related to the estimated prevalence of emotional abuse (Stoltenborgh et al., 2012). Future research should use a broader emotional abuse scale to test whether results converge. Furthermore, the internal consistency of the sexual abuse subscale based on the NIS-definition was low. However, results were consistent with the full sexual abuse scale. Third, this study used only self-report data and no sentinel reports. Recent meta-analyses on child maltreatment indicated that the prevalence estimates of self-report studies are often much higher than sentinel-based prevalence, so this could have influenced our results (Stoltenborgh et al., 2012; Stoltenborgh, Bakermans-Kranenburg, Van IJzendoorn, et al., 2013; Stoltenborgh et al., 2011). However, in developing countries such as Vietnam, the knowledge and skills of professionals working with children regarding child maltreatment are limited and there is no legal mechanism mandating the report of suspicions of child maltreatment for these professionals. Therefore, in Vietnam, child maltreatment research with sentinel reports might still be rather unreliable. We recommend training professionals and improving the infrastructure for reporting child maltreatment in Vietnam. By doing this, children and their families can be supported more

adequately in an earlier stage and it would be possible to get a better view on the prevalence of child maltreatment. Fourth, the comparison between Vietnamese and Dutch prevalence rates was done with data from different years (2014 for Vietnam and 2010 for the Netherlands). This might have influenced the validity of the comparison of child maltreatment prevalence estimates between the two countries, although between 2010 and 2014 no major policy changes or social issues emerged in one of the countries that would affect maltreatment prevalence substantively.

## **PRACTICAL IMPLICATIONS**

Despite these limitations, this study addresses some important lacunas in the literature on child maltreatment in Asia in general and Vietnam in particular and has clear practical implications. We recommend that more studies on child maltreatment should be conducted with representative samples and using data collection strategies that maximize the confidentiality of the respondents, as some cultural issues may discourage the report of the participants. Moreover, cross-cultural studies on child maltreatment should use the same methodology in both cultures. The striking difference between Vietnam and the Netherlands in physical and emotional abuse and neglect suggests that there is a need to provide interventions focusing on positive parenting skills for parents in a setting of common harsh discipline practices such as in Vietnam (Ji & Finkelhor, 2015). For example, the home-visit intervention Video-feedback Intervention to Promote Positive parenting and Sensitive Discipline (VIPPSD) or telephone-based parenting education like the Strongest Families program which seem promising in limited resource contexts (McGrath et al., 2011). Furthermore, prevention of domestic violence and sexual abuse need more attention. For example, school-based child sexual abuse education programs were found to be effective in reducing the risks and the consequences of child sexual abuse (Butchart, Phinney Harvey, Mian, Fürniss, & Kahane, 2006; Finkelhor, 2007; Mikton & Butchart, 2009). In addition to the interventions mentioned above, economic development can also improve the living standards of households, which may reduce physical neglect, in particular. Finally, the child protection system needs to be improved because the fight against child maltreatment cannot be won without an effective child protection system (Butchart et al., 2006). In conclusion, the findings of this study underscore the problem of child maltreatment in Vietnam, with most of the maltreatment types being much more prevalent in Vietnam than in the Netherlands. It is urgent that parenting education aimed at improving positive parenting skills and preventing maltreatment is provided in parallel with strengthening and improving the child protection system.

## REFERENCES

- Back, S. E., Jackson, J. L., Fitzgerald, M., Shaffer, A., Salstrom, S., & Osman, M. M. (2003). Child sexual and physical abuse among college students in Singapore and the United States. *Child Abuse Neglect*, 27, 1259-1275. doi: 10.1016/j.chiabu.2003.06.001
- Beazley, H., Bessell, L., Ennew, J., & Waterson, R. (2006). What children say: Results of comparative research on physical and emotional Punishment of children in Southeast Asia, East Asia and the Pacific.
- Berlin, L. J., Appleyard, K., & Dodge, K. A. (2011). Intergenerational continuity in child maltreatment: mediating mechanisms and implications for prevention. *Child Development*, 82, 162-176. doi: 10.1111/j.1467-8624.2010.01547.x
- Euser, E. M., Van IJzendoorn, M., Prinzie, P., & Bakermans-Kranenburg, M. J. (2009). The prevalence of child maltreatment in the Netherlands. *Child Maltreatment*, 15, 5-17. doi: 10.1177/1077559509345904
- Butchart, A., Phinney Harvey, A., Mian, M., Färniss, T., & Kahane, T. (2006). Preventing child maltreatment: a guide to taking action and generating evidence. *Geneva: World Health Organization* 13-16.
- Cappa, C., & Dam, H. (2014). Prevalence of and risk factors for violent disciplinary practices at home in Viet Nam. *Journal of Interpersonal Violence*, 29, 497-516. doi: 10.1177/0886260513505215
- Currie, J., & Widom, C. S. (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment*, 15, 111-120. doi: 10.1177/1077559509355316
- Douglas, E. M., & Straus, M. A. (2006). Assault and injury of dating partners by university students in 19 countries and its relation to corporal punishment experienced as a child. *European Journal of Criminology*, 3, 293-318. doi: 10.1177/1477370806065584
- Emery, C. R., Nguyen, H. T., & Kim, J. (2014). Understanding child maltreatment in Hanoi: intimate partner violence, low self-control, and social and child care support. *Journal of Interpersonal Violence*, 29, 1228-1257. doi: 10.1177/0886260513506276
- Emery, C. R., Trung, H. N., & Wu, S. (2015). Neighborhood informal social control and child maltreatment: A comparison of protective and punitive approaches. *Child Abuse Neglect*, 41, 158-169. doi: 10.1016/j.chiabu.2013.05.002
- Euser, S., Alink, L. R., Pannebakker, F., Vogels, T., Bakermans-Kranenburg, M. J., & Van, I. M. H. (2013). The prevalence of child maltreatment in the Netherlands across a 5-year period. *Child Abuse Neglect*, 37, 841-851. doi: 10.1016/j.chiabu.2013.07.004
- Fang, X., Fry, D. A., Brown, D. S., Mercy, J. A., Dunne, M. P., Butchart, A. R.,... Swales, D. M. (2015). The burden of child maltreatment in the East Asia and Pacific region. *Child Abuse Neglect*, 42, 146-162. doi: 10.1016/j.chiabu.2015.02.012

- Finkelhor, D. (2007). Prevention of sexual abuse through educational programs directed toward children. *Pediatrics*, 120, 640-645. doi: 10.1542/peds.2007-0754
- Goldstein, H., & Healy, M. J. (1995). The graphical presentation of a collection of means. *Journal of the Royal Statistical Society. Series A (Statistics in Society)*, 158, 175-177. doi: 10.2307/2983411
- GSO. (2013). *The 2013 population change and family planning survey*. Hanoi: GSO.
- Hong, K. T., Duong, L. B., & Huong, N. N. (2009). *Sexuality in Vietnamese modern society: easy to joke, difficult to talk* (1st ed.). Hanoi: Institute for Social Development Studies.
- Huong, N. T. (2006). *Child maltreatment in Vietnam: prevalence and associated mental and physical health problems*. Queensland: Queensland University of Technology.
- Huong, N. T., Dunne, M. P., & Anh, L. V. (2009). Multiple types of child maltreatment and adolescent mental health in Viet Nam. *Bulletin of the World Health Organization*, 88, 22-30. doi: 10.2471/BLT.08.060061
- Ji, K., & Finkelhor, D. (2015). A meta-analysis of child physical abuse prevalence in China. *Child Abuse Neglect*, 43, 61-72. doi: 10.1016/j.chiabu.2014.11.011
- Ji, K., Finkelhor, D., & Dunne, M. (2013). Child sexual abuse in China: a meta-analysis of 27 studies. *Child Abuse Neglect*, 37, 613-622. doi: 10.1016/j.chiabu.2013.03.008
- Julious, S. A. (2004). Using confidence intervals around individual means to assess statistical significance between two means. *Pharmaceutical Statistics*, 3, 217-222. doi: 10.1002/pst.126
- Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). *Trauma and the Vietnam war generation: Report of findings from the National Vietnam Veterans Readjustment Study*. Brunner/Mazel.
- Lamers-Winkelmann, F., Slot, N. W., Bijl, B., & Vijlbrief, A. (2007). Scholieren over mishandeling: Resultaten van een landelijk onderzoek naar de omvang van kindermishandeling onder leerlingen van het voortgezet onderwijs.
- Loan, K. X. (2010). *Adverse childhood experiences: prevalence and affects on mental health and risk behaviours of adolescents in Ho Chi Minh city, Vietnam*. Queensland: Queensland University of Technology.
- Luke, N., Schuler, S. R., Mai, B. T., Vu Thien, P., & Minh, T. H. (2007). Exploring couple attributes and attitudes and marital violence in Vietnam. *Violence Against Women*, 13, 5-27. doi: 10.1177/1077801206295112
- Mbagaya, C., Oburu, P., & Bakermans-Kranenburg, M. J. (2013). Child physical abuse and neglect in Kenya, Zambia and the Netherlands: a cross-cultural comparison of prevalence, psychopathological sequelae and mediation by PTSS. *International Journal of Psychology*, 48, 95-107. doi: 10.1080/00207594.2012.691975
- McGrath, P. J., Lingley-Pottie, P., Thurston, C., MacLean, C., Cunningham, C., Waschbusch, D. A.,... Chaplin, W. (2011). Telephone-based mental health interventions for child disruptive behavior or anxiety disorders: randomized trials and overall analysis. *Journal of American Academy of Child and Adolescent Psychiatry*, 50, 1162-1172. doi: 10.1016/j.jaac.2011.07.013

- Merckelbach, H., Smeets, T., & Jelicic, M. (2009). Experimental simulation: Type of malingering scenario makes a difference. *The Journal of Forensic Psychiatry & Psychology*, 20, 378-386. doi: 10.1080/14789940802456686
- Mersky, J. P., & Reynolds, A. J. (2007). Child maltreatment and violent delinquency: disentangling main effects and subgroup effects. *Child Maltreatment*, 12, 246-258. doi: 12/3/246 [pii] 10.1177/1077559507301842
- Meston, C. M., Heiman, J. R., Trapnell, P. D., & Carlin, A. S. (1999). Ethnicity, desirable responding, and self-reports of abuse: a comparison of European- and Asian-ancestry undergraduates. *Journal of Consulting and Clinical Psychology*, 67, 139-144. doi: 10.1037/0022-006X.67.1.139
- Mikton, C., & Butchart, A. (2009). Child maltreatment prevention: a systematic review of reviews. *Bulletin of the World Health Organization*, 87, 353-361. doi: 10.2471/BLT.08.057075
- MOCST, GSO, UNICEF, & IFGS. (2006). Result of nation-wide survey on the family in Vietnam 2006. Hanoi.
- Park, M., & Chesla, C. (2007). Revisiting Confucianism as a Conceptual Framework for Asian Family Study. *Journal of Family Nursing*, 13, 293-311. doi: 10.1177/1074840707304400
- Payton, M. E., Greenstone, M. H., & Schenker, N. (2003). Overlapping confidence intervals or standard error intervals: what do they mean in terms of statistical significance? *Journal of Insect Science*, 3, 34. doi: <http://dx.doi.org/10.1093/jis/3.1.34>
- Rindermann, H., Hoang, Q. S. N., & Baumeister, A. E. (2013). Cognitive ability, parenting and instruction in Vietnam and Germany. *Intelligence*, 41, 366-377. doi: 10.1016/j.intell.2013.05.011
- Sagi, A., Van IJzendoorn, M. H., Joels, T., & Scharf, M. (2002). Disorganized reasoning in Holocaust survivors. *American Journal of Orthopsychiatry*, 72, 194-203. doi: 10.1037/0002-9432.72.2.194
- Saile, R., Ertl, V., Neuner, F., & Catani, C. (2014). Does war contribute to family violence against children? Findings from a two-generational multi-informant study in Northern Uganda. *Child Abuse Neglect*, 38, 135-146. doi: 10.1016/j.chiabu.2013.10.007
- Saile, R., Neuner, F., Ertl, V., & Catani, C. (2013). Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda. *Social Science & Medicine*, 86, 17-25. doi: <http://dx.doi.org/10.1016/j.socscimed.2013.02.046>
- Spinhoven, P., Elzinga, B. M., Hovens, J. G., Roelofs, K., Zitman, F. G., van Oppen, P., & Penninx, B. W. (2010). The specificity of childhood adversities and negative life events across the life span to anxiety and depressive disorders. *Journal of Affective Disorders*, 126, 103-112. doi: 10.1016/j.jad.2010.02.132
- Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R., & Van IJzendoorn, M. H. (2012). The universality of childhood emotional abuse: a meta-analysis of worldwide prevalence. *Journal of Aggression, Maltreatment & Trauma*, 21, 870-890. doi: 10.1080/10926771.2012.708014



- Stoltenborgh, M., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2013). The neglect of child neglect: a meta-analytic review of the prevalence of neglect. *Social Psychiatry Psychiatric Epidemiology*, 48, 345-355. doi: 10.1007/s00127-012-0549-y
- Stoltenborgh, M., Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., & Alink, L. R. (2013). Cultural-geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence. *International Journal of Psychology*, 48, 81-94. doi: 10.1080/00207594.2012.697165
- Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R., & Van IJzendoorn, M. H. (2014). The Prevalence of Child Maltreatment across the Globe: Review of a Series of Meta-Analyses. *Child Abuse Review*, 24, 37-50. doi: 10.1002/car.2353
- Stoltenborgh, M., Van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreatment*, 16, 79-101. doi: 10.1177/1077559511403920
- Straus, M. A., Hamby, S. L., Finkelhor, D., Moore, D. W., & Runyan, D. (1998). Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents. *Child Abuse Neglect*, 22, 249-270. doi: 10.1016/S0145-2134(97)00174-9
- Tabachnick, B. G., & Fidell, L. S. (2012). *Using multivariate statistics* (6th ed.): Pearson.
- Taft, C. T., Watkins, L. E., Stafford, J., Street, A. E., & Monson, C. M. (2011). Posttraumatic stress disorder and intimate relationship problems: a meta-analysis. *Journal of Consulting and Clinical Psychology*, 79, 22-33. doi: 10.1037/a0022196
- Thompson, R. (2006). Exploring the link between maternal history of childhood victimization and child risk of maltreatment. *Journal of Trauma Practice*, 5, 57-72. doi: 10.1300/J189v05n02\_04
- Thu Le, H., & Booth, A. L. (2014). Inequality in Vietnamese urban-rural living standards, 1993-2006. *Review of Income and Wealth*, 60, 862-886.
- Tran, Q. A., Dunne, M. P., Vo, T. V., & Luu, N. H. (2015). Adverse Childhood Experiences and the Health of University Students in Eight Provinces of Vietnam. *Asia-Pacific Journal of Public Health*, 27, 26s-32s. doi: 10.1177/1010539515589812
- Van der Hal-Van Raalte, E., Van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2007). Quality of care after early childhood trauma and well-being in later life: child Holocaust survivors reaching old age. *American Journal of Orthopsychiatry*, 77, 514-522. doi: 10.1037/0002-9432.77.4.514
- Weil, J. M., & Lee, H. H. (2004). Cultural considerations in understanding family violence among Asian American Pacific Islander families. *Journal of Community Health Nursing*, 21, 217-227. doi: 10.1207/s15327655jchn2104\_2
- Widom, C. S. (1989). Does violence beget violence? A critical examination of the literature. *Psychological Bulletin*, 106, 3-28.
- Wildman, R. W., & Wildman, R. W. (1999). The detection of malingering. *Psychological reports*, 84, 386-388. doi: 10.2466/pr0.1999.84.2.386

