

Child sexual abuse in Vietnam: A review of prevalence, risk factors, and prevention strategies

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Abstract Child sexual abuse (CSA) is a severe global problem that has long-term psychological, physical, and societal effects for victims. This review looks at the prevalence, risk factors, and effects of CSA, with a specific emphasis on Vietnam. The frequency of CSA varies worldwide, with notable regional variations. In Vietnam, approximately 2,000 children are sexually abused each year, with females being disproportionately affected. Risk variables include age, gender, family dynamics, social level, and cultural norms. The review investigates the short- and long-term effects of CSA, which include mental health illnesses, physical health issues, and social difficulties. Prevention and intervention efforts, including as school-based education programs and parental involvement, show promise, but they encounter obstacles owing to cultural stigma and limited resources. The Vietnamese government has developed a variety of policies and legal frameworks to combat CSA, however gaps persist. This research emphasizes the importance of a multidimensional approach that involves broad education, substantial support services, and ongoing legislative improvements to effectively prevent and respond to CSA. Future study should focus on improving preventative strategies and assuring their long-term efficacy.

Keywords: child sexual abuse, prevalence, risk factors, prevention, intervention, Vietnam

1. Introduction

CSA is a global issue, with prevalence rates changing by area. A meta-analysis revealed that the total prevalence of CSA was 12.7% in self-reported studies and 0.4% in informant research, with females having greater rates than males (Stoltenborgh et al., 2011). Prevalence rates vary by region, with Asia having lower rates and Australia and Africa having greater rates (Stoltenborgh et al., 2011). CSA has long-term medical and psychological effects and increases the risk of substance misuse and suicidal ideation (Johnson, 2004). Lower self-esteem, remorse, and a pervasive sense of powerlessness are among the psychological consequences (Finkelhor & Browne, 1985). CSA is linked to a variety of health problems, including sexually transmitted illnesses such as HIV, and in severe situations, it can result in deadly results such as suicide (Johnson, 2004). Chronic pain, gastrointestinal difficulties, and reproductive health concerns are among the long-term health consequences (Essabar et al., 2015). CSA victims frequently have social difficulties, such as interpersonal interaction issues, an increased risk of criminal activity, and scholastic hurdles (Onyishi, 2022). The societal cost of CSA is enormous, with implications for community health and safety that necessitate coordinated prevention and support measures (Mathews & Collin-Vézina, 2016). Cultural circumstances influence the reporting and management of CSA. In some areas, cultural taboos and a lack of awareness make it difficult to respond to and help victims effectively. The importance of cultural elements in creating resilience and recovery underscores the need for culturally appropriate therapies (Sanjeevi et al., 2018).

2. Child Sexual Abuse in Vietnam

CSA is increasingly acknowledged as a major issue in Vietnam. According to studies, more than 2,000 children suffer sexual assault each year, with girls accounting for almost 80% of the victims (Le-Trung & Tran-Thi, 2019). According to reports, the problem affects children from all areas and socioeconomic backgrounds. According to Essabar et al. (2015), a greater percentage of CSA victims come from lower socioeconomic groups. Vietnamese school-age children have a low level of awareness and knowledge of CSA. One study revealed that many youths are uninformed of the dangers of sexual abuse and frequently fail to distinguish prospective perpetrators, such as teachers or strangers (Do et al., 2019). Cultural and societal views frequently impede the reporting and discussion of CSA, perpetuating the problem (Sanjeevi et al., 2018). The psychological and physical effects of CSA on Vietnamese children are significant. Victims frequently develop psychological disorders and low self-esteem (Johnson, 2004). CSA can also have serious physical health impacts, such as sexually transmitted illnesses and unwanted pregnancy (Johnson, 2004). The Vietnamese government has attempted to address CSA through legislative measures and policies aimed at protecting children. However, problems with laws and enforcement remain substantial obstacles (Hoang, 2018). Recent initiatives have aimed to provide legal aid, raise awareness, and strengthen the role of educational institutions in tackling CSA (Do, 2020). Education programs aimed at preventing CSA and teaching children

self-protection skills are being established, but more effort is required to guarantee that these programs can reach all children effectively (Huynh et al., 2019). Collaboration across families, schools, and communities is critical for providing a supportive environment for children and tackling this issue thoroughly (Ho, 2022).

3. Risk Factors

3.1. Age, gender, and family dynamics

CSA affects children of all ages, although specific age groups are particularly sensitive. According to research, children under the age of six are increasingly vulnerable to sexual exploitation (Le-Trung & Tran-Thi, 2019). A study of Vietnamese pupils aged 12 to 17 years revealed that older adolescents reported more sexual abuse than younger adolescents (Tran et al., 2018). Younger children, particularly those under the age of six, are more exposed to serious physical and psychological consequences due to their developmental stage. Age influences adolescents' knowledge and awareness of CSA. Older children and teenagers have a greater comprehension of sexual abuse; thus, they are more likely to notice and report it. One study revealed that being older was connected with having a correct perspective and attitude concerning CSA (Do et al., 2019). Younger children frequently lack the awareness and vocabulary to identify or explain abuse, which can delay detection and intervention (Ho, 2022). The child's developmental stage at the time of abuse has a significant impact on CSA. Prepubertal children, particularly those aged 7 or 8, are at greater risk of long-term psychological consequences as a result of the disruption of their developmental processes (Trickett & Putnam, 1993). Adolescents confront particular obstacles, such as navigating identity formation and peer relationships, which can be significantly impacted by CSA (Nguyen, 2020).

According to studies, girls are more likely than boys to become victims of CSA. Approximately 80% of child sexual exploitation victims are female (Le-Trung & Tran-Thi, 2019). Boys, on the other hand, may be less likely to disclose CSA due to societal shame and the fear of being looked at as weak or homosexual (Ho, 2022). Gender effects on perceptions and awareness of CSA. Compared with male youths, female children are more likely to understand and recognize sexual abuse (Do et al., 2019). Cultural norms and gender roles in Vietnam frequently discourage boys from demonstrating vulnerability, which can delay or restrict exposure to abuse (Alaggia, 2005). The psychological impact of CSA can be severe in both genders, but it manifests differently. Girls have greater rates of depression and anxiety (Tran et al., 2017). Boys may experience challenges with their masculine identity, such as sexual confusion and feelings of emasculation, which can cause mental health issues (O'Leary et al., 2015). Gender greatly influences the chance of exposing CSA. Girls are more likely to report abuse than boys, who frequently fear societal censure and doubt their manhood (Alaggia, 2005). The worry of not being believed or being blamed is common in all genders, but girls may anticipate these emotions more intensely, influencing their desire to report (Do et al., 2019). Gender-sensitive treatments are critical for effectively addressing CSA. To provide adequate support, programs must consider both boys' and girls' particular requirements and experiences (Hooper & Warwick, 2006). Educational programs should prioritize enhancing knowledge among both genders to minimize stigma and encourage reporting (Ho, 2022).

Children who do not live with their mother or father or who are raised by single parents are more likely to suffer from CSA. According to research, children raised by single parents are more likely to be sexually abused (Tran et al., 2021). Low socioeconomic status and parental unemployment are also substantial risk factors. Interestingly, families with low socioeconomic levels experienced less emotional abuse, possibly due to various factors and dynamics (Tran et al., 2021). Dysfunctional family settings, including those with high levels of conflict and poor communication, can increase the risk of CSA. These environments often lack the necessary safeguards to prevent misuse (Thuong et al., 2019). The occurrence of intimate partner violence in the family is another risk factor. Children who experience intimate partner violence are more likely to undergo various types of maltreatment, including sexual abuse (Emery et al., 2013). Parental awareness and attitudes concerning CSA have a substantial impact on both the likelihood of abuse and the help provided to victims. A study revealed that increasing parental participation and education regarding CSA can help children recognize and report abuse (Do et al., 2019). Close collaboration among family, school, and society is critical for preventing CSA and supporting victims. Family education programs that focus on children's self-protection abilities and increase knowledge about CSA can help minimize abuse (Ho, 2022). Strong family support can help reduce the detrimental effects of CSA. Children in supportive home contexts manage trauma better and are less likely to suffer severe psychological repercussions (Ray & Jackson, 1997). In contrast, a lack of support or negative family reactions can worsen trauma, resulting in long-term psychological problems (Tran et al., 2017). Cultural norms and societal expectations in families can have an impact on CSA reporting and management. Fear of shame and stigma often inhibits families from reporting abuse, protecting the abuser and expanding the cycle (Kwiatkowski, 2019). Family honor and reputation are frequently prioritized, which can lead to underreporting and ineffective intervention (Rushing, 2006).

3.2. Socioeconomic and cultural factors

Families suffering economic stress are more likely to have CSA due to a combination of risk factors. Low socioeconomic status is related to an increased risk of numerous forms of child maltreatment, including sexual abuse. Economic difficulty might increase parental stress and limit their ability to provide supervision and assistance (Tran et al., 2021). Economic stress exacerbates parental stress, reducing parenting capacity and increasing the likelihood of CSA. High levels of stress can cause

dysfunctional family dynamics, such as more conflict and less emotional support for children (Emery et al., 2013). Economic stress can lead to substance misuse and other dangerous behaviors in parents, increasing the likelihood of CSA (Tran et al., 2021). Economic constraints limit the resources available to implement effective preventative and assistance initiatives. Economically stressed families frequently lack access to educational and support resources that could help prevent CSA and provide the required interventions (Ho, 2022). Limited financial resources can limit families' ability to seek legal or psychiatric assistance, exacerbating the effects of abuse (Do, 2020). Children from economically disadvantaged homes are more likely to suffer severe and long-term psychological consequences from CSA due to a lack of care and resources. Economic hardship can cause delays in recognizing and reporting abuse, resulting in prolonged exposure and severe trauma (Thuong et al., 2019). Financial strain and CSA can create a vicious cycle of poverty and abuse, with long-term consequences for victims' education and employment (Tran et al., 2018). Economic hardship in the community can limit the overall ability for effective child protection services. Communities experiencing high levels of economic stress may lack adequate funding for social services, law enforcement, and healthcare, increasing the issue of CSA (Ho, 2022). Broader societal consequences include higher healthcare expenses, lower productivity, and a greater need for social services, emphasizing the need for comprehensive economic and social policies to address these challenges (Letourneau et al., 2018).

A study of Vietnamese schoolchildren revealed that many lacked awareness of CSA and often failed to recognize teachers and strangers as potential perpetrators. This lack of understanding is due in part to cultural taboos surrounding talks about sexual assault, as well as to the widespread belief that schools and households are fundamentally secure environments (Do et al., 2019). Cultural traditions in Vietnam frequently inhibit open discussions regarding sexuality and abuse, resulting in a lack of education and awareness among children and adults (Ho, 2022). Traditional gender roles and expectations have a tremendous impact on how CSA is seen and treated. In many circumstances, female victims face greater stigma, discouraging them from reporting and receiving aid. A societal emphasis on maintaining family honor and avoiding shame might lead to underreporting and nondisclosure of abuse (Kwiatkowski, 2019). Boys, on the other hand, may not disclose abuse due to cultural expectations of masculinity and the fear of being perceived as weak or effeminate (Tran et al., 2021). Cultural imperatives such as *izzat* (honor), *haya* (modesty), and *sharam* (shame) have a substantial influence on CSA disclosure behaviors. Victims and their families frequently avoid getting help or reporting abuse for fear of societal censure and loss of family honor (Gilligan & Akhtar, 2006). The stigma associated with CSA, as well as the fear of not being believed or blamed, make it more difficult to report abuse (Fontes & Plummer, 2010). Cultural views influence the legal and institutional responses to CSA. In some circumstances, the cultural emphasis on family privacy and conflict settlement within families can impede successful legal action against perpetrators (Nguyen, 2020). To guarantee that victims receive appropriate support and protection, legal and social services must use culturally sensitive approaches (Kwiatkowski, 2019). Implementing culturally responsive educational programs that address CSA can assist in closing the information gap and promote more open discussions about abuse. To be effective, these initiatives must involve parents, educators, and community leaders (Do et al., 2019). Educating children and adults about warning signs of abuse, the necessity of reporting, and available support systems can help lessen the stigma and barriers to CSA disclosure (Ho, 2022).

4. Consequences of Child Sexual Abuse

4.1. Short-term consequences

CSA victims frequently suffer physical injuries, such as genital trauma and bruising, which can result in infections and other medical difficulties. The degree of these injuries varies according to the type of violence (Do et al., 2019). Many children develop somatic symptoms, including headaches, gastrointestinal pain, and other inexplicable physical ailments, immediately after abuse. These symptoms are frequently the direct result of abuse-related trauma and stress (Tran et al., 2017). CSA causes immediate psychological distress, including depression and anxiety. Victims may have symptoms such as chronic sadness, withdrawal from social activities, and increased dread and apprehension (Briere & Elliott, 1994).

4.2. Long-term consequences

Individuals with CSA may develop chronic depression and anxiety disorders. According to previous studies, CSA survivors are substantially more likely to suffer from mental health disorders than individuals who have not experienced such trauma (Bagley, 1991). CSA survivors experience greater levels of depression and anxiety, which persist throughout adulthood (Easton & Kong, 2017). PTSD is a typical long-term side effect of CSA, marked by flashbacks, extreme anxiety, and intrusive recalls. The severity of PTSD symptoms is frequently correlated with the intensity and duration of abuse (Trang et al., 2022). CSA survivors are more likely to use substances to cope with their trauma. This frequently exacerbates their mental health problems, resulting in a cycle of reliance and mental distress (Dube et al., 2005).

CSA impairs the ability to create and sustain good interpersonal relationships. Survivors frequently suffer from trust issues and emotional closeness and may have difficulties in personal and professional relationships (Roberts et al., 2004). Many CSA victims experience social retreat and isolation as a result of the shame and stigma connected with their abuse. Isolation can exacerbate mental health difficulties, making it difficult to seek treatment and support (Ho, 2022). CSA survivors frequently

encounter substantial obstacles in educational and occupational contexts. These challenges include lower academic performance, reduced educational attainment, and difficulty maintaining employment due to chronic mental health disorders (Sawyer & Bagley, 2017).

5. Prevention and Intervention Strategies

5.1. Prevention programs

A survey of Vietnamese schoolchildren revealed that many had little knowledge of CSA. Most children were unaware that teachers and strangers could be perpetrators, and many assumed that schools and homes were safe environments free of abuse. This emphasizes the importance of comprehensive sexuality education programs in schools (Do et al., 2019). School-based education programs have shown promise in improving children's self-protective skills and knowledge about CSA. These programs teach children to recognize inappropriate behavior, resist abuse, and seek help. However, the long-term effectiveness of these programs in reducing CSA is questionable (Walsh et al., 2015). Additionally, primary school instructors face numerous obstacles in regard to integrating life skills education, which includes sexual abuse prevention skills, with the social and emotional learning (SEL) model (Huynh et al., 2018). A pilot study in Ho Chi Minh City evaluated a guidebook created for primary school pupils to teach preventative skills through stories and situational exercises. The findings were encouraging, with 75.1% of students evaluating the guidebook as "very good" or "good," and educational professionals recommending its implementation in classrooms (Huynh et al., 2019). Parental involvement is critical to the effectiveness of CSA prevention initiatives. Educating parents about CSA improves their ability to provide safe environments for their children. Parental involvement in educational programs has been demonstrated to be more effective in reinforcing safety messages and supporting children (Wurtele & Kenny, 2010). Despite the significance of parental involvement, many parents lack critical information regarding CSA and are unprepared to discuss it with their children. Programs that offer parents user-friendly information and training can help close this gap (Do et al., 2019). Cultural taboos, a lack of skilled instructors, and limited resources all contribute to the difficulty of implementing successful CSA prevention programs in Vietnam. Overcoming these barriers necessitates policy support, investment in training, and the creation of culturally sensitive educational materials (Nguyen, 2020). Improvements to CSA education include incorporating comprehensive sexuality education into the school curriculum, upgrading teacher training, and including parents in educational activities. Continuous review and adaptation of programs to fit the requirements of various communities is also essential (Do et al., 2020). Research has shown that school-based programs can effectively boost children's understanding and self-protective behaviors. These programs frequently employ interactive techniques such as role-playing, conversations, and instructional materials adapted to children's developmental stages (Walsh et al., 2015). However, the impact of these interventions on actual abuse rates remains unclear. While students acquire information and abilities, converting them into real-world prevention remains difficult. Further study and improvement are required to improve the efficiency of CSA prevention initiatives (Finkelhor, 2007).

5.2. Support services for victims

Counseling services are essential for assisting CSA victims and their families. In Vietnam, these services are increasingly acknowledged for their usefulness in dealing with the psychological and emotional consequences of abuse. Counseling has been shown in studies to assist victims in recovering by providing a safe area for them to express their emotions and receive professional guidance (Farr et al., 2021). Crisis intervention, individual treatment, and group sessions for children and parents are all components of effective counseling programs. These treatments are intended to minimize emotional distress and facilitate recovery (Grosz et al., 2000). Despite their benefits, counseling services face a number of problems, including a shortage of educated experts and a cultural stigma associated with mental health disorders. Many victims and their families are hesitant to seek help for fear of societal rejection and misunderstanding (Nguyen, 2020). More training programs for counselors are needed to successfully address CSA situations and provide culturally relevant care to victims and their families (Edoh-Torgah & Matafwala, 2021). A multidisciplinary strategy, which includes collaboration among counselors, health care providers, and legal professionals, has been demonstrated to be helpful in providing comprehensive support to CSA victims. This strategy aids in meeting the diverse requirements of victims, including medical care, legal assistance, and psychological support (Sapp & Vandeven, 2005).

Vietnam has established mutual legal assistance in criminal situations to more efficiently address CSA cases, particularly those with international elements. This involves working with other countries to investigate, prosecute, and adjudicate CSA instances (Do, 2020). The legal system also includes extradition, receiving and transferring inmates, and other acts outlined in the Criminal Procedure Code of 2015 and international law (Do, 2020). A legal framework for safeguarding minors from sexual abuse in the internet and other settings has been established, but there are still loopholes. Continuous revision of these laws is required to ensure complete kid safety (Pham, 2023). Efforts are needed to close these gaps, notably in areas such as violation handling, prevention measures, and victim support services (Pham, 2023). The Vietnamese government has implemented a variety of policies and programs to promote children's growth, health, and safety, as well as to prevent CSA. These include

advocating for policies that address children's and families' basic needs, as well as providing support services to CSA victims (Nguyen, 2020).

6. Final Considerations

CSA remains a global concern, with considerable differences in occurrence and impact across areas and cultures. This review emphasizes the intricate interaction of elements that contribute to CSA, including age, gender, family dynamics, socioeconomic situation, and cultural expectations. This issue is becoming more well known in Vietnam, where more than 2,000 children, mostly girls, are afflicted each year. The psychological and physical implications for victims are severe and include a variety of mental health conditions, bodily health issues, and social hurdles. The risk factors for CSA in Vietnam are consistent with global findings, with children from poorer socioeconomic origins, those not living with both parents, and those exposed to intimate partner violence being especially vulnerable. Cultural taboos and a lack of understanding intensify the situation, making it difficult to report and respond effectively. Prevention and intervention efforts in Vietnam have shown potential, but considerable obstacles remain. School-based education programs and parental involvement are essential, but cultural sensitivities and resource constraints prevent widespread adoption. Counseling services are critical for assisting victims, but there is an urgent need for more trained specialists and culturally appropriate approaches. The Vietnamese government has made progress in combating CSA through legal frameworks and policies, although loopholes still exist. Continued effort is required to improve legal safeguards, support services, and community awareness. Collaboration across families, schools, communities, and legal institutions is essential for fostering a supportive environment capable of effectively preventing and responding to CSA. Tackling CSA in Vietnam necessitates a multidimensional approach that covers cultural, social, and legal issues. Comprehensive education, strong support services, and continual policy changes are required to safeguard children and promote their rehabilitation. Future studies should focus on improving preventative strategies and ensuring their long-term efficacy in lowering CSA.

Ethical Considerations

The study received approval from the Ethics Committee of the Department of Science and Technology at Ho Chi Minh City University of Education, under the Vietnamese Ministry of Education and Training, with the approval code 136/TB-DHSP.

Conflict of Interest

The authors declare no conflicts of interest.

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