



LES STRATÉGIES DE FAIRE FACE CHEZ LES ENFANTS DES RUES, VICTIMES D'ABUS SEXUELS

*Coping strategies of Vietnamese street children who have been
victims of sexual abuse*

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Abstract:

It is always a challenge to understand how street children conceptualize their lives on the streets, and which mechanisms they use to cope with a history of sexual abuse. This study aimed to begin to understand the myriad of coping strategies of street children in Ho Chi Minh City, Vietnam. Reported coping strategies differed among victims. Some mentioned the care they take when selecting friends. They asserted to choose friends who are principled and who can only have a good influence on them. Other children chose to ignore their past, saying the tragedy never happened, although they cannot seem to run away from the feelings of great confusion that their trauma continues to cause. The study was made possible thanks to the support of six young women who willingly shared with me their experiences, thoughts, and struggles over the course of our time working together.

Key words: Street children, trauma caused by sexual abuse, child sexual abuse, coping, resiliency

Résumé :

C'est toujours un défi que de comprendre comment les enfants des rues conceptualisent leurs vies dans la rue et quels sont les mécanismes qu'ils utilisent pour faire face à leur histoire d'abus sexuel. Cette étude visait à comprendre la multitude de stratégies de coping mises en place par les enfants des rues de Ho Chi Minh Ville, Vietnam. Les stratégies de coping décrites varient parmi les victimes. Certains choisissent avec soin leurs amis en décidant de se lier d'amitié avec les personnes qui pourraient avoir, sur eux, une influence positive. D'autres enfants, choisissent d'ignorer leur passé, en disant que la tragédie n'a jamais eu lieu et pourtant ils ne peuvent pas se distancier des sentiments de grande confusion que le traumatisme continue de causer. L'étude a été possible grâce à la participation de 6 jeunes femmes qui ont accepté de partager leurs expériences, pensées et lutte au cours de notre travail commun.

Mots clés : enfants des rues, traumatisme causé par des abus sexuels, abus sexuel sur enfant, coping, résilience.

INTRODUCTION

Sexual abuse among street children is a worldwide issue, challenging every institution and individual who seek to support child survivors. Vietnam is no exception. Yet there remains little to no evidence regarding effective interventions to help these young people, especially in the field of clinical psychology. Sexual abuse generates a wide range of symptoms, including fear, anxiety, post-traumatic stress disorder and various externalizing and internalizing behavioral problems, such as inappropriate sexual behaviors. Street children use a variety of strategies to cope with sexual abuse. This study aims at beginning to understand them.

Six female street children in the teenage years aged 16 to 18 participated in a series of in-depth interviews. The semi-structured questionnaire used was developed based on years working with street children across Vietnam. Our hypothesis was that there are three possible coping strategies: having sex with several partners; joining groups of peers with similar experiences of sexual abuse; and denying the reality of being sexually abused.

Several relevant books and other source materials were reviewed to better comprehend the concepts of street children, child sexual abuse, trauma, coping, and resilience. These sources came from Western countries like France, Germany, Sweden, Italy, and America and provided valuable insights into common coping mechanisms for children with a history of sexual abuse. However, some factors unique to Vietnam may influence coping strategies used by young people

here. This study, therefore, explored the context-specific coping strategies of street children in Ho Chi Minh City, Vietnam who have been victims of sexual abuse.

Goal of this study

How do street children cope with sexual abuse? This question was repeatedly raised by child-focused organizations in Vietnam in 2013 because child sexual abuse in general and sexual abuse of street children in particular in Ho Chi Minh City, reached alarming levels. One study found that 92.5% of street children (sample of 120) had been sexually abused. This finding was a great shock to those who work to support children in HCMC, as well as researchers (Hoàng Thu Trang et al., 2013). However, the issue has not received the necessary attention or intervention. The majority of street children who are sexually abused does not get recognized, supported or protected.

One challenge to a concerted response is debate over the definition of a child and the lack of a clear or common definition of sexual abuse. While Vietnam law defines children as under 16 years old, the United Nation of Convention on the Rights of the Child (CRC) defines children as under 18 years old. As a result, there is inconsistency in research and data.

A review of the literature and reports from local and international organizations and government agencies in Vietnam revealed that few studies on child sexual abuse go beyond documenting its prevalence. In particular, no studies explored the resilience of street children, and how they cope with the trauma caused by being sexually abused. Can trauma be naturally healed? Do street children have strategies to treat themselves? Have street children experienced such trauma for long periods of time, and if so, how do children live with these issues?

This study aims to answer these questions. The study findings are intended to help psychologists, psychiatrists and social workers better understand the language, thoughts, behaviors, and strategies that street children use to defend themselves, and cope with sexual abuse.

LITERATURE REVIEW**1. Street children**

The Vietnam Law of Protection, Care and Education for Children defines children as those who are under 16 years of age (amended in 2005). Street children are defined in UNICEF's report on the Situation of Children in Vietnam (2010), as:

- Children together with parents/or with father/or mother who migrated to urban cities, and are working in the street
- Children who work in the street and still live at home with their parents or guardians
- Children who have run away from home due to economic reasons and who are living and working on the street, in public areas like parks, under bridges in urban cities; these children live without parents or guardians.

In a report on street children in Ho Chi Minh City published in 2000 by Terre des hommes Foundation Lausanne (Tdh), they were defined as "those who are under 18 years of age, earning income by unusual work like begging, scavenging, street vending, goods carrying, shoe-shining, pick-pocketing, petty theft, and belonging to the categories A (including A1, A2), B, C, and D (including D1, D2)" (See Table 1 below for categories).

Although the debate continues on the definition of street children, these definitions have been generally accepted by most local and international organizations operating in Vietnam. Since the definitions were created, however, changes in the economic, social and political situation in Ho Chi Minh City have also affected the situation of street children. Today very few homeless families live on the street. Moreover, children living on the streets must stay hidden as regular “clean-up campaigns” run by authorities pick up street children and send them to state institutions. Yet there are many children still living and sleeping in the street; they cannot return home for various reasons and do not have money or needed identity documents to get shelter.

For this study street children are defined as those under 18 years of age and belonging to one of the categories below:

Table 1

Category	Definitions
A	Children who ran away from home, and/or have no family to whom they could return to
B	Children who have family/home in Ho Chi Minh City (regular/temporary shelter), but return home only to sleep or irregularly
C	Children who migrated from another province alone to earn a living, and work in “high risk work”*

High risk work includes:

- Street-based work like begging, shoe-shining, post-card/paper map/book street selling, etc. and/or
- Night time work and/or
- Sex work (including selling sex or pimping sex) and/or
- Drug trading

According to this definition, category A street children have the highest risk. These children live and work on the street without contact and/or support from family. Many of these children ran away from home due to abuse, exploitation or even sexual abuse by relatives.

2. Child sexual abuse

Child sexual abuse has been conceptualized in various terms. It was defined by UN agencies as: “the persuading or forcing of children (as determined by the legal age of majority) to engage in implicit sexual acts, alone or with another person of any age, of the same sex or the opposite sex.” (ECPAT International, 2005; Subgroup Against the Sexual Exploitation of Children, January 2005, v., page 46).

It can take different forms, such as masturbation in front of a child, touching sexual parts of the body, forcing the child to touch the adult’s body, penetration, which includes penile, digital, and object penetration of the vagina, mouth or anus, and exposing children to sexual activity or pornographic movies and photographs.” Sexual activity involving a child refers to any form of stimulation. It is generally categorized as contact sexual abuse or noncontact sexual abuse (such as exhibitionism, voyeurism or involvement in the making of pornography).

Child sexual abuse can be perpetrated within the family, known as incest, by people the child knows outside of the home (for example, friends, neighbors, or teachers), or by strangers. About one-third of sexual offenses against children are committed by adolescents known to the child, although usually not members of their family. Around one-third of perpetrators are believed to be family members (for example, fathers, brothers, or cousins). Although when we think of incestuous relationships we often think of sexual abuse of a girl by her father (mother/son incest is either infrequent or under-reported), child sexual abuse perpetrated by biological parents is relatively rare, with estimates ranging from 1.5% to 16% of sexually abused children (Macdonald et al, 2012). Older siblings may also sexually abuse their younger brother and sisters. Often, these siblings are about five years apart. The significant factors in the abuse are power and control. Sibling sexual abuse can be seen an expression of an older child’s “unmet needs”, due perhaps to family dysfunction (Subgroup Against the Sexual Exploitation of Children, 2005).

Children feel forced to comply with an abuser out of fear, guilt and confusion. Often the abuser gives or withholds rewards, such as gifts or attention. In other cases, violence or threats are used. The child is often made to feel guilty, as if he is the cause of this abuse, which can continue over a prolonged period, with the likelihood that the acts involved become increasingly more severe.

Abuse at a young age can result in longer-term vulnerability to further abuse (Subgroup Against the Sexual Exploitation of Children, 2005).

For this study the concept of child sexual abuse is an adult or an older child of any sex or age engaging a child, through contact or noncontact behaviors, in sexual activity for the purpose of their sexual pleasure.

3. Trauma caused by sexual abuse

Street children have a tendency to conceal their own history of being sexually abused. Sexual transmitted diseases (STIs) and physical injuries can be healed by medical treatment and time, but the negative impacts on children’s mental and emotional state take much longer to heal, and seriously affect their quality of life (Hoàng Thu Trang et al, 2013).

The notion of structural dependence of children and the inability to give informed consent to sexual relationships is key in sexual abuse.

While valid and reliable data are scarce, researchers suggest that psychological damage in child sexual abuse may be positively related to the following seven factors:

1. The age at onset of the abuse
2. The duration of the abuse
3. The degree of violence or threat of violence
4. The age difference between abuser and the abused child
5. How closely abuser and child are related
6. The absence of protective parental figures
7. The degree of secrecy (Tilman Furniss, 1991).

The damage to the social and emotional and development of children who are sexually abused is serious. Often, significant mental health difficulties develop. Most commonly, children experience fear, anxiety and low moods and become the focus of therapeutic interventions. It is helpful to use a developmental perspective when considering these effects as different problems manifest depending on the age of the affected child. For example, preschool children are likely to experience “anxiety, nightmares, externalizing behavior and inappropriate sexual behaviors”. School-aged children are often likely to experience “school problems, hyperactivity and night-

mares” whereas adolescents are more likely to suffer from “depression, generalized anxiety, suicidal or self-injurious behavior, or substance misuse”. Interestingly, a significant percentage of victims do not experience these difficulties just after the abuse, but later on in life (“sleep effect”) and in some cases they never present any problems (Macdonald et al, 2012, page 3).

Prolonged stress, particularly at critical times (such as infancy and adolescence), can bring about changes in the brain and brain functioning. The study of these neurological impacts is relatively new, and the specific effects of different forms of abuse as well as the positive influence of subsequent care-giving or familial/genetic factors, amongst other questions, remain the subject of investigation (Tilman Furniss, 1991).

4. Resilience of children

Literature on resilience shows that scholars do not agree on the definition of this concept. It is generally defined as “the remarkable capacity of individuals to withstand considerable hardships, to bounce back in the face of great adversity, and to go on to live relatively normal lives” (Bautista, Roldan & Garces-Bacsal, 2000, pages 4-5).

Some view resilience more as an individual trait, a personal attribute, or an inner strength. Others believe that resilience is generated by the interaction between individual and environmental factors. It can also be viewed as a process where the individual actively participates by bringing attitudes, expectations, and feelings from past interactions to new experiences (Bautista, Roldan & Garces-Bacsal, 2000).

The authors of *Surviving the Odds – Finding Hope in Abused Children’s Stories* (Violeta Bautista, Aurorita Roldan & Myra Garces-Bacsal 2000) think that children who have experienced maltreatment are not necessarily permanently scarred and incapable of healthy relationships for the rest of their lives. Often, these victims transcend their difficulties and alter the idea we have of children. We see them as naïve and innocent but they possess an ability to survive when faced with adversity, and to heal themselves. The levels of resilience vary depending upon the child and the trauma.

Boris Cyrulnik also famously spoke about this concept. For him, resilience is not just something we find inside ourselves or in the environment. It is something we find in between the two, because our individual development is always linked to our social development. (Boris Cyrulnik, 2009). Cyrulnik suggests “resilience has nothing to do with vulnerability or invulnerability (the idea has not been precisely clarified though), and is quite different from the psychoanalytic mechanism of resistance, which denies us access to the unconscious, but it may have something in common with the notion that the ego’s defenses have to be supported by something. Psychoanalytic theory has elaborated the notions of denial, dissociating, human activism, and many other defense mechanisms, but the notion of resilience places the emphasis on the ego’s ability to adapt and evolve. We can be resilient in one situation but not in another. We can be wounded one moment and victorious the next” (Boris Cyrulnik, 2009, i., pages 274 – 275).

Although the majority of sexually abused children do not go on to offend, some believe it can be associated with an increased risk of sexual offending in adulthood and that it may, like other forms of abuse, increase the risk of delinquency (Tilman Furniss, 1991).

5. Coping

The term coping has been defined in different ways; it originally means to deal with difficult situations and stress. It is an ability to respond effectively to one’s problems in an unfortunate situation. These skills can be used in daily life, oftentimes subconsciously.

wa variety of external conditions, the outside factors that affect a person’s life, or internal conditions, the psychological characteristics of a person, make it different from simple “adaptation”. Frydenberg and Lewis define 18 common coping strategies, of which some are maladaptive: 1) seeking support from society, 2) focusing on problem solving; 3) working hard and meeting goals, 4) worrying, 5) focusing on close friends, 6) looking for close relationships, 7) dreaming, 8) letting things go, 9) trying to calm down, 10) social acting, 11) ignoring, 12) self-blaming, 13) telling no one about one’s problem, 14) seeking support from religion, 15) concentrating on the positive, 16) seeking support from professionals, 17) spending on entertainment, 18) doing physical exercise (Thu H ãng, 2008, xv., pages 19-31).

The more resilient children are, the wider their array of coping strategies. Most of these strategies are constructive and do not expose them to extreme danger. Most often, they seek company from their peers and talk with counselors, relatives, and employers. They are often very careful when selecting friends. They also display more action-oriented strategies. For instance, in response to problems, these children are more likely to engage in activities like housework, studying, playing, singing, watching movies, finding something to do, and distancing themselves from their abusers.

Some coping strategies are considered more internal, such as forgiving oppressors, being good, taking things like a man, talking to oneself, thinking, praying and trying to understand people.

In contrast, less resilient children respond in ways that do not help them solve their problems and instead make them more emotionally upset. These children become hostages to their oppressors by maintaining feelings of bitterness, hurt, and anger. They also cry uncontrollably while talking about their past. The emotional pain is sometimes so strong they even faint or feel weak when questioned about their trauma (Bautista, Roldan & Garces-Bacsal, 2001).

In “Emotion & Adaptation”, Lazarus wrote that coping consists of cognitive and behavioral efforts to manage situations that exceed a person’s resources. Coping can affect the post-traumatic emotional process in two ways:

Some coping processes change the actual relationship, like when an attack or aggressive display wards off or destroys an enemy. This is called problem-focused coping as it is centered on action. Other coping processes change only the way in which the relationship is attended to (e.g. threat that one avoids perceiving or thinking about) or interpreted (e.g. a threat that is dealt with by denial or psychological distancing). These are emotion-focused or cognitive coping strategies, because they involve mainly thinking rather than acting to change the person – environment relationship. These strategies are not passive, but pertain to internal restructuring, sometimes even to the point of changing a commitment pattern that cannot be actualized. These strategies do not change the relationship itself, but rather its meaning and therefore the emotional reaction it creates (Lazarus, 1991).

Lazarus has also shown the importance of goal-oriented coping: how the persons deals with difficult situations has to do not only with “coping possibilities and how they are appraised but also on what a person wants to accomplish in the adaptive encounter”. Studying motivation is key when researching coping strategies, though its focus in research and theory is recent (Lazarus, 1991, page 115).

METHODS

The goal of this study was to identify coping strategies used by sexually abused street children in Vietnam. Three possible strategies were investigated: having many sexual partners to trivialize

sexual abuse, joining groups of peers with similar experiences so as to be better understood, and denying the reality of the abuse to keep emotions at bay.

Participants

Six female street children were selected for this study. All were teenagers between 16 to 18 years of age, had been sexually abused prior to age 16, were category A meaning that they had no family support and slept on the street, in parks, bus stations or rental rooms. All voluntarily participated in the interview process.

The study followed ethical procedures outlined in the Child Protection Policy under Save the Children International. Specifically, an ethical statement was developed prior to the interviews. Each teenager received VND 100,000 (equivalent to about 5 USD) to defray lost income during the time spent. This amount was not included in the consent form as previous studies with street children found that many children did not want it mentioned in the consent form.

Methodology

In-depth interviews were conducted using a semi-structured questionnaire. The questionnaire was developed based on the three coping hypotheses. The interview was not directive, so as to let each teenager control its progress. If necessary, especially for those who found it is difficult to initiate conversation, they were encouraged to draw a picture and start from there.

Projective testing was also used. Teenagers freely selected three out of 10 photos, and talked about their selection. The projective test allowed teenagers to freely express ideas and further explain/supplement the incomplete information during the interview. Procedures

Researchers initially found participants by meeting them where they lived on the street. If the teenager was living among an organized group/gang with a leader, it was crucial to have a talk with the leader before contacting the teenager for safety. After they gave consent and accepted to be recorded, interviews were conducted in a safe and private environment. The interview process was then explained to them: it would last a little over an hour and they could end it at any time, or refuse to answer any questions. They were also informed of confidentiality; their names would be anonymized.

During the interview, a female social worker was present to ensure the teenagers' well-being. She was experienced in working with abused children, and could also request to terminate the interview at any time.

Every teenager was provided a referral service including psycho-therapy or counseling, addresses for where to go for help, and information about street children support services, if needed.

RESULTS

Transcripts were coded to identify core concepts and themes from the interviews. To handle issues related to coding discrepancies, analysts always consulted codes defined by the interviewer. The results from the projective test were used to further explain certain aspects of the interview, or for cross checking. Notes taken during the interview were also used, such as those concerning body language.

What these teenagers shared with us somewhat confirmed previous findings/results of studies on sexual abuse. However this study is limited to primarily exploring how teenagers living in the street deal with this issue.

The study findings are divided into two parts: general findings and findings in relation to the hypotheses.

GENERAL FINDINGS:

- Release

It was extremely hard for teenagers to speak about the tragedy that took place during their childhood. The interview process evoked complex emotions from these memories. Some teenagers tended to deny they were victims of sexual abuse; however, the denial did not make sharing any easier. "Dodging" these emotions worked temporarily but the memories were quite clear in their minds. Others were well aware of what happened and had decided to NEVER tell anybody about their stories.

All those who shared with us said they felt immediate relief after the interviews, the burden had somewhat been taken away: "Too many things have been hidden. I feel joyful to let them out, the burden has been lifted from my heart" (Mây, 18)

- They are all from broken, unhappy families

All of this study respondents are from broken or unhappy families. Five of these teenagers' parents are divorced; one has parents living together, unmarried and unhappy. Most had dropped out of school by grade 6 or 7 to work and support their families or themselves. They did not have a happy childhood, and received insufficient support and care from parents. Moreover, some of them were hostile throughout the interview when talking about their own parents:

"I feel hatred to such a degree that I have no intention of seeing them even once again. I feel hatred to such a degree that I always say they are dead when somebody asks about my parents. When asked my family's name, I say 'don't know'. It means I am so upset and do not want to be their child." (Mây, 18)
They often end up on the street as a result of receiving no care and love from their family:

"There's a lot of pressure from my family, they always think of money, money, money. Feeling bored, and sad, I left home and moved to the park." (Nhâm, 18)

- They are all victims of sexual abuse

They were all sexually abused before turning 16. Below are the ages of these teens and how they were sexually abused.

a. Nhâm, 17 – raped by her brother at 10 (who was 9 years older)

b. Châu, 17 – swindled, and sold into a brothel at 15

c. Thảo, 17 – forced to sell virginity at 15

d. Mây, 18 – forced to have sex at 15

e. Trúc, 17 – swindled to have sex at 14

f. Trâm, 18 – forced to have sex at 14

- They never stop thinking about the abuse

The projective testing showed how all of these teenagers had traumatic and obsessive thoughts about their abuse. They often chose the same photos: a bride in a wedding dress and a girl with her hands clasped together. These pictures made them think about their desires to be loved and to feel dignified. The

pictures also made feelings of hopelessness arise, as they felt they would never be accepted. They said, "Only girls who are virgins would be accepted". The issue of virginity was very important to these girls, and had never left their minds since the abuse. They wished that they could get their childhood back.

- Contradictory emotions

As previously discussed, these teenagers were caught between two obsessive thoughts: thirsting for normalcy and love, like that of a wedding, and simultaneously feeling helpless and hopeless. They forced themselves to stop thinking about a happy future.

They are also torn between a profound desire for peace of mind and strong feelings of anger and guilt that torture them. Most described themselves as wounded souls in need of healing: "I go to the temple very often to look for some peace and quiet, praying to get back the innocence but it is impossible." (Thảo, 17)

- Substance use and abuse

These teenagers often turn to substance abuse. They believe it is a way to appease their unanswered questions and escape reality:

When I think too much, I get a headache and I go out for alcohol. It makes me tired and I go home to sleep. I drink alcohol very often." (Châu, 17)

I use drugs (methamphetamine) to forget things." (Thảo, 17)

- Findings concerning hypotheses:

Having sex with multiple partners helps a sexually abused child cope better with the trauma because it makes them trivialize rape or sex abuse

The participants of this study have many partners because of prostitution, but it is not a way they cope with trauma. The teenagers' ideas do not confirm the initial hypothesis neither in the interview nor the projective testing. They feel ashamed of themselves and justify this work because 'there is nothing to lose' as they are not virgins anymore.

They believe it will be impossible for them to get a safe job or a stable income, and think they are not protected in the streets unless they are part of a group or a brothel. Regardless of how long they have been selling sex, they never lose the sense of shame that they attach to prostitution, and they continually look for chances to reintegrate into 'normal society'.

Joining groups of peers with similar experiences of sexual abuse helps a sexually abused child better cope with trauma

Our findings seem to confirm this hypothesis. Indeed it is difficult for children to share their experiences but they tend to gravitate towards peers with similar histories. While it is not clear exactly how they know that their friends have also been abused in the past, this study nevertheless found being part of a peer group which has had similar experiences helps them cope better with their trauma.

Joining groups of peers is also one way that street children cope with the discrimination they face from society. Street children seem to believe that they can survive society's condemnation if they do not care – or act like they do not care – about what people think of them. Alone this is difficult, so they band together. This is a form of escapism, which street children call freedom, but, if it becomes a way of life, can be a self-destructive trap that can swallow their identity, values and sense of reality. This false bravado gives them a sense of invulnerability, and they deliberately flout society's values as a provocation.

Acceptance, friendship, and admiration from their peers are not only necessary to survive on the streets but also a relief from their constant feelings of guilt, failure, loneliness and low self-esteem. They said in the interviews that they had never spoken to their friends about their childhood, but expected they could share, if they wanted. The fact is they had never told anyone.

The taboo on sex abuse is intrinsic to Vietnamese culture, and a child victim has to reconcile two needs that are both contradictory and closely associated: the need to belong, so as to feel they have support, and the need to become autonomous, so that they can feel proud of having won their freedom. Denying the reality of being sexually abused is a coping strategy

The findings confirm this hypothesis. The main mode of denial is to say nothing about being sexually abused and to try not to understand what has happened. They also often try to persuade themselves that they instigated intercourse.

The participants in this study had a tendency to avoid talking about sex, including the sexual abuse they suffered as children. Selling sex is prohibited and negatively viewed in Vietnam. Sexual abuse is a taboo subject; any discussion concerning sexual needs and activities is not encouraged, regardless of the efforts to change this for health promotion purposes (i.e. HIV prevention, early pregnancy prevention). Consequently, exposing the secret of their past history of being sexually abused could lead to more violence, isolation, and rejection by other youths living on the streets. We must not forget that these young people live in a very insensitive environment. An exposed secret of being sexually abused could bring more harm than good, and their stories therefore tend not to be told until they are confident that help is available.

Except for the girl who was raped by her brother, five out of the six participants remained vague about their history of sexual abuse. This is a common reaction to avoid being faced with the tragedy of their past.

Some teenagers are even adamant about not being considered victims, and even suggest they played a part in the abuse. This shows how their self-worth has been shattered. The interviewees further noted that the teenagers had placed a price on the value of their virginity, which in itself is a rejection of their own value.

DISCUSSION

There are many different strategies street children use to cope with sexual abuse. This study does not have enough data to identify all of them, and therefore leaves room for further exploration of this topic. Furthermore, this study confirms that street children are extremely resilient, but there is not enough evidence to confirm which specific strategy best helps to heal these young people's trauma, or conversely, to make claims on which strategies make living with the trauma more difficult.

What is clear from the data is that street children's resiliency helps them cope with many different challenges that naturally come from living on the street. Before leaving their family, street children generally experienced many forms of abuse and neglect at an early age. By running away, they were forced to adapt to an even more hostile environment, without shelter, security or love, therefore being subjected to even greater emotional damage. When, on top of that, people regarded them as being "good for nothing", "delinquent", "lazy", or "bad", they started to believe it themselves – a belief that is continually reinforced. At the same time, they developed strong feelings of resentment, especially if they believe they have not done anything wrong.

The trauma of sexual abuse is an additional challenge in the daily lives of street children, and they have no other choice but to face these severe conditions in order to survive. Street children get trapped in a cycle of negative experiences: not only are they lacking material resources to support themselves, but they also have no access to emotional support to help them deal with current and past trauma. This burden falls hard on all street children, but particularly on those who are less resilient.

The notion of street children “locking away” their past history of sexual abuse raises several questions: how do youth compartmentalize the traumas that they face, when does this process begin, and what if there are too many bad experiences to be locked away? While this study began to understand this strategy of copying, many of these questions are still unanswered.

LIMITATIONS

- April and May are not good times for these types of interviews. Living on the street, these teenagers have been moving from place to place to avoid the clean-up campaigns organized by authorities.
- The study sample is small, and focuses on a few 16 – 18 year old girls. Therefore the data and findings of this study should be considered only for this particular group if quoted or used.
- The teenagers wanted to be interviewed in parks or anywhere near where they were staying, resulting in some disturbances. Interview location changes were necessary to protect the secret of their stories.
- There are very few relevant reference documents on child sexual abuse, especially in relation to street children in Viet Nam.

Conclusion

Based on a thorough literature review, this is the first clinical study on child sexual abuse in general, and street children in particular, in Vietnam. The study is therefore precursory, although the sample size is small. The findings of this study provide a way to begin to understand the coping mechanisms used by street children in Vietnam in order to deal with past histories of sexual abuse. Many questions remain unanswered, so further work is necessary.

Since the purpose of the study was not about the number of street children who are sexually abused, no claims can be made about the percentage of street children who ran away from sexually abusive homes. A separate study is necessary to clarify this. In addition, the types of sexual abuse – contact versus non-contact – and the prevalence of each should be further explored, in order to create adequate interventions and therapy tools that these young people so desperately need.

The child victims are in need of professional therapy. They cannot speak out about their problems due to the hostile environment in Vietnam towards victims of sexual abuse. Also, as denial is a main defense mechanism, few of them would ever seek out a therapist. Moreover, there are very few clinical therapists working on sexual abuse in Vietnam. Sexual abuse is taboo, particularly incest. There is limited understanding nationwide about the psychological element of sexual abuse, and therefore limited therapeutic resources that can be employed to deal with this issue. Increasing the number and the quality of therapists available to help children cope with sexual abuse is critical. Restructuring emotions, promoting positive values and working on dissociative behaviors are basic needs for teenagers, especially those living on the streets, who have been sexually abused.

As it was not a focus of this study, the issue of incest needs to be better explored. Being a victim of incest has ramifications for the rest of the child’s life, particularly concerning the way they conceptualize themselves and their familial relationships. The child becomes confused about his or her position within the family. The child’s perception toward the generations of her family is chaotic, and leads to extreme difficulties building future relationships.

And lastly, there is a great need for further clinical studies in Viet Nam on sexual abuse, which can be a part of the country’s growing area of work on clinical therapy. Other studies, if

possible, should seek to understand more about other coping strategies street children use. This could increase the effectiveness of the help provided to street children who have been sexually abused. In addition, studies should be conducted with other child victims – those who are not living on the streets – in order to better understand children’s defense mechanisms at different ages, whatever their gender.

I hope that the study will bring about new initiatives to help child survivors, and will foster a supportive environment that enables more young people to feel comfortable sharing their stories. Coming to terms with their past is an important first step in their healing process.

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