

# Factors Associated with Child Sexual Abuse in Vietnam: A Qualitative Study

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**Abstract** Child sexual abuse (CSA) is one of the most widespread incidents which was reported over the world. This paper aims to explore perceptions of causes, forms, myths, context and perpetrators of CSA in Bac Kan, Vietnam. 15 in-depth interviews were conducted among adults including local authorities, parents, teachers, and neighbors of the victims to find out factors related to CSA and solutions to address this issue. Basing on that results, we suggest social work interventions and measures to prevent and tackle CSA.

**Keywords:** *child sexual abuse, Vietnam, social work, children, qualitative study*

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## 1. Introduction

Child sexual abuse (CSA) is an occurrence that exists worldwide. According to the World Health Organization (WHO), "it is estimated that 150 million girls and boys under the age of 18 have experienced CSA" [1]. CSA is also considered as a serious and sensitive issue in many Asian countries including Vietnam. Therefore, CSA is extremely difficult to research and yet few studies document incidence or prevalence rates and perceptions on CSA in Vietnam. The article will reveal the perceptions of CSA in Vietnam such as the definition, perpetrators, causes and risk factors of CSA. The consequences and effects of child sexual abuse will also be highlighted.

CSA is understood as the involvement of a "child in sexual activities for which the child is developmentally unprepared and cannot give knowledgeable consent" [2]. CSA performed by someone with power over the child and this activity includes physical, verbal and emotional violence. CSA is considered as rape, sexual assault, sexual harassment, incest and sexual molestation [2]. There are four categories of CSA including "non-contact abuse (inappropriate sexual solicitation, indecent exposure); contact abuse (touching/fondling, kissing); forced intercourse (oral, vaginal, anal, attempted); and mixed sexual abuse (when different types of abuse had been inquired but only one prevalence rate was reported or the type of abuse not specified)" [3].

Many investigations showed that CSA is highly prevalent worldwide. Globally, it is estimated that between 14% and 25% of girls have been experienced CSA varies between 2% and 62% [4]. CSA has been identified in several African, Asian countries. In Tanzania, 6.9% of girls and 2.9% of boys under the age of 18 were

victims of CSA. According to the reports, the most common type of childhood sexual violence was unwanted touching, unwanted sexual intercourse [2]. In Jordan, 2 to 7 children out of every 100 are sexually abused by family members, teachers, and educational administrators. Additionally, 53.9% of 1400 Jordanian university students were exposed to sexual abuse during their childhood [5]. According to a survey of 3,26 students in four Chinese provinces, 16.7% female students and 10.5% of male ones experienced unwanted sexual experience before the age of 16 years. Sexual penetration was just 1% as reported [6]. In Malaysia, a study on student nurses and trainee medical assistants at the Ipoh School of Nursing and Hospital Bahagia Medical Assistant Training School showed that 2.1% of males and 8.3% of females among them experienced sexual abuse in childhood. The earliest age of CSA in the study was under 10 years. The perpetrators were known as relatives and family friends. These results indicated the prevalence of CSA in Malaysia [7]. A cross-sectional survey was conducted in Taiwan found that 2.5% of rural adolescents having experienced sexual abuse in their childhood [4].

Although CSA is more common in girls than boys, CSA incidents affect girls and boys similarly.

CSA has unpleasant effects related to an array of outcomes in their adulthood [8]. Researchers found that CSA led fears, worse psychological wellness, teenage pregnancy, posttraumatic stress disorder, behavior problems and poor self-esteem to children [9]. Another study in Henan province, China also found that CSA associated with adolescent girls' sadness, suicidality, and risk behaviors. [10]

Other studies explored the relationship between poverty, family environment, and CSA. Family factors such as marital discord, family decline, addictions or lack of sleeping spaces or an increased number of people living in

the home are associated with an increasing CSA case. Ezekiel and colleagues indicated that overcrowded living spaces and night social activities leading to the occurrence of CSA in Tanzania [2]. In China, Jing Qi Chen and other authors found that the parent's knowledge of CSA perpetrators, victims, and consequences associated with the rate of CSA incidents [11]. Similarly, Gurung and Bahattarai (2015) indicated that there is a significant relationship between parents' knowledge of CSA and the proportion CSA in Nepal [12]. Other factors were mentioned including the parent-children and other members' relationship in a nontraditional family type, children's poorer psychological well-being, teenage pregnancy [8]. In Jamaica, the context of CSA also included the cultural characteristics, legislation system, government's willingness and public health agencies, educators and school [13]. In Zimbabwe, poverty has become a cause of CSA. Many old men are known as "sugar daddies" and old women known as "sugar mummies" have sexually abused children in exchange for money [14]. Poverty is a risk or negative factor, and that family pressure contributes to early marriage, child trafficking, and rape which include CSA [15].

Several works of literature also indicated that CSA victims are most generally sexually abused by a male. The drivers of CSA perpetrators also related to "poor housing, unemployment, famine, war, divorce, separation, and physical or mental illnesses" [15]. Others have a relationship with CSA that has been found including substance abuse and stress in intellectual achievement [16]. The available studies on CSA confirm the high popularity of CSA and many child sexual abusers are known as a family member or closely related to victims [17].

Having collective information relating to physical and sexual abuse are challenges to researchers because they are hidden activities especially in Asian countries including Vietnam. Therefore, perceptions on types of CSA, the context of CSA, kind of perpetrators and extent of this problem has not been explored in depth.

This paper aims to fill in this knowledge gap by exploring factors, forms, the context of child sex abuse and the perpetrators in rural areas (Bac Kan) with a specific focus on children in secondary school. The purpose of this cross-sectional survey is to examine perceptions of CSA of people living in the rural areas of Vietnam. Therefore, its influence on the experiences of the child and sexual abuse living in rural Vietnam. The paper then recommends that this social problem should be on the agenda of the social work profession in Vietnam and the roles of social workers to prevent and tackle this problem.

## 2. Content

### 2.1. Methods

#### *Study area and design*

Besides reviewing medical and police reports of CSA incidents in the local community, researchers designed an interview schedule consisting of closed and open-ended questions. And the survey was conducted in Bac Kan, Vietnam.

#### *Study participants*

Participants included local authorities (social officer, health officer), parents and teachers of CSA victims. The number of in-depth interviews is 15. And we just present the qualitative findings from the survey.

#### *Data collection*

Interviewees were asked if they want to participate or not. Participants who agreed to participate in the survey were informed on the aims of the survey following which verbal and written consent were obtained. Obviously, participants were told that they were not obliged to answer any question if they felt uncomfortable could stop any time. Because CSA is a sensitive issue so the place of conducting interviews as confidential without being heard by other people and no one could hear or interfere. They were also informed that their answers were anonymous and would remain confidential to researchers. Lastly, they were told that the interviews will be written and audiotaped by a researcher. Before each interview, informed consent was solicited before each interview.

#### *Data analysis*

There were 04 main themes of manually transcribed data analyzed

- i) CSA definition, causes, and myths;
- ii) Risk factors of CSA;
- iii) Context and perpetrators of CSA;
- iv) Recommended solutions to tackle this issue.

#### *Ethical considerations:*

Faculty of Social Work, Hanoi National University of Education gave permission to conduct the research.

## 2.2. Results

#### *CSA definition, causes, and myths*

The study revealed that the majority of respondents were generally knowledgeable about CSA when they understood CSA as the purposeful mistreatment of children. CSA is determined as involving in any sexual performance act with a child. It can be sexual perception or behave that are sexually indicative, such as improper kissing or/and touching. For example, provoking or obliging a child to engage in any sexual acts, even using a child in pornography or as a prostitute.

One respondent said that "*child sexual abuse is an activity of forcing a child under 16 years old to take part in sexual activities. The activities may be the rape or oral sex, kissing, rubbing and touching outside of clothing*" (local social officer). While two-thirds of respondents did not think that non-contact abuse is one kind of CSA.

All respondents also agreed that CSA would impact negatively on a child's life physically, psychologically, and socially.

A respondent said "*the child who experienced CSA would have low self-esteem and loss of confidence. CSA affects their general emotional wellbeing and reduces the child's ability to form and/or maintain positive relationships*" (health officer).

Another explained more "*In response to the abuse children have experienced they even express several externalizing behaviors, for example, aggression or anger, lying, stealing, cruelty to animals or even self-destructive behavior*" (teacher)

The research results revealed that there are gender differences for the reported prevalence of CSA victims in local communes. Girls were more likely than boys to have their sexual abuse. The number of female victims is higher than males and it was also true globally [3].

In term of CSA's drivers, they were viewed as filling sexual needs, commercial or financial purposes of perpetrators. One respondent said *"Perpetrators abused children due to different drivers mostly cruelty and most perpetrators who sexually abuse children were men"* (community leader)

Most respondents also described the causes of CSA as a lack of parental guidance, lack of coping skills, individual weaknesses and/or lack of humanity. Some of the respondents shared that they *"saw more and more public cases of CSA recently on media. That happened because our society is lacking humanity and the child did not teach the skills to scope in sexual abuse"* (local officer).

The respondents said that parents' perceptions, lack of information and attitude also impact their understandings and actions to prevent CSA with their children and protect them from CSA in the local community. A respondent said: *"lack of parental monitoring and guidance were likely a cause for children being sexually abused"* (parent).

Most parents considered CSA as a rare event and their children could hardly be sexually abused and that there is no need to provide them skills to face with CSA. And in the case their children were abused, they decided to keep it in secret and rarely shared to others. *"With the case of an abused 14 years-old student, the perpetrator was her neighbor and threaten the family if they shared with others and half of the parents did not know that children most often are sexually abused by familiar people"* (teacher).

#### **CSA risk factors**

CSA risk factors are divided into several factors from family environment, parents, life events and child's physical and mental health. Participants felt that CSA could be a result of some children from poor families admiring good things that they cannot afford. And this situation led to the occurrence of sexual abuse.

The results indicated that children whose families had the poor function, parents drank habitually, and family members had frequent conflicts were more likely to experience childhood sexual and physical abuse. Poor family, substance abused parents are risky factors of CSA. When parents went out for many reasons as for drinking alcohol or earning money, it was observed that child abuse mostly occur at their homes or neighbor's house and often at night.

A respondent said: *"Yes! Parents leave children alone at home or let them to the neighbor houses. This situation offers opportunities for the perpetrator to abuse children"* (neighbor).

Some participants mentioned excessive alcohol consumption as one of the reasons. A respondent said: *"CSA is caused by moral degradation and lack of vigilance. For example, the victims admire good things from men and this led to CSA"* (teacher).

Respondents also mentioned a relationship between poverty like forcing children to leave the home for work to earn money which takes off protective factors and increase risk factors for experiencing CSA.

Poverty is one factor that provides context for CSA however, sexual abuse occurs in families of all socioeconomic statuses not only the poor families. One thing mentioned by respondents during interviews is lacking sleeping space within the house. The adults and children sharing the same room which drives adults into sexually exploiting children. Poverty causes children to share rooms with adults and sometimes it is commonly when children share a room with an older brother or uncle, or with the housemaid which led to the CSA. *Sharing of sleeping places for children and adults to myself is really problematic.... However, in fact, families have to do this due to poverty and lack of adequate housing. And in this context that CSA occurred* (parent).

Other risk factors found in the interviews are attractive clothing is worn by young girls is or attractive things or places to children. The place where children can freely access entertainment, watching movies or having or recreational activities including. Therefore, a lack of parental monitoring and guidance were also mentioned as the other risk for their CSA. *Unsupervised children need to be overcome before an incident of sexual abuse can occur* (teacher).

#### **Perpetrators, context and forms of CSA;**

Most participants thought that perpetrators of CSA were mainly men and they are both nonrelative acquaintances, such as a friend of the family, babysitter, or neighbor and relatives of the child, such as fathers, uncles, or cousins. Some respondents thought that most perpetrators were people known and trusted by abused children. Perpetrators were family members or caregivers who are known to the child. Strangers also are perpetrators in some CSA cases.

Men are found to be perpetrators in most cases, regardless of whether the victim is a boy or a girl. In reality, although men are primarily responsible for sexually abusing children, women are also guilty of sexually abusing children.

The respondents did not have an idea on precise characteristics of child sexual abusers, however, they agreed with the statement that sexual offenders of children were more likely to have a history of abuse (physical or sexual), poorer family functioning, harsher discipline, and poorer attachment or bonding. *"The perpetrators are of different backgrounds and they just showed an amount of money to receive the child's agreement to have sex with them. There are those whose intention is just to hurt the girls' mothers or families because they did something wrong to them. I think all these are cruelty..."* (local social officer)

Most respondents pointed out that victims of CSA were mostly girls. And the common forms of CSA reported are vaginal and anal sex. Others forms of CSA include kissing and touching. The case of incest also happened in the local community as respondents said. This is one kind of sexual intercourse between persons too closely and the perpetrator is the father. In reality, CSA cases were underreported in official or legal documents of the responsible authorities. There are several reasons for not reporting CSA information such as the weakness of law enforcement and implementation of administrative structures. Some cases of CSA were reported to local police however, others were kept secret in the families or

addressed by themselves. Most of them thought that if they report the case to relevant authorities, it would cause the dilemma. Especially, when these incidents occur among close family members. Meanwhile, the family is flooded with untold suffering and shame. Such difficulties are the following: the father (if he is the perpetrator) might lose his job because he would be sentenced. Therefore, the whole family will endure financial throwback and might lead to a financial crisis and poverty. As a result, other children might leave school. The family will feel ashamed of what has happened by local residents and neighbors. The feeling of guilt will affect negatively to the victim's behavior and the victim might also experience feelings of guilt and blame because he or she would have testified against someone whom he or she loves.

*I told you one CSA case which the perpetrator is the child's rich uncle. The perpetrator then threatened, tried to bribe the family's victim to avoid arrest. The parents also had a fear that he may go to jail so they decided not to report the incident (neighbor)*

The case of incest also happened in the local community as respondents said. This is one kind of sexual intercourse between persons too closely and the perpetrator is the father. It can be difficult for victims by the reactions of parents, siblings and other important people in the family. For example, family's members of the victim might find fault with the child, not the abuser, either because they trust the perpetrator's denials or simply because of what financial benefits that abuser has brought to the family. And even when the child told their mother she will not know if her mother believes her or not. And if nothing can stop, she can lose belief and trust in both parents. *Additionally, the lack of knowledge of children rights also discourages them to share (teacher).* Most people do not know that if a person undertakes CSA, she/he might be punished for thirty years or life imprisonment.

The finding also exposed imperfection in managing men drinking alcohol in social and cultural activities notably in rural areas such as weddings, funerals, local festivals. Some participants viewed that inadequacy enforcement or monitoring of duration and timing of such social events also led to CSA incidents.

#### **Recommended solutions to tackle CSA**

Generally, the study participants recommended actions/strategies to address CSA including community education about the necessity of identifying and reporting cases of CSA. Besides, the Vietnamese government authorities should enforce child protection laws and establish social work services to support CSA victims.

Besides strengthening the policy system for tackling CSA cases, respondents agreed that CSA prevention programs should be offered in schools. Because there are less public health nurses, official social service workers in rural areas have chances to work with children. Therefore, school teachers may have roles in preventing and identifying the occurrences of CSA in rural areas.

*"I am willing to let my own children learn about CSA in school. The child will learn this knowledge and know the coping ways to prevent CSA"* (victim's parents). Although some parents had a different statement *"I am afraid that children will know too much about sex in CSA prevention education"* (victim's parents). However, they

finally agree that they need more support in schools. Under the opinion of a local community leader, they thought that it will be necessary if developing the social work profession.

In Vietnam, the social work profession has a role in improving the social functioning of disadvantaged individuals, groups and communities. Social workers provide social work intervention to safeguard and promote children well-being. In order to deal with these problems, the social worker must be qualified and trained. And social workers need to coordinate a range of community services such as medical and legal services and advocacy for clients. For example, social workers will advocate for children's voices and develop a treatment plan to help CSA victims; counsel to lessen the serious behavioral and emotional disorders; provide a safe release of feelings.

*"I think that together with strengthening the policy system, we really need improving the role of the qualified social worker to support CSA victim. They have skills and knowledge in preventing, providing treatment to CSA incidents"* (Local community leader)

#### **Discussion on the role of social workers in preventing and addressing CSA**

The role of social workers first appeared in providing prevention programs and activities. Along with police officers and nurses, teachers and social workers should provide school-based and community-based education programs about CSA, why it occurs, and what are measures to eradicate it. The materials related to CSA not only in printed ones but also in media to improve students' and local residents' awareness on this issue. Students and community members should be stimulated to report any systems and cases of CSA and asking for support from a social worker. In school-based education programs, students are also equipped with necessary CSA coping skills.

There are other therapies that social workers can use to tackle CSA:

First is *play therapy*. This kind of therapy can be widely applied with young students in school when it provides a natural attractive way for students to show themselves. Additionally, play therapy includes different techniques such as art, drama, and other expressive modes. When handling the problem of CSA, play therapy is one effective activity.

Second is *bibliotherapy*. This kind of therapy using selected books carefully as a tool of the individual treatment process. The advantage of this therapy is offering several real and attractive stories for students to explore their strengths and tend to positive behavior and thinking.

Third is *group therapy*. This kind of therapy lets children face and overcome CSA experiences with a group of peers coping with the same issues. Because CSA victim feels lonely so group activities are powerful in the healing process. In a group, they can share experience and listen to others and this can lessen the isolation.

Four is *family intervention*. The most important component in the healing processes of CSA victim is their family. A social worker will help family members determine clear roles and boundaries, determine inappropriate sexual behavior, and make clear the duties of every family members thus they can maintain within acceptable boundaries. Moreover, through family

intervention, social workers will promote the equality of marriages, encourages parents to take care of their children, improve communication, prevent risk CSA behavior in the family. Additionally, the family will know more resources to support them when they meet financial and emotional difficulties with the role of connection of social workers.

### 3. Conclusion

This study revealed that participants' perception related to CSA mostly knowledgeable. They identified their understanding of CSA definition, risk factors, contact and perpetrators of CSA and recommend some measures to reduce CSA incidents. This survey concludes that CSA exists in rural areas in Vietnam and there are several risky of CSA such as poverty, lack of parental education, alcohol, and misunderstanding on the nature of CSA. Many CSA cases were not written on the official report of the local commune because of various obstacles. Along with the solution of improving the legal system, the findings also found that it is necessary to have further professional activities to prevent and address this issue. We suggest for improving the social work profession in addressing the root causes and different contexts in which CSA happens. Increased awareness of children, family, and community should go hand in hand with measures to strengthening the legal framework and improving the knowledge of relevant authorities about CSA in rural areas in Vietnam.

However, there are some limitations existing in this study which should be considered. Firstly, we have no measure to validate the information given by the participants in the survey. The further examination needs to be done to check the reliability and validity of the questions used in this survey. Otherwise, some factors that might impact or influence sexual abuse were not collected such as children who have behavioral problems, parents' history of being abused, and support from local social-community systems.

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