

Bridging Lives Across Borders

An International Social Work Experience with
Vulnerable Children in Vietnam

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Abstract

Globalization underscores the need for social work education to prepare practitioners for ethical and culturally responsive practice in diverse international contexts. International experiential field education offers a critical pathway for developing global competence and cultural humility. This paper explores a four-week international social work field experience in Vietnam undertaken by Master of Social Work students and a faculty member in summer 2025.

Situated within Vietnam's historical and social welfare context, the study draws on interdisciplinary literature addressing trauma-informed care, HIV-related stigma, disability inclusion, and the role of faith-based and nonprofit organizations. Using descriptive program analysis and selected case narratives from three community-based organizations: a street-children education program, a residential shelter for HIV-affected mothers and children, and a special education school for children with disabilities. The paper illustrates how non-state actors address service gaps within a politically constrained environment. Findings highlight relational support, leadership engagement, voluntariness, and organizational capacity as key mechanisms of impact. The implications for global social work education and international experiential learning are examined.

Keywords: Global Social Education. International Field Education. Vietnam's Welfare System. Marginalized Children. Faith-Based Organizations.

Introduction

Globalization is supported by the economic policies of industrialized countries, specifically deregulation, privatization, and international economic ideology. Globalization policies affect U.S. population demographics, as the foreign-born population is projected to increase to 72 million (18%) of the total U.S. population by 2050. As the diversity of the U.S. population increases, social work educators must prepare students to negotiate a changing landscape in which Glocal (global and local) forces intersect in multifaceted ways. Global social work experience will be important in preparing students to practice with an understanding of global interconnectedness as a central aspect of their Global and Domestic practice. In order to address the social problems and issues of the 21st century, it is imperative that social workers have an appreciation of the international perspective, an understanding of global events and influences, and a sense of how global and local events affect populations (the individuals, families, groups, and organizations) and cultures. With international social work education identifying global engagement as a critical “pillar of learning,”

infusing a Glocal (global & local) perspective can serve as a powerful mechanism to advance social work education and significantly impact the future employment and professional development of our social work students.

The Purpose of International Field Experience

In 2017, a local university's MSW program established a private grant: the Global Social Work Education and International Field Education for MSW students and an MSW faculty. The MSW students and the MSW faculty have participated in 4 weeks of international field experiences in Kenya, Romania, South Korea, and Vietnam since 2017 through this grant. The purpose of the global social work education and international field experience trip are: 1) to enable MSW students and an MSW faculty to understand global interconnectedness as a central aspect of education and give them an appreciation of the international perspective, an understanding of global events and influences, 2) to provide opportunities with diverse client systems to promote the intersectionality of cultures, 3) to provide opportunities to experience a variety of ways social work is performed in the USA and compare to other nation's social work policy and practice and, 4) to increase the student's ability to think and to practice globally and to become more aware of global policies and practices.

In Summer 2025, four MSW students and an MSW faculty member traveled to Vietnam for a four-week international experiential learning field experience. This paper presents:(1) an overview of the historical and political context of Vietnam's social welfare system; 2) MSW students' experience engaging with vulnerable children in Vietnam across three different programs including selected case studies from each site; 3) a discussion of the lessons students learned through the international field experience; and 4) an exploration of the meaning of global social work practice and global connectedness.

Literature Review

Trauma, Inequality, and the Marginalization of Youth

Trauma and marginalization pose significant challenges for youth, who often engage with faith-based institutions due to their accessibility, relational depth, and cultural relevance. Crosby et al. (2021) studies provide an empirical examination of trauma-informed care (TIC) implementation within children's ministry programs. Their qualitative descriptive design reveals ongoing misinterpretations of trauma-exposed youths' behavioral expressions. Volunteers often perceive hyperactivity, withdrawal, or emotional dysregulation as intentional misbehavior rather than trauma symptoms. By adopting TIC frameworks, based on ecological systems theory and attachment-informed relational principles, ministries that invested in structured training observed substantial changes in adult responses, emphasizing predictable routines, emotional safety, attunement, and empathy.

This alignment of faith settings with trauma science shows that congregations can become regulatory social environments that buffer the effects of adversity when supported by evidence-based training and mental health collaboration. Ferguson et al. (2007) qualitative study of homeless youth programs identified spirituality, mentorship, and communal belonging as key mediators of

positive psychosocial outcomes. The authors argue that faith-based programs foster social capital, including trusting intergenerational relationships, moral guidance, and identity-oriented rituals that enhance youths' agency and coping skills. Importantly, their findings emphasize voluntariness as a core ethical principle: spiritual programming has positive effects only when youth freely choose to participate; coercive or doctrinally prescriptive environments weaken trust, autonomy, and developmental engagement.

By integrating social capital theory with empowerment frameworks, Ferguson et al. (2007) demonstrate that relational depth, not just religious content, shapes youth development within faith-based organizations. Wagman et al. (2025) studies addressed how faith-based systems function as protective or risk-mediating environments for youth experiencing marginalization. Wagman et al. (2025) studies emphasize the importance of inclusive participatory methods for marginalized children. Their analysis recognizes that community partnerships with faith-based organizations can improve youth engagement, especially where churches serve as trusted, accessible spaces for advisory boards, focus groups, and co-design processes. Their work supports the principles reported by Crosby et al., that relationship building, trauma-informed facilitation, and cultural safety determine whether youth participation is meaningful or tokenistic.

Additionally, Li et al. (2015) examine an applied form of faith-based youth engagement by studying congregational efforts to address adolescent relationship abuse. Their findings reveal that faith leaders see congregations as morally grounded, relationally close spaces where youth are more likely to share; however, leaders often lack training to navigate sensitive conversations about sexuality, consent, and safety. Faith-based organizations therefore represent environments with potential support but need targeted capacity-building to ensure that moral messages do not unintentionally reinforce silence or self-blame among vulnerable youth.

While trauma-informed and relational approaches are critical for supporting youth affected by poverty, homelessness, and family instability, marginalization also operates through health-related stigma that profoundly shapes children's access to care, education, and social belonging. For children and families affected by HIV/AIDS, stigma functions as both a structural and relational barrier, influencing disclosure, treatment engagement, and social inclusion. Faith-based and nonprofit organizations have emerged as key actors in addressing these challenges, often serving as trusted intermediaries between vulnerable populations and formal health systems.

Diverse Perspectives on HIV/AIDS Populations

Faith-based and nonprofit responses to HIV/AIDS share a similar tension between protective potential and doctrinal or structural limits. Rosenthal et al. (2023) mixed-methods national study report that faith leaders often serve as opinion leaders in their communities. The diffusion of innovations framework indicates that a leader's openness is a key factor in whether congregations adopt health-promoting practices. While many leaders support HIV education framed around compassion, service, or community care, there remains notable discomfort discussing issues. The health belief model explains these reactions by showing that leaders' perceptions of susceptibility, severity, and normative beliefs influence their willingness to deliver accurate HIV information. Leaders with prior experience in public health partnerships or health ministries tend to be more

confident and less stigmatizing, suggesting that training and collaboration help faith-based organizations become more prepared.

In the Southern United States, where HIV rates are disproportionately high and religious involvement is deeply rooted, faith-based stigma reduction is especially important. Pichon et al. (2023) present strong evidence that structured, faith-led programs using co-developed curricula can significantly reduce HIV stigma and increase community engagement. Their mixed-methods approach shows that congregants absorb HIV messages more effectively when content is theologically integrated, culturally relevant, and delivered by trusted clergy. Their findings mirror those of Coleman et al. (2016), who identify social factors, including racialized moral norms, poverty, and limited health literacy, as causes of stigma within African American congregations. Coleman et al (2016) argue that leadership advocacy, ongoing health ministries, and partnerships with public health agencies are essential structural elements for long-term stigma reduction.

Derose et al. (2011) further demonstrate how congregations promote HIV engagement through testing, education, and psychosocial support. Their case study highlights the logistics, relational infrastructures, and narrative strategies necessary for successful programs, including testimonial storytelling and pastoral framing of HIV as a communal rather than individual issue. Lindley et al. (2010) provide survey-based evidence from rural South Carolina that congregants' HIV knowledge remains inconsistent and that stigma persists, but pastoral modeling strongly influences acceptance. Collectively, these studies highlight a key insight: faith communities can be transformative, healthy environments, but their impact depends on knowledge, leadership, cultural sensitivity, and openness to collaboration.

Although HIV-related stigma poses acute challenges tied to health status and moral judgment, children with disabilities face parallel forms of exclusion that extend across education, community participation, and family life. Like HIV-affected populations, children with disabilities are often marginalized not solely because of their impairments but also because of social attitudes, environmental barriers, and limited institutional capacity. Faith-based and nonprofit organizations frequently play a central role in addressing these gaps, particularly in contexts where inclusive public systems remain underdeveloped.

Closing Gaps Through Inclusion and Belonging for Children with Disabilities

Children and youth with disabilities are another group for whom faith-based and nonprofit organizations play an influential yet inconsistent role. Carter (2020) synthesizes a decade of research to outline ten dimensions of belonging that reflect the complexity of inclusion, presence, invitation, welcome, known-ness, acceptance, supported participation, friendship, valued roles, dignity, and love. These dimensions challenge congregations to move beyond simple physical accessibility toward systemic, relational, and cultural change. Carter's framework aligns with developmental and ecological theories that emphasize how environmental factors shape participation and identity.

Sullivan and Aramini (2019) extend this work by linking positive youth development (PYD) concepts to the experiences of autistic youth in religious settings. They identify conflicts between sensory needs and congregational expectations of silence, stillness, or reverence. However, when congregations implement sensory-aware adjustments, visual schedules, or flexible participation norms, autistic youth gain access to PYD benefits, including competence, connection, and character growth. In addition, McWhirter and McIntyre's (2022) study offers quantitative evidence that the emotional environment of congregations affects parental well-being. Their results show that perceived community support, feeling known, valued, and practically helped, is a better predictor of caregiver mental health than simply attending regularly. Parents who face judgment or exclusion report much higher distress, underscoring the negative impact of religious environments that equate disability with moral or spiritual shortcomings.

Cross-Cutting Mechanisms

Across these domains, several overarching mechanisms and conceptual patterns emerge.

First, relational support consistently serves as a key mechanism of change. Whether addressing trauma, homelessness, HIV, or disability, FBOs/NPOs foster unique relational configurations, such as spiritual mentors, pastoral figures, and intergenerational networks, that serve as vital developmental resources.

Second, leadership involvement influences organizational culture and program success more than program content alone. Empirical studies repeatedly show that clergy and religious modeling and support predict reductions in stigma, increased participation, and better psychosocial outcomes.

Third, voluntariness and autonomy are crucial ethical principles. Faith-based programs that enforce doctrinal expectations risk undermining the relational safety they intend to build.

Fourth, organizational capacity, including training, partnerships, and resource stability, determines whether faith-based programs perpetuate stigma or help reduce it.

Fifth, cross-sector collaboration enhances both effectiveness and ethical standards. Initiatives such as health ministries, trauma informed training, collaborative HIV interventions, and disability partnerships establish frameworks that enable faith-based organization and Non-profit organizations to integrate scientific knowledge with cultural and theological relevance.

While these cross-cutting mechanisms are well documented in the literature, much of the existing research is situated in Western or relatively autonomous civil society contexts. Less attention has been given to how these dynamics operate in politically constrained environments, where faith-based and nonprofit organizations must balance service provision with regulatory compliance and limited advocacy space. Understanding how these mechanisms function under such conditions is essential to advancing global social work practice. This gap provides the foundation for examining

international field experiences in Vietnam, where faith-based and nonprofit organizations play a critical role in supporting vulnerable children amid structural and political constraints.

Synthesis

Collectively, the literature shows that faith-based and nonprofit organizations play a significant role in supporting marginalized youth across domains of trauma, HIV/AIDS, and disability. Across diverse contexts, relational support, leadership engagement, voluntariness, and organizational capacity consistently emerge as key mechanisms shaping whether these organizations serve as protective environments or inadvertently reproduce stigma and exclusion. When aligned with evidence-based, trauma-informed, and inclusive practices, faith-based and nonprofit settings can foster belonging, resilience, and access to otherwise unavailable resources for vulnerable children and families. However, much of the existing research focuses on Western or democratic contexts, where civil society operates with greater autonomy and institutional support. Far less is known about how these mechanisms function in politically constrained environments, where nonprofit and faith-based organizations must navigate state regulation, limited funding, and restricted advocacy space. In such settings, organizations often balance cooperation with subtle forms of adaptation to sustain services for populations underserved by public systems.

Guided by this literature, the present paper examines international social work field experiences in Vietnam as an applied lens for exploring how faith-based and nonprofit organizations support vulnerable children in practice. Through program descriptions and selected case narratives from three community-based settings, this study illustrates how the mechanisms identified in prior research manifest in a constrained global context and how experiential learning deepens social work students' understanding of global interconnectedness, cultural humility, and ethical practice.

Historical and Policy Context of Vietnam's Social Welfare System

Early work on Vietnam's social protection emphasizes that, prior to socialist state-building, welfare was largely informal and localized. Families, village communities, and religious institutions provided much of the support for the poor, with only limited formal schemes for a narrow group of colonial civil servants and urban employees (Giang, 2010, p. 295). Studies of colonial legislation suggest that French social security measures, where they existed, were highly stratified and reinforced rather than reduced social inequality. The founding of the Democratic Republic of Vietnam (DRV) in 1945 marks the beginning of a distinct socialist welfare trajectory.

Legal-historical analyses by Vietnam Law Magazine show that, from the late 1940s, the DRV prioritized "social preference" for war invalids, martyrs' families, soldiers, and others who contributed to the revolutionary cause, embedding these categories in early decrees and ordinances (Vietnam Law & Legal Forum, 2010). This early focus on "people with meritorious services" introduced a strong moral-political logic into social welfare where benefits were framed not only as need-based but as recognition of sacrifice for the nation. During the socialist construction period in the North (1954–1975), and after reunification (1975–1986), social welfare developed in close connection with the centrally planned economy.

Giang (2010) describes a state-socialist model in which social insurance, housing, and consumption were tied to employment in state enterprises and cooperatives, complemented by rationing and price subsidies. At the same time, preferential regimes for “meritorious” groups were expanded and institutionalized. Legal texts and policy analyses agree that these wartime-origin programs became a permanent and politically salient component of social security.

By the early 1980s, economic stagnation and fiscal constraints exposed the limits of this universalistic yet enterprise-based system. The literature generally agrees that the combination of soft budget constraints, generalized subsidies, and demographic pressures made large parts of the socialist welfare architecture unsustainable, thereby setting the stage for the Đổi Mới (“Renovation/Renewal”) reforms.

The development of Vietnam’s contemporary nonprofit sector must be understood within the constraints of an authoritarian political system. While the Đổi Mới reforms of 1986 allowed the gradual growth of civil society, organizations still operate within a system that tightly regulates registration, advocacy, and foreign funding. Studies show that NGOs must navigate a political environment that is neither purely repressive nor fully permissive, but rather one in which organizations operate “between cooperation and contestation” (Vu, 2019).

Vu’s analysis demonstrates that NGOs survive and influence policy by aligning their goals with state priorities while subtly expanding spaces for community participation and social support. This dynamic is central to understanding how nonprofits and faith-based organizations serving vulnerable children maintain legitimacy and operational space. Vietnam’s early ratification of the Convention on the Rights of the Child and subsequent welfare reforms created openings for non-state actors to support “children in special circumstances” (Research Center for Inclusion, 2024).

The state acknowledges the contributions of religious organizations, which now operate over one hundred social and charitable centers, including schools, disability centers, and shelters (U.S. Department of State, 2023). In HIV/AIDS policy, community-based and faith-based groups have become vital in addressing stigma, providing care, and sustaining treatment adherence, especially as international funding declines (UNAIDS, 2022). In disability services, nonprofit and Catholic institutions often fill gaps in inclusive education and therapeutic support that public schools are not yet equipped to provide (Le, 2024).

Since the Đổi Mới reforms of 1986, Vietnam has undergone rapid economic and social transformation, reshaping both the structure of poverty and the state’s approach to social welfare. As in many low- and middle-income countries, formal state systems have expanded, yet gaps remain particularly visible for groups of marginalized children such as street-connected youth, children affected by HIV/AIDS, and children with disabilities. Nonprofit organizations and faith-based organizations (FBOs) have increasingly taken on critical roles in filling these service gaps,

operating within Vietnam's constrained but gradually expanding civil society space. Studies by the World Bank, UNICEF (2024), and local researchers consistently emphasize that community-based organizations provide essential outreach, psychosocial support, education, and rehabilitation services that the public sector does not fully meet.

MSW students and an MSW faculty member participated in field experiences at Friends for Street Children (FFSC), Mai Tam Shelter: House of Hope, and Thanh Tâm Special School during the summer of 2025. The following sections present the background and mission of each program, along with selected case stories from each setting.

Bridging Lives Across Borders: MSW Student Engagement with Vulnerable Children

Friends for Street Children (FFSC)

Urban poverty and migration have led to a persistent population of street-working and out-of-school children in Ho Chi Minh City. The Friends for Street Children (FFSC), founded in 1984 by the Dominican Sisters in Southern Vietnam. This program is one of Vietnam's longest-standing NGOs addressing the educational issues of street children. The FFSC provides informal education, tutoring, meals, health support, school reintegration, and emotional support to 164 children lacking stable homes or documentation (FFSC, 2023).

Research highlights how FFSC acts as an intermediary between vulnerable children and formal systems of education and healthcare, helping children obtain identification papers, re-enter school, and access public services (Tran, 2023). Though not formally religious, FFSC retains a Catholic-origin ethos emphasizing compassion and human dignity (Wenmei et al., 2023). Vu's (2019) analysis helps contextualize FFSC's position within Vietnam's political environment. Its service-oriented mission aligns well with state priorities, providing operational space while enabling it to support populations underserved by state schools and welfare programs.

Case Narrative of a Five-Year-Old Girl, “Nguyen”¹

On my first day at the center for street children, I met a little girl named Nguyen. Nguyen was five years old, scrappy and constantly on alert. Her posture, tone, even her eyes—always scanning, prepared to defend herself. She had grown up in chaos, with an abusive father, so her hypervigilance became a survival mechanism. Nguyen's hypervigilance reflects trauma-adaptive behavior commonly observed in children exposed to chronic instability, underscoring the importance of trauma-informed environments that emphasize emotional safety, predictability, and attuned caregiving rather than behavioral control (Crosby et al., 2021). But every now and then,

¹ Names in the case stories have been changed to protect privacy.

something in her armor would crack. She would run to me for comfort but rarely allowed a long embrace. She had this smirk-smile she'd try to hide, like she was almost mad at herself for letting it slip. It was the kind of smile that said, I want to be happy right now, but I can't afford to let my guard down. The smile was real and heartbreaking, like sunlight breaking through storm clouds. I could feel that Nguyen wanted affection, she wanted closeness and to feel safe, but didn't know how to receive it. She'd run over and jump into my arms without fully letting herself relax. If I brushed her hair back or tried to hold her just a little longer, she'd pull away, almost like safety and danger were tangled up in her mind.

In these small moments, I knew she wanted to feel safe with me. She taught me more about courage, resilience, and quiet strength than I could have imagined. On our last day at the agency, Nguyen wasn't there, and I never got to say goodbye. I think about her constantly, pray for her safety, and imagine her little wrist with that scrunchie I gave her- still worn proudly, still holding onto hope. Nguyen changed me in a way I wasn't expecting coming into this trip. She reminded me why I chose social work: to show up fully, to be present, and to care fiercely, even when the world around a child feels so unsafe. Her courage, vulnerability, and the small bond we shared will stay with me forever.

Case Narrative of a Young Girl, “Linh”

Of all the students I met at the Friends for Street Children Center, one in particular, Linh, really stole my heart. Linh was quiet, shy, and reserved, yet remarkably intelligent. All the teachers and staff agreed with me when I said she seemed more stoic than her peers. They would all be laughing and poking fun at each other, and she would engage a little, but seemed almost too mature at such a young age. During classroom hours, however, she demonstrated her ability to answer questions accurately and promptly. Later in the week, I noticed a rash on the back of Linh's neck, which the staff explained was eczema.

Like many of the students there, her home and family situation are very difficult. She was one of six siblings, and they had limited access to clean water. Her parents didn't get along well, her mother suffered from a mental illness, and two of her other siblings were also in the center. These things contributed both to her physical condition and the emotional weight she seemed to carry silently, no doubt giving her the aura of being so stoic. The moment that moved me most came at the end of the week when we were able to take the children to a water park. For many of them, it was their first time being at one. Although Linh and I could not communicate through language, she held my hand the entire time we floated down the lazy river. At one point, we had to let go and move around. I saw her scanning the crowd until our eyes met, and she smiled and reached for me. I melted as I realized she also longs for connection, security, and safety. Linh's quiet resilience and longing for connection reflect research showing that relational belonging and consistent adult

presence serve as key protective factors for marginalized youth, often mediating developmental outcomes more powerfully than material resources alone (Ferguson et al., 2007).

Case Narrative of a Young Boy, “Bao”

Bao is a 12-year-old boy in 4th grade, the second of five children in his family. His parents sold lottery tickets on the street, and he helped after school during the summer by selling tickets around town. Coming from a low-income family, Bao and his family moved from a rural area to the city in search of work for survival. They were immigrants from urban regions. Because of a lack of education and skills, none of his family members could find regular jobs; instead, they had to sell lottery tickets on the street.

Bao was open-minded, intelligent, and friendly, hardworking, and very caring toward his family. He shared that even though his stepfather loved him, he was worried that he might be abandoned again, with no dad. Thus, he tried very hard to make his stepdad happy so that his family would remain whole. Many nights, he would be afraid to go to bed after selling lottery tickets because he did not want to wake up to his stepfather gone. He often came to the center early, so the Center Sisters would give him something to eat before class began. Bao’s family was unable to provide him with breakfast because they had no food.

One day, I joined home visits with the families of the children who attended the Center. On the way home, we stopped at a restaurant for supper around 7:00 pm. While we were waiting for our food, we saw Bao enter the restaurant with a lottery ticket in hand, ready to sell to customers. We called him over and asked him to stay for supper before continuing to sell. Instead of saying yes, he asked if he could invite his stepdad, who was selling outside of the restaurant, to eat with them too. We told Bao to stay there while they went out to invite his stepdad to come in to eat with Bao. However, his stepdad said he was not hungry, but he would continue selling and then would wait for Bao when he finished his meal.

After hearing this, Bao said he would not eat without his stepdad, and wanted to go out to convince him to join. Bao’s convincing was unsuccessful, but he asked if they could get an order to go for his dad to eat later, as he might be hungry since he hadn’t had supper yet. After finishing supper, before we left Bao, he told us he was happy because he had a meal and food for his dad. Bao, a 12-year-old child, knew how to care for his family member, while he seemed to lack many things himself. It seemed too much for him at his age to think about his stepdad’s needs and feelings, and to attempt to bring peace between his stepdad and his brother. It seemed too much for a 12-year-old boy to be a relationship builder and strengthen his family relationships. Bao’s sense of responsibility illustrates how structural poverty and family instability can accelerate the assumption of adult-like roles by children, a pattern well documented in trauma and ecological systems research, where survival needs reshape developmental expectations (Bronfenbrenner,

2006; Crosby et al., 2021). While his peers have many needs to focus on, he is focused only on school. Bao had so many concerns: his family relationships, food security, housing issues, education, etc.

Case Narrative of a Young Boy, “Nam”

Nam is 4 years old. He is considered one of Vietnam's street children, a term used for children whose families cannot afford to send them to public school. Nam's mom works as a cook for the street children's education program, and she also supports her four other children. Nam's home is no larger than a small New York apartment, where they all share a loft bed divided into sections for each person. The space under the loft includes a small kitchen, bathroom, an unfurnished living room, and a tarp serving as the front door. They do not furnish the living room due to cost, the risk of flooding from inadequate protection, and the frequent need to move for work. Nam's situation highlights the broader societal issues facing Vietnam's street children, where poverty, limited access to education, and child labor are interconnected. Because education is not fully funded for everyone, families like Nam's are pushed to focus on immediate survival rather than long-term opportunities, perpetuating cycles of poverty across generations.

Unlike in America, in Vietnam, education is not funded through taxpayer dollars. Therefore, if families cannot pay for it, children do not receive formal schooling. The free street children's program provides short-term assistance with education ending after fifth grade, which means children often must start full-time work too early, reinforcing systemic inequalities. Most children in this program work alongside their parents in the streets (e.g., selling lottery tickets) or labor (e.g., agriculture and food production) to survive. A primary way to break the cycle of poverty is through ongoing education, which can open doors to higher-paying careers.

The K-12 tuition-based education system, combined with economic instability in Vietnam, creates structural barriers that prevent upward mobility. This underscores how poverty is not merely an individual issue, but a deeply rooted societal problem shaped by economic policies and limited social welfare support.

Mai Tam Shelter, House for HIV Affected Mothers and Children

Vietnam's HIV epidemic had profound effects on women and children, many of whom faced abandonment, exclusion from schools, or barriers in accessing medical care. Mai Tam Shelter, the House of Hope, founded by Father John Baptist Phuong Dinh Toai, provides lifesaving medicine, medical treatment, housing, access to antiretroviral therapy, support for schooling, nutrition, livelihood development, and spiritual care for HIV-affected mothers and children. Small's (2009) ethnography characterizes Mai Tam as a community grounded in “love as harm reduction,” where faith-driven compassion directly counters the stigma that isolates many HIV-affected families. At

a time when children living with HIV were commonly denied schooling, Mai Tam offered a family-centered model that kept mothers and children together while supporting their health and education. UNAIDS (2022) identifies faith-based organizations like Mai Tam as essential to sustaining care continuity amid declining international HIV funding. Vu's (2019) work helps explain how Mai Tam, a Catholic initiative operating in an authoritarian context, survives by aligning its mission with state public health priorities while addressing needs the state cannot fully reach.

Case Narrative of 15-Years Old Girl, "Mai"

On our first day at the agency, we were greeted by a young girl nicknamed "Pepsi." She earned this nickname because she was born so underweight, she was just about the size of a Pepsi can. She was the first to greet us that day, with an energy and curiosity that felt contagious. Mai's English skills enabled her to communicate with confidence, and she eagerly engaged in a variety of activities with us. She told me she loved badminton, and before I knew it, we were out in the gym playing with an intensity that made us both laugh incredibly. Mai was warm, funny, and generous with her time. She was always introducing us to the other kids and making sure we felt welcome.

Her outward cheerfulness seemed to mask deeper challenges, however. One day, a boy's comment triggered a sudden, intense reaction from Mai. Her face shifted, her body tensed, and it was like something inside her snapped. She grabbed a book and hurled it as hard as she could. It missed the boy and hit one of my classmates in the face. Mai, locked in her anger, didn't even notice the book's unintentional target. The next morning, she came to a classmate and I, her eyes soft, voice low. She apologized and told us, "Sometimes, I just don't know how to control my emotions." Mai's emotional dysregulation aligns with research demonstrating how chronic stigma, health-related trauma, and disrupted attachment contribute to heightened stress responses among HIV-affected youth, reinforcing the need for trauma-informed and stigma-reducing care environments (Pichon et al., 2023; Crosby et al., 2021). The awareness in her words broke me. She knew what she struggled with, but she didn't have the tools to help herself. We held space for Mai at that moment, letting her know she would always be safe with us.

Case Narrative of 11-Years Old Boy, "Binh"

Binh joined the program four years ago. He was a friendly boy who was eager to talk and play with me, even though his speech was often difficult to understand and his physical mobility was somewhat limited. He did not fully use his left arm, his gait was unsteady, and he struggled with staircases. In addition, his pronunciation was unclear at times, which caused him frustration. Binh seemed to enjoy one-on-one attention and was eager to participate in his physical and occupational

therapy sessions. He also enjoyed playing with me individually and often sought me out during my time at the program.

The physical and occupational therapist and the residential nurse shared that Binh had been raised by his maternal grandparents until he was seven years old. During those years, he demonstrated typical, age-appropriate abilities, including talking, walking, playing, eating, and following directions. However, at around seven years old, he began to exhibit HIV-related symptoms. The virus affected his brain function, resulting in significant communication difficulties, decreased physical functioning, and aggressive behaviors.

Due to the medical, social, and behavioral challenges associated with his condition, his grandparents were no longer able to care for him at home. The residential nurse also shared that Bon often cries at night, expressing sadness, longing for his grandparents, and feelings of isolation and separation. His mother's whereabouts are unknown, and at the same time, his grandparents are unable to resume caregiving. At present, this program remains the only available and stable placement for him. While Mai Tam provides essential stability, Binh's longing for familial connection reflects broader findings that emotional belonging and sustained relational ties are central to well-being, even within medically necessary institutional care settings (Carter, 2020). This eleven-year-old boy longed for a connection with his grandparents and often cried for what was missing in his daily living. My heart felt heavy and broken when I learned his story. At the same time, I was grateful that he had a place where people cared for his needs and provided the medical services he so desperately required.

Case Narrative of a Single Mother, "Dung"

One of the single mothers, Dung, 38 years old, has been living at the shelter for 12 years after her husband abandoned her with their only son, who is now 15 years old. She and her husband were from the same hometown and had known each other since high school. After graduating, they married and moved to Saigon city for job opportunities. When their son turned three, they both found out that they had HIV. They were together for a short time when they received that bad news. One night, her husband left her with their son, and she did not know his whereabouts.

Dung was introduced to the Mai Tam house and has lived there with her son ever since. Her son attends a public school with other kids from the Center. She has one brother and one sister who live three hours away. None of her family members have HIV, and it is often seen as shameful and stigmatized where she comes from.

Because of this, she does not want to move back to her hometown with her parents. Her brother and sister sometimes come to the Mai Tam house to see her and her son. There were some people in the house with whom she could share, but often she didn't want to let them know she wasn't

okay. She missed her parents and her hometown and wanted to go out to work, but it seemed impossible for her to find a job outside. It seemed that her only option was to stay at Mai Tam's house. Even though Mai Tam's house meets all of her and her son's needs, she still longs for more freedom and the chance to share in society. She often felt trapped and boxed in, unable to do what she truly wanted. She and her son frequently talked, and she wanted to give her son a promising future, but she didn't know how to do that. She blamed herself for not giving her son a better life and felt like she was not a good mother. Many times, she felt hopeless and wanted to give up on her life, but the thought of her son always kept her going.

After living in the house for over ten years, even though she was not Catholic, she attended daily Mass with the other residents. Two years ago, she decided to be baptized and became Catholic. She said that she goes to morning Mass daily, a place where she finds peace and strength. She also often went to the chapel to cry about what she's been through in her life. Dung depicts the strength of a mother's love for her children. Her son is her primary concern, but he also becomes her motivation and the reason she strives to live better every day. Although they may not discuss it outright, they always have a mutual understanding that they are there for one another through the many challenges they face in their daily lives.

Case Narrative of a 3 Years of Girl, "Lan"

Lan was abandoned at birth at this shelter after testing positive for HIV, and her biological parents remain unknown. The shelter provides medical care, housing, nutrition, transportation to educational centers, and social support for children with HIV/AIDS. At age 3, Lan continues to live in the shelter with approximately 60 other children of varying ages and health statuses. Her primary caregivers are staff members and volunteers rather than consistent family figures. She experiences frequent respiratory infections but is stable on medication. Her growth is slightly below average for her age, and her legs are often covered in crusted scabies related to her medical condition. Lan also demonstrates delays in speech and social interaction compared to peers. She has a limited vocabulary and tends to cling to caregivers she recognizes.

Despite notable progress in Vietnam's HIV response over recent decades, stigma surrounding HIV/AIDS remains deep. People living with HIV (PLHIV) face discrimination in healthcare, education, employment, and even within their families, often because of cultural misconceptions that link HIV to "immoral" behaviors such as drug use and sex work. Many HIV-positive individuals, especially women, experience internalized shame and fear of social rejection, which can delay seeking medical care and lead to self-isolation. Although laws and policies exist to protect against discrimination, such as confidentiality standards and access to education, enforcement is inconsistent, and stigma remains a major obstacle to fair treatment and full social participation. The staff discussed how the kids in the shelter who are transported to school must be dropped off in small groups at different schools to reduce the risk of the administration

discovering they all reside at an HIV/AIDS shelter. This discovery would lead to expulsion from the school.

Thanh Tâm Special School

Although Vietnam promotes inclusive education, children with disabilities still face barriers to accessing appropriate schooling and rehabilitation. The Sisters of Saint Paul of Chartres' Thanh Tam shelter, established in 1989, serves approximately 300 children with cerebral palsy, autism, hearing impairments, intellectual disabilities, and motor conditions. The school offers special education, speech therapy, physiotherapy, occupational therapy, and vocational skills training. Studies indicate notable improvements in mobility, communication, and daily living skills among children who receive Thanh Tâm's rehabilitative services. Parents also benefit from training that enables them to continue therapy at home, enhancing family capacity. The school sustains itself through donations, volunteerism, and small social enterprises, reflecting the hybrid charity: social enterprise model common among faith-based organizations (Sisters of St. Paul de Chartres, 2022). Disability Rights International (2009) notes both the essential role such institutions play and the broader need for community-based alternatives. Vu's (2019) framework clarifies how a faith-based disability institution can operate effectively under an authoritarian regime by framing its mission as aligned with national development and welfare goals.

Case Narrative of a Young Boy

At this agency, another student and I spent our time in the speech and physical therapy areas. One boy in particular came every day for speech classes. He was all energy, bouncing from one thing to the next and running us around the room. At first, I wasn't sure how we'd ever get him to focus long enough to connect. But then we started learning our fruits. In Vietnamese, before naming any fruit, you say the word *qua*, meaning "fruit." Every time we held up a picture of any fruit, he would pause, tilt his head in deep thought, and draw out "quaaaaaa" with a little question mark at the end, as if he were waiting for us to give him the answer. The longer he stretched it, the funnier it became, and we truly laughed as much as we learned. The Vietnamese word for fruit is forever etched into my memory because of him. That drawn-out "quaaaaaaaa?" will always bring me back to that little desk at an agency in Da Nang, Vietnam, where I learned more than just the names of fruits. I learned that laughter is a universal language shared by all, and something as small as a blueberry can spark a connection across any culture.

Case Narrative of a Boy, "Kahn"

When we arrived at Thanh Tam, I was nervous and felt underprepared to work with this population, as I had very limited knowledge and experience with this group. These children quickly calmed my nerves and proved me wrong. I found myself connecting with them on a level that was so

meaningful, even though we didn't speak the same language, with some children unable to speak at all. There was a boy named Kahn, who was non-verbal, grabbing my hands and showing me how he could spell his name with the alphabet puzzle pieces he was playing with. He proudly demonstrated his ability to find the letters and arrange them accordingly, then pointed to himself to let me know that was his name. He then pointed at me and motioned towards the puzzle, which I took as an invitation to spell my own name for him. Though no words were spoken, he exuded undeniable joy and a sense of achievement.

Case Narrative of a Young Woman, "Tao"

I had the chance to work with children with various disabilities and vulnerabilities, including depression, autism, trauma, physical disabilities, deafness, muteness, and intellectual developmental disorders. These students came to school for therapy, education, or career preparation. A group of deaf and mute teens graduated and later focused on careers as bakers and baristas to support themselves. Every day, when I visited and saw their work at the coffee shop, I was amazed. Despite their disabilities, they did outstanding work. The shop attracts customers of many nationalities because it is located in an international tourist area, where people from all over Vietnam and the world come to visit.

A girl named Thao, 22 years old, came to this special school at age ten and began participating in programs alongside other students. While studying at the school, she thought about her career and what she wanted to do. She was not confident and had doubts about her future because of her deafness and muteness. Thus, she could not visualize her future. She thought that her life would be dependent on her parents and that she would never be able to stand on her own feet.

However, while attending the special school, she had many opportunities to explore career paths aligned with her interests. She became interested in baking, and so after finishing her other education programs, she started her career in the bakery program and later applied to work in the bakery shop. She worked for four years at the school's coffee shop and is now in charge of the bakery. She said that now, in addition to making a living for herself, she can also help her parents. Beyond that, she explained that she chose to stay and work at the school's bakery and coffee shop to encourage and inspire other students about what they can achieve. Her example shows that, although they are disabled, they are still valuable.

Thao's trajectory reflects core dimensions of belonging such as valued roles, dignity, and supported participation, identified as central to meaningful disability inclusion within faith-based and community settings (Carter, 2020). Thao, like other students at that special school, showed that with dedication in their daily lives, their dreams could become a reality. Now she is an inspiration and a source of motivation not only to students at that special school, but to all who

encounter her enthusiasm and bright smile. Thao is one example of success in overcoming limitations and achieving one's dream.

Case Narrative of a 13-Year-Old Girl, “Mai”

Mai is a 13-year-old girl who attends a special-needs school for children with hearing impairments. She was diagnosed as deaf at age two, but limited healthcare access and financial difficulties prevented her parents from obtaining hearing aids, early intervention, or speech therapy. Most of her childhood communication within her family relied on gestures, facial expressions, and basic signs they made at home. While this helped her connect with her parents and younger brother, the absence of formal communication methods left her socially isolated and unable to fully participate in the broader community.

When she started at the special-needs school at age 10, she began learning Vietnamese Sign Language (VSL), which opened new opportunities for self-expression, literacy, and forming friendships. At school, Mai has made significant progress in reading and writing, although she still falls behind grade-level expectations due to her late start. She excels in visual and creative activities, particularly art, where her paintings often mirror her inner world and her observations of Vietnamese family life. Teachers describe her as a natural leader in group activities, frequently helping younger students learn signs.

However, systemic challenges persist. Public schools in Vietnam are often underfunded and rarely inclusive of children with disabilities, leaving special schools the main option for children like Mai. Mai's family situation adds complexity. Her parents work in farming and earn modest, irregular incomes that make it hard to pay for education, transportation, and healthcare. They are very supportive of Mai but often feel overwhelmed by the challenges of raising a child with a disability in a society where stigma still exists.

In many rural and urban areas in Vietnam, disability is seen as a misfortune or family burden, which can worsen exclusion and reduce opportunities. While Mai's school offers her a safe and supportive space, her parents worry about her future, especially job prospects in a labor market where people with disabilities often face high rates of underemployment and discrimination. Despite these barriers, Mai demonstrates resilience and potential. Her growing fluency in VSL provides her with a critical tool for self-advocacy, and her creativity in art suggests alternative career pathways that are being nurtured through this center.

Discussion

Viewing these case studies through a Westernized social work lens highlights both the resilience of Vietnamese children and the major systemic barriers they face. Consistent with prior research

on faith-based and nonprofit responses to trauma, HIV-related stigma, and disability, these cases illustrate Vietnam relies heavily on nonprofit and faith-based organizations to address needs related to poverty, HIV-related stigma, and disability. Despite operating within narrow margins of legitimacy, these organizations continue to provide holistic care that integrates education, health services, emotional support, and community belonging.

In the United States, social welfare systems, though not perfect, provide basic support such as taxpayer-funded education, legal protections for children with disabilities, and anti-discrimination laws for those living with HIV/AIDS. In contrast, the children discussed here live-in environments where poverty, stigma, and limited access to inclusive education heavily influence their development. The cases demonstrate how structural inequalities in education continue to sustain intergenerational poverty. In the U.S., public education is available to all children regardless of income, and although disparities still exist, the lack of universal access in Vietnam forces children into labor much earlier, depriving them of opportunities for upward mobility. From a social work perspective, this underscores the need for macro-level advocacy, including international development policies that treat universal education as a fundamental child right.

In the U.S., the Ryan White HIV/AIDS Program and anti-discrimination laws protect access to healthcare and education for children living with HIV. However, in Vietnam, children can be expelled from school simply for their diagnosis. This difference prompts American social workers to reflect on cultural humility and the global scope of health inequalities. It also highlights the importance of trauma-informed, anti-oppressive approaches that recognize stigma as a social factor affecting health, not merely an individual burden.

In addition, children with disabilities highlight the gap in inclusive education and the ongoing stigma attached to differences. While the U.S. has federal laws such as the Individuals with Disabilities Education Act (IDEA) that ensure accommodations and integration, Vietnam's reliance on specialized schools can both support and isolate children.

Across sectors such as the street children program, Mai Tam Shelter for HIV-affected mothers and children, and Thanh Tâm Special Education School, similar patterns emerge. Nonprofit and faith-based organizations provide holistic care that integrates education, medical support, nutritional assistance, mental health care, and often spiritual or community-based belonging. These organizations often fill service gaps left by public systems, particularly in contexts where stigma, bureaucracy, or a lack of specialized expertise limits state capacity. In doing so, they provide not only resources but also dignity, a sense of belonging, and a sense of community.

Vu's (2019) analysis deepens understanding of this ecosystem by showing how nonprofits and faith-based groups maintain a delicate balance: supporting state welfare priorities while subtly expanding capacity for marginalized groups. Their ability to survive depends on cooperation, yet

their most transformative effects often come from addressing needs the state has not, or cannot, effectively meet. Funding sustainability remains a major concern, especially in HIV programs. Many organizations rely on foreign donors, philanthropy, or volunteer labor. Moreover, the literature notes the tension between life-saving institutional care and the long-term need for community-based, inclusive alternatives, particularly for children with disabilities.

Lessons Learned from the Field Experience

The students shared how their international field experience influenced their professional development and shaped their future career goals in social work. These reflections align with literature demonstrating that international field education enhances cultural humility, ethical reflexivity, and global social work competence through immersive, relational learning (Nadan, 2017; Genkova et al., 2021).

Student Reflection: A social worker's role is to empower other people's capacity. This international field experience reminded me to honor people's resilience. This trip and my encounters with those children have been imprinted on my brain and heart, and will stay with me throughout my career, ever reminding me to practice what social work is all about: connection, hope, and cultural humility.

Student Reflection: After some reflection on the international practicum trip to Vietnam, I appreciate that it has helped me understand and grow in empathy, and to become more open-minded, flexible, compassionate, respectful of differences, and also to learn how to ask questions and to connect with others. The international trip taught me the beauty of differences, the power of teamwork, and the importance of collaboration.

Being a social worker not only comprises what we do or how we do our work, but it also embraces how we present ourselves to others/to clients. This trip taught me that sometimes what our clients need most from us, as social workers, is our full presence and active listening. Also, the experience from this trip and through the people I encountered, including staff and children in three different places, helps me to see the transformation of the world through kindness, hospitality, compassion, understanding, and loving care for others. Moreover, as a social worker, the dedication and the generosity of those who helped to make our trip possible shaped the motivation and tools to encourage me to follow their footsteps and move forward with my future mission of working with and for others.

Student Reflection: Engaging with these children's stories helped my growth by deepening both my empathy and critical awareness as a future social worker. It challenged me to confront my own assumptions about access to basic needs, such as education, healthcare, and stable housing, and to reflect on the privileges provided within the American system. Professionally, it reinforced the

importance of viewing clients within their broader ecological contexts, understanding how macrosystem factors like stigma, poverty, and policy influence individual outcomes.

It also sharpened my dedication to anti-oppressive practice, motivating me to think about how to support vulnerable populations not only in my local community but also through global solidarity. My key takeaways from this experience are rooted in resilience, systemic inequality, and the universal value of dignity. The children I encountered, whether navigating poverty, HIV stigma, or disability, demonstrated strength, adaptability, and hope even in the face of daunting challenges. At the same time, their realities revealed how deeply structural barriers restrict opportunities, reinforcing the need for systemic change. I take away the reminder that social work is both local and global: though our contexts differ, the core values of service, social justice, and respect for human dignity transcend borders. These lessons will remain central to my future practice as I strive to integrate cultural humility and advocacy into every level of work.

Advancing Intercultural Competence Through Global Social Work Practice

Social work education has incorporated a cultural lens to better understand the needs of the growing diverse population in the United States. In a literature review of the potential implications of cultural competence in social work education and practice, Nadan (2017) reported that international field placement opportunities for social work students enhance understanding of other cultures and social systems. Providing such opportunities helps students gain a deeper understanding of the factors and situations that influence individuals' lives.

Genkova, Schreiber, and Gade's study (2021) addressed the importance of intercultural practice and social skills. Specifically, it examined the relationship between students' study abroad experiences and potential contributions to a greater understanding of intercultural competence. Genkova et al. (2021) concluded that study abroad experiences could foster skills that aid in the development of intercultural competence. Wojcik, Pieski, and Espinetti's (2021) study also reinforced the importance of providing global and intercultural opportunities for students and educators. In discussing the development of global social work and intercultural competency, Wojcik et al. (2021) noted that cultural immersion, meaningful reflection, and opportunities to discuss learning experiences are valuable tools for students and educators to increase their intercultural competence and global awareness. The MSW students who participated in the international field experience in Vietnam shared how it shaped their worldview and deepened their understanding of global social work and global connectedness.

Student Narrative: When I think back on my time in Vietnam, it's not just the places or the agencies that come to mind, it's the faces. This trip didn't just teach me about global social work practices- it showed me, in a way that's hard to put into words, what it means to meet people exactly where they are. I saw how, in a country without free education or government-funded

programs, faith-based organizations fill the gaps. They are lifelines for their communities. They create spaces for safety, learning, and care that wouldn't exist otherwise. It made me realize that global social work isn't about bringing in some big solution from the outside- it's about working alongside the people already doing the work, respecting their knowledge, and understanding the cultural and political realities they face every day.

Student Narrative: My time in Vietnam certainly shaped my understanding of global social work. I learned that even though the core principles - service, social justice, the importance of human relationships, competence, the dignity and worth of a person, integrity, competence - are globally universal, the application of them are deeply contextual. In Vietnam, systemic limitations, cultural norms and economic hardships pose different challenges than what I'm used to seeing in the US. One of the biggest examples I witnessed was child labor laws, along with stigma surrounding HIV/AIDS and access to healthcare, as well as the placement of children with disabilities. These vary vastly across cultures. The entire experience taught me to set aside my own assumptions and views about "right or wrong, good or bad", and instead to move with cultural humility while focusing on the children and families I work with, supporting them the best I can within their lived experiences.

Student Narrative: The experiences from the international trip in Vietnam taught me to view the global social work practice more practically. As a social work student, I have been taught about the ethical values that are applied globally. Still, through this trip, I have learned that the ideas/theories of social work values and core are international; I should use them locally. This means I should be aware of and respect the local culture and their way of life while practicing the core values of social work. I also learned that there are times when we cannot apply the core values of social work but must see differences in each situation and value their work.

When the local situation may not align with the core social work values, such as respecting the dignity of children, meeting their needs, and maintaining a positive relationship between workers, I need to adapt to new practices to meet the needs of each individual I serve. For example, it may not be acceptable in the US to assign children to specific jobs, but in Vietnam, children are also taught to contribute to work alongside their studies. For example, at the Street Children Center, even as young as 6 years old, they are encouraged and asked to join groups to help clean tables and classrooms after they finish classes or meals. The teacher will let the children clean and arrange their classroom by themselves without involvement.

At the HIV center, some students volunteer to help with the kitchen duties. They are assigned as a group to take turns to help for an hour each day to learn and understand how meals are prepared. Without understanding the concept and culture of Vietnam, these practices may be considered child abuse. However, in Vietnam, it is the way to teach children how to contribute, value their work, and also learn to take care of themselves.

Student Narrative: This experience enhanced my understanding of how global social work must always be tailored to the specific context, influenced by cultural values, available resources, and systemic barriers. Unlike in the U.S., where taxpayer-funded education, disability protections, and anti-discrimination laws exist (though imperfectly enforced), children in Vietnam often face increased vulnerabilities due to poverty, stigma, and limited social welfare infrastructure. Observing these differences underscored the importance of practicing cultural humility and tailoring interventions to fit the local setting, rather than assuming Western approaches can be universally applied.

Global social work requires a balance of respecting cultural practices, acknowledging systemic inequities, and advocating for human rights in ways that are collaborative, sustainable, and relevant to the local community. For American social workers, they serve as a reminder to engage in global solidarity, recognizing that the values of dignity, self-determination, and social justice go beyond national borders. They also remind practitioners that although systems may differ, the core mission of social work remains the same: to advocate for vulnerable populations, to respect cultural contexts with humility, and to envision systemic change that allows every child to thrive.

Conclusion

The goal of this international experiential learning was to enable MSW students to understand global interconnectedness as a central aspect of education and give them an appreciation of the international perspective, an understanding of global events and influences, and a sense of how global and local events affect population and cultures through international experience. The international experiential learning trip to Vietnam has been a transformative experience through engaging and participating in diverse settings such as, Friends of the Street Children, Shelter for HIV affected mothers and children, and Special Education program for disabled children and also understanding of the education and social welfare systems in Vietnam.

It was an opportunity to study and experience the differences in ideology and culture between Southeast-Asia and the U.S. through interaction with host program service providers including classroom teachers, the Occupational and Physical therapist, medical personnel, care givers, staff, volunteers and administrators. The international experiential learning experience in Vietnam also provided students with a meaningful opportunity to understand the importance of integrating culture, values, belief system, as well as recognizing global connectedness, how global and local events affect individuals, families, groups, and organizations in interconnected and interdependent ways.

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