

‘Keeping silent is dying’

**Results from the
National Study on
Domestic Violence against Women
in Viet Nam**

2010

*I think women who suffered from violence should raise their voice
and ask for help or for counseling.*

It can vary case by case, but we should not keep silent.

"Keeping silent is dying".

(Woman survivor in Ha Noi.)

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FOREWORD

Every country has sayings about the central importance of marriage, the family and the home and the comfort and security to be found there. In Viet Nam such sayings include “family is a warm nest” and “if the husband and wife agree with each other, they can take all the water out of the sea”. Yet tragically the marriages of some women are not harmonious and peaceful and their homes are places of fear, sadness, pain and humiliation.

Domestic violence has legal, economic, health and educational dimensions. And it is a human rights issue cutting across all cultures, religions, geographic boundaries, and social and economic groups. This is as true in Viet Nam as it is in many other countries. The critical importance of combating and preventing domestic violence has been recognised by the Government of Viet Nam through the adoption of the Law on Domestic Violence Prevention and Control in 2007, as well as other legislation including the 2006 Law on Gender Equality. To successfully prevent and reduce the impacts of domestic violence this legislation must be enforced, monitored and effectively implemented.

Ongoing efforts to raise awareness within communities about domestic violence and to change attitudes are also required, so that domestic violence does not remain a hidden issue and women who are affected are able to seek help and support. In many countries domestic violence is still considered a “private family matter” in which the society and the State should not interfere. It is also a subject that many women survivors of violence are hesitant to talk about. Women are reluctant to share their experiences or to seek help due to stigma, a lack of sensitive responses and support from family members and the authorities and fear of possible repercussions for themselves and their children.

For all these reasons the true extent of domestic violence is often not fully understood. Specially designed surveys are needed to reveal the extent of the problem. Only when such data is available is it possible to more accurately assess the incidence of domestic violence. Availability of data is also essential to change community perceptions and challenge commonly held myths about domestic violence as well as to enable comprehensive planning and implementation to address domestic violence and support more effective implementation of legislation that is in place.

With the release of the findings of this survey Viet Nam now has for the first time nationally representative data on domestic violence. As this report clearly shows, the home is not always a safe place for women in Viet Nam, as women are more at risk of experiencing violence from their husbands or family members than from anybody else. This violence also affects children, either directly or because they witness violence in their homes. Domestic violence affects many women and occurs throughout the country and across different social and ethnic groups. As the study also shows, the impact of domestic violence is deeper and lasts much longer than the immediate and obvious harm. Domestic violence has an enormous impact on women’s health both physically and psychologically, on the productivity of family members, and on the education and well-being of children. The whole community and the country bear significant costs as a result of domestic violence.

This report presents the findings of the National Study on Domestic Violence against women in Viet Nam. The report focuses on the prevalence and nature of domestic violence committed against women, primarily by their husbands; attitudes towards and perceptions of violence; the direct and indirect impact of violence on women and their children; and how women respond when they experience domestic violence. The data collected is extremely rich and can be analysed further in order to study other issues such as risk and protective factors. We encourage researchers and practitioners to use the full data set from this study to examine and reveal other important dimensions of domestic violence in Viet Nam.

The study findings together with key recommendations represent a valuable contribution to ending violence against women so that all Vietnamese women and children can enjoy a happy, safe and harmonious family life. The analysis presented will be of use to policy-makers and planners at both national and provincial levels, to communities and their representatives at all levels of Vietnamese society, as well as to educators and government and non-government providers of services and support to women survivors of domestic violence in all sectors. Legal practitioners and authorities, and international and local development partners are also encouraged to use the findings in their work. We also hope that this research will serve the very important purpose of showing women who have been affected by domestic violence that they are not alone in being affected by this very serious problem.

Finally and most importantly we would like to acknowledge and thank the thousands of women who participated in this study. For women who had experienced domestic violence it was often the first time that they had revealed to anyone these very traumatic events in their lives. This is not an easy thing to do and without their contributions we would not have been able to complete this research. All of us must respect the personal cost involved in participating in the survey by fully using and addressing the findings of this study. We must work together to fulfil our obligation and responsibility to eliminate domestic violence.



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The study would not have been possible without the invaluable support provided by other organizations, collaborators and experts whose dedication, commitment and hard work have significantly contributed to making this report possible. There are too many people to mention, but at the risk of forgetting some, we would like to especially thank the following:

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This report has also benefited from the valuable input and recommendations provided by participants from line ministries and government agencies in planning and consultative workshops, as well as during their participation in the various stages of the research.

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ACRONYMS, ABBREVIATIONS AND GLOSSARY

AECID:	Spanish Agency for International Development Cooperation
AIDS:	Acquired Immunodeficiency Syndrome
ALASTI:	Software for qualitative data processing
AusAID:	Australian Agency for International Development
CCIHHP:	Centre for Creative Initiatives in Health and Population
CEDAW:	Convention on the Elimination of all Forms of Discrimination against Women
CIHP:	Consultation of Investment in Health Promotion
CRC:	Convention on the Rights of the Child
CSAGA:	Centre for Studies and Applied Sciences in Gender-Family-Women and Adolescents
CSPRO:	Census and Survey Processing System
DV:	Domestic Violence
EA:	Enumeration Area
FAO:	Food and Agriculture Organization
FG:	Focus Group
GBV:	Gender-Based Violence
GE:	Gender Equality
GoV	Government of Viet Nam
GSO:	General Statistics Office
HIV:	Human Immunodeficiency Virus
HMIS:	Health Management Information System
ICCPR:	International Covenant on Civil and Political Rights
ICESCR:	International Covenant on Economic, Social and Cultural Rights
IDI:	In-depth Interviews
IFGS:	Institute for Family and Gender Studies
ILO:	International Labor Organization
IOM:	International Organization for Migration

IPV:	Intimate Partner Violence
ISDS:	Institute for Social Development Studies
JPGE:	Joint Programme on Gender Equality
MDGF	Millennium Development Goals Fund
MDGs	Millennium Development Goals
MOCST:	Ministry of Culture, Sports and Tourism
MOH:	Ministry of Health
MOJ:	Ministry of Justice
MOLISA:	Ministry of Labour, Invalids and Social Affairs
MPI:	Ministry of Planning and Investment
MPS:	Ministry of Police and Security
NCFAW:	National Committee for the Advancement of Women
NGOs:	NonGovernmental Organizations
PSO:	Provincial Statistics Office
SDC:	Swiss Agency for Development and Cooperation
SES:	Socioeconomic Status
STATA:	Data Analysis and Statistical Software
STI:	Sexually Transmitted Infections
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNDP:	United Nations Development Programme
UNESCO:	United Nations Education, Scientific and Cultural Organization
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
UNIDO:	United Nations Industrial Development Organization
UNIFEM:	United Nations Development Fund for Women (part of UN Women)
UNODC:	United Nations Office on Drugs and Crime
VAW:	Violence against Women
WHO:	World Health Organization

EXECUTIVE SUMMARY

The National Study on Domestic Violence against Women in Viet Nam sought for the first time to obtain detailed information nationwide about the prevalence, frequency and types of domestic violence against women and their risk factors and consequences. A further aim was to assess coping strategies, perceptions about domestic violence against women and how much women knew about their legal rights. The results of this research should enable government agencies and civil society actors to raise awareness and to more effectively formulate policies and programmes to prevent and address domestic violence against women.

Organization of the study

This research was implemented and managed by the General Statistics Office (GSO), with technical assistance and overall coordination by WHO, which had recruited several national consultants from the Centre for Creative Initiatives in Health and Population (CCIHP) and the Ministry of Health and an international consultant. They participated throughout planning and preparations, training of field staff, stakeholder consultation workshops, data collection and analysis and report writing and dissemination activities. The research is an activity under the United Nations – Government Joint Programme on Gender Equality (MDGF-1694).

The research consists of a quantitative component (a population-based survey) and a qualitative component (in-depth interviews and focus group discussions).

For the quantitative component, 4838 women, representing all women 18-60 years old in Viet Nam, were interviewed throughout the country between December 2009 and February 2010, using structured face-to-face interviews conducted in full privacy, using a version adapted for Viet Nam of the questionnaire developed for *WHO's Multi-country Study on Women's Health and Domestic Violence against Women*. 71 female fieldworkers had been selected carefully among GSO and the Provincial Statistics Office (PSO) staff and trained, using a two-week curriculum, to collect information in a safe and sensitive way.

The qualitative component took place in April 2010 in the provinces of Ha Noi, Hue and Ben Tre, representing northern, central and southern Viet Nam. Thirty in-depth interviews were conducted in each province with women survivors of violence, key informants from the Women's Union, health services, police, village leaders and the Communist Party and with women and men in the community. Four focus groups were held in each province with people from average villages, two with women and two with men, for each sex group covering two different age ranges.

The study adhered to ethical and safety recommendations formulated by WHO for research on violence against women. An innocuous title ('safe name') was used in the research to avoid revealing that the study was about domestic violence so that respondents and interviewers would not be at risk. The title "National Survey on Women's Health and Life Experiences" was used in all of the documents during the training and throughout the fieldwork. Information on existing support services was provided to all respondents at the end of the interview.

Violence against women by husbands

Specific acts were defined in order to measure different forms of violence. All women who ever had a husband or partner were asked whether they had experienced specific acts of physical, sexual, emotional or economic violence. If a woman confirmed having been exposed to any of those acts, more detailed questions were asked about how frequently the acts had been committed. Two different periods were considered with regard to when those acts were committed: the 12 months preceding the interview (“current violence”) and any period in their life (“lifetime experience of violence”).

In Viet Nam, 99% of ever-partnered women were “ever-married” and only 1% reported other partners (dating, cohabiting). While those 1% are included in the results below, for practical reasons we generally chose to use the terms “ever-married” and “husbands” in the report.

Physical violence by husbands

Overall, 32% of ever-married women reported having experienced physical violence in their life and 6% had experienced physical violence in the past 12 months. Results showed that physical violence – as measured by current violence -- starts early in a relationship and lessens with age. There is variation among regions and by educational level. Women with less education were more likely to report physical violence compared with more educated women. Subgroups of women who reported higher prevalence rates also reported higher proportions of severe acts of violence. The proportion of ever-pregnant women who experienced physical violence in at least one pregnancy was 5%, with the highest levels of violence in pregnancy among those with no schooling.

Sexual violence by husbands

It is more difficult for women to disclose experiences of sexual violence compared with experiences of physical violence. Likewise, to talk about sexual violence within marriage is regarded as inappropriate. Nevertheless, 10% of ever-married women reported in interviews that they experienced sexual violence in their lifetime and 4% in the past 12 months. What is striking is that current sexual violence does not vary much among age groups (up to 50 years old) and by educational level of women.

Emotional and economic abuse by husbands

Emotional and economic abuses are not less significant than physical or sexual violence and often affect women even more than physical or sexual violence. However, they are more difficult to measure in a survey and the questions cover only a limited range of abusive acts towards women. Nevertheless, the results show that the prevalence of emotional violence is very high: 54% of women report lifetime emotional abuse and 25% report current emotional abuse. The prevalence rate for lifetime economic abuse is 9%.

Combining physical, sexual and emotional abuse by husbands

The prevalence of “physical and/or sexual violence” is a significant indicator of partner violence that also may be used for international comparisons. The lifetime and current prevalence rates nationwide are 34% and 9%, respectively. While there is regional variation, more variation is noted between the different ethnic groups, with lifetime prevalence rates ranging from 8% to 38%.

Combining the three main types of partner violence results in the finding that more than half (58%) of women reported having ever experienced at least one of the three types of violence: physical, sexual and emotional. The rate for the any of these three types was 27% for the past 12 months.

Violence against women by perpetrators other than husbands

Physical violence against women after 15 years old from perpetrators other than husbands

About 10% of women reported physical violence by someone other than a husband since they were 15 years old though there was a wide regional variation ranging from 3%-12%. Perpetrators mainly were male family members, as reported by 65% of women experiencing such violence.

Sexual violence against women after 15 years old from perpetrators other than husbands

About 2% of all women reported sexual violence since they were 15 years old. Most women reported that the perpetrators were strangers and boyfriends and only rarely were family members.

Sexual abuse before 15 years old

About 3% of all women reported sexual abuse before they were 15 years old. Most women said that the perpetrators were strangers, and some mentioned family members and “others”.

When comparing partner and non-partner violence, it becomes overwhelmingly clear that women in Viet Nam are three times more likely to have experienced violence by partners rather than by someone else.

Consequences of violence against women

Injuries due to violence

In the survey, 26% of women who had been physically or sexually abused by husbands reported having been injured as a direct result of the violent act. Among these, 60% reported that they had been injured more than once and 17% had been injured many times.

Associations between physical or sexual violence and health outcomes

All women in the survey had answered a number of questions on their general, mental and reproductive health. In the analysis, these health outcomes were compared between women who ever experienced physical or sexual partner violence and those who never experienced it. Women who have experienced partner violence were consistently more likely to report “poor” or “very poor” health. They also were more likely to have recent problems with walking and carrying out daily activities, pain and memory loss, emotional distress and suicidal thoughts, miscarriages, abortions and stillbirths.

Associations between partner violence and children's wellbeing

Women who had children between 6 and 11 years old and who had experienced partner violence were consistently more likely to report that these children had behavioral problems (such as

nightmares, bedwetting, aggressive behaviors and low performance at school) compared with women who had not experienced partner violence.

Violence against children, intergenerational aspects of violence

Almost one in four women with children less than 15 years old report that these children have been abused physically by her husband. This was usually in the form of slaps. The survey showed that violence against children has a strong association with violence against women by the same perpetrator. Women who had a violent husband were twice as likely to report that their children were beaten and even more so if the husband perpetrated severe violence against his wife.

More than half of the women who experienced physical violence by husbands also report that their children witnessed it at least once.

Women who experience partner violence are twice as likely as other women to have had a mother who was beaten. They are three times as likely to have a husband whose mother was beaten or who was himself beaten as a child. The childhood experience of the husband is an important risk factor with respect to him being a perpetrator later in life.

Women's coping strategies and response to partner violence

Half of all women who ever had been physically or sexually abused by their husband never told anybody about the violence before the interview. If women had told anyone, it was usually a family member. Many women think that violence in relationships is "normal" and that women should tolerate and endure what is happening to them for the sake of family harmony.

Most abused women (87%) never sought help from formal services or people in authority. If they sought help, usually when the violence was severe, it was most commonly from local leaders.

About one fifth of the abused women left home for at least one night. There were practically almost no options for women about where to go, and women usually returned home for the sake of the family.

About 60% of women who experienced physical or sexual partner violence said that they had heard about the law on domestic violence. The qualitative interviews, however, showed that women did not know the details of the law and that many local authorities did not have enough knowledge about the law and domestic violence in general.

Conclusions and recommendations

The research results show how common domestic violence against women is, with particularly high levels of emotional abuse, and the serious impacts of this violence on women and children. They also show how normal violence is considered, how many times women are pushed into enduring and accepting violence and how they keep silent about it. This is a social problem and should be recognized as such.

This report indicates the urgency of breaking the silence, increasing the general population's awareness about the scale of the problem and the notion that violence against women and domestic violence is not acceptable. Urgent action is needed to prevent and combat domestic violence against women.

The next step depends on action by government agencies, women's organizations, media, researchers, educators, communities and everyone working on this issue.

The recommendations and their policy implications as formulated in this report should be embedded within the framework of existing gender equality mechanisms in Viet Nam with the overarching goal of achieving gender equality. They cover the following main areas:

1. Strengthening political commitment and action:

- 1.1 Strengthen national policies and legal frameworks in compliance with international agreements.
- 1.2 Establish, implement and monitor a "minimum comprehensive package" of gender-based violence (GBV) prevention, treatment, protection and support services that are available, accessible and affordable to everyone in Viet Nam.
- 1.3 Increase the engagement and mobilization of community leaders and local authorities to address violence against women and promote gender equality.

2. Promoting primary prevention

- 2.1 Develop, implement and monitor programmes aimed at primary prevention of domestic violence and promotion of gender equality, in particular through public awareness and by involving communities, including men and boys.
- 2.2 Integrate GBV into the education system to transform young people's understanding of gender equality, domestic violence and to make schools safe places.
- 2.3 Empower women and girls to address violence in their lives through life skills training, self-help groups, education, job training and legal and financial support.

3. Developing appropriate responses

- 3.1 Develop a comprehensive health sector response to the various impacts of violence against women.
- 3.2 Strengthen the capacity of the police and judicial system to implement GBV policies and legislation.

4. Supporting research, data collection and collaboration

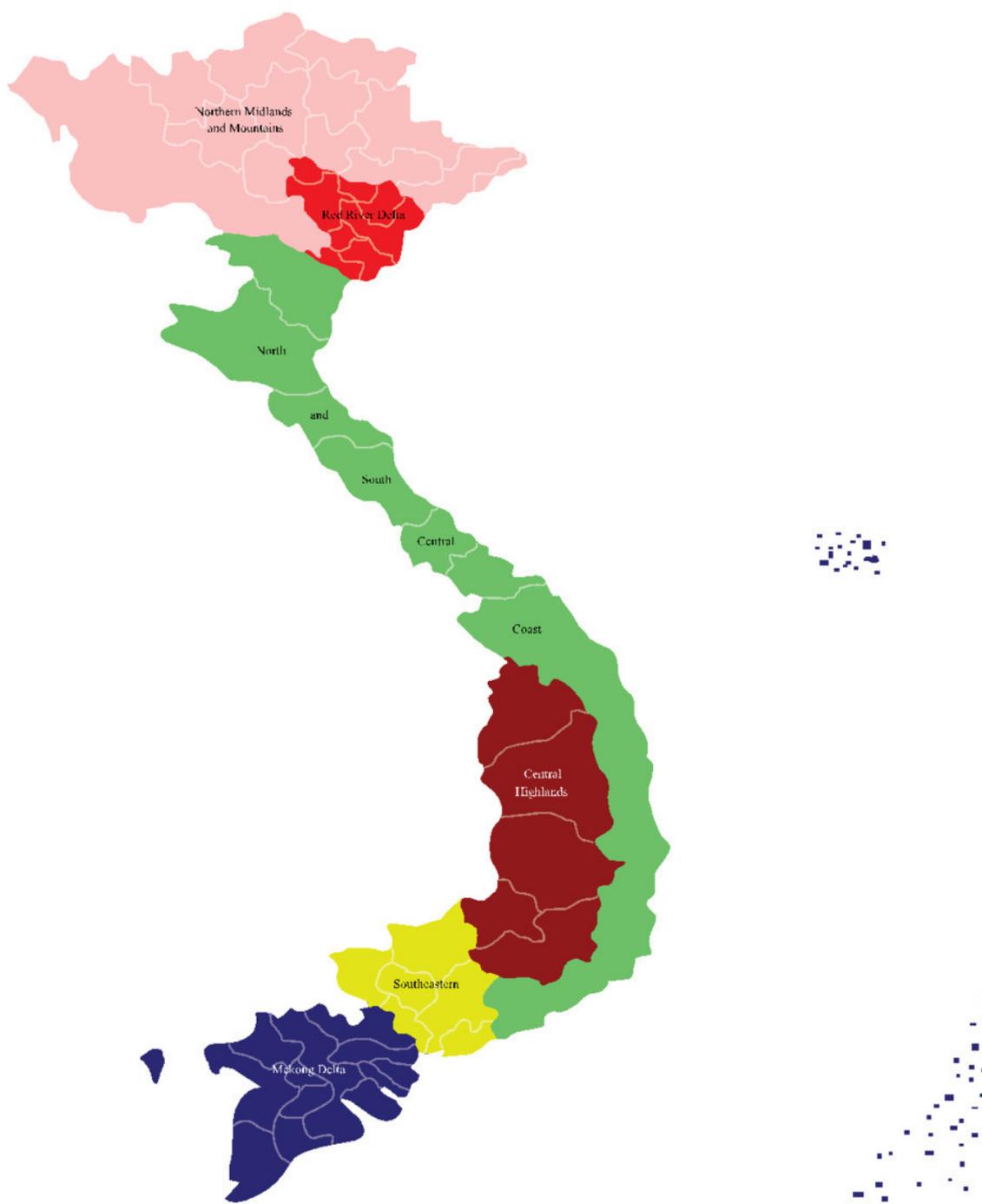
- 4.1 Build an evidence base to address GBV that is relevant to Viet Nam.
- 4.2 Strengthen and/or establish a unified data collection system and a planning, monitoring and evaluation framework.

1. INTRODUCTION

1.1. Demographic, socioeconomic and cultural context

Viet Nam has a population of 85 789 573, according to the latest census (Population and Housing Census, 2009). The most populous top-level administrative unit in the country is Ho Chi Minh City, one of the five centrally governed cities, with 7 123 340 people, followed by Ha Noi, which recently expanded, with 6 448 837 people.

Viet Nam has six socioeconomic and geographically distinct regions (see Map and Table 1.1). These regions are represented in this report.



- Northern Midlands and Mountains: Contains 14 inland provinces in northern Viet Nam. Some of them border with the Lao People's Democratic Republic or China. This mountainous region is the second largest in Viet Nam and is relatively poor.
- Red River Delta: Contains 11 provinces that are small but populous. They are based around the Red River, including the national capital, Ha Noi, and the municipality of Hai Phong, both of which are independent of a provincial government. It is the smallest and most densely populated region in the country.
- North and South-Central Coast: Contains 14 coastal provinces in the northern and southern part of central Viet Nam. This is the largest and second most populous region. It often suffers from natural disasters, causing difficult living conditions.
- Central Highlands: Contains five inland provinces that are mostly mountainous in south-central Viet Nam. They are inhabited by ethnic minorities, although many Kinh people also live there.
- Southeastern: Contains those parts of lowland southern Viet Nam that are north of the Mekong Delta. There are six provinces, including the biggest city in Viet Nam, Ho Chi Minh City, formerly Saigon.
- Mekong Delta: Viet Nam's southernmost region, containing 13 mostly small but populous provinces. This region is considered the rice granary of Viet Nam, providing millions of tons of rice for export every year.

Culture, religion, traditions and beliefs contribute significantly to the construction of gender identities and social norms. Vietnamese culture is deeply influenced by Confucianism, which is characterized by patriarchy, male privilege and hierarchical relationships (Bourke-Martignoni, 2001¹; Mai et al., 2004²; Ghuman, 2005³). Within Confucian tradition, men are expected to perpetuate a patriarchal system across generations, maintain the family honour and educate women in the family. Women are expected to take care of the housework, procreate and educate children and care for other members of the family (Rydström, 2006)⁴. They also have a role to maintain “family harmony” and “family values”. Gender roles are defined clearly. It is commonly accepted that a woman should follow and obey her father and then, once married, her husband.

¹ Bourke-Martignoni J. *Violence against Women in Viet Nam: Report prepared for the Committee on the Elimination of Discrimination Against Women*. World Organisation against Torture (OMCT), 2001.

² Mai BTT et al. “*Why the Silence? Reasons why women who experience domestic violence in Viet Nam do not seek outside support*”. Consultation of Investment in Health Promotion, Viet Nam. Empowerment of Women Research Program, Academy of Educational Development, USA, 2004.

³ Ghuman S. Attitudes about Sex and Marital Sexual Behavior in Hai Duong Province, Viet Nam. *Studies in Family Planning*, 2005, 36(2):95-106.

⁴ Rydström H. *Masculinity and Punishment: Men's upbringing of boys in rural Viet Nam*. *Childhood*, 2006,13(3):329-346. Online access: <http://chd.sagepub.com/cgi/content/abstract/13/3/329>.

The concepts of *yin* and *yang*⁵ remarkably influence gender relations in Viet Nam. It is believed that men have more *yang* energy, which correlates with “hot” and “aggressiveness”, while women possess *yin* energy, recognized as a “cool” and “calm” quality. This belief is used to justify men’s violent behaviors and attitudes, which are perceived as “natural identities or characteristics” of men.

Economically, Viet Nam is a fast-growing country because of economic reforms in the late 1980s, which are known as *Doi Moi*, or Renovation). *Doi Moi* transformed the country from a planned economy to a socialist-oriented market economy. These economic reforms also marked the beginning of a cultural transformation that had a major impact on social and gender norms. Since *Doi Moi*, more women have entered the labor market. However, women continue bearing the traditional responsibility for care-giving and domestic work. This means heavy responsibilities for women, both in the private and public spheres.

1.2. Background on violence against women in Viet Nam

International legal and policy framework

Viet Nam has demonstrated its strong commitment to promote gender equality and to end violence against women by ratifying several core international human rights treaties, including those on civil and political rights (ICCPR), economic, social and cultural rights (ICESCR), racial discrimination (CERD), gender equality (CEDAW) and child rights (CRC)⁶. These international agreements state clearly the importance of recognizing, protecting and fulfilling the rights to health, life, protection and security of men, women and children. These commitments have laid a strong foundation for the creation of national legal and policy frameworks that address gender-based violence in Viet Nam. International agreements are embodied in the 1995 Constitution and in national laws and policies. The government is also committed to achieve the 1994 Cairo International Conference on Population and Development Plan of Action, the 1995 Beijing World Conference on Women Platform of Action and the United Nations Millennium Development Goals.

National legal and policy framework

Traditionally, domestic violence and intimate partner violence are considered sensitive and private issues in Viet Nam (Romedenne & Loi, 2006)⁷. However, several legislative and policy documents since 1992 address the issue and include measures to provide protection to those experiencing domestic violence and promote gender equality.

⁵ Rydstrom H. Encountering "hot" anger. Domestic violence in contemporary Vietnam. *Violence against women*. 2003, 9 (6): 676-97

⁶ (1) ICESCR or International Covenant on Economic, Social and Cultural Rights, (2) ICCPR or International Covenant on Civil and Political Rights, (3) CEDAW or Convention on the Elimination of all forms of Discrimination Against Women, (4) CRC or Convention on the Rights of the Child.

⁷ Romedenne M, Loi VM. *Domestic violence: The Vietnamese shift. Findings and recommendations from the UNFPA/SDC project*, 2006.

The Box 1.1 below lists the laws, policies and documents that explicitly prohibit acts of maltreatment, ill-treatment and violence. They emphasize the principle of equality between men and women and the duty to respect and take care of family.

BOX 1.1 National legal and policy framework for DV in Viet Nam

LAWS:

- 1992: Viet Nam Constitution
- 1995: Civil Code
- 2000: Law on Marriage and Family
- 2003: Penal Code
- 2003: Ordinance on Population (03/2003/PL-UBTVH11)
- 2004: Law on Protection, Care and Education of Children
- 2004: Civil Procedure Code
- 2006: Law on Gender Equality
- 2007: Law of Domestic Violence Prevention and Control
- 2009: Law on the Elderly (No.39/2009/QH12)

POLICIES:

- 2005: Directive No. 49-CT/TW on the development of the Vietnamese family
- 2008: Directive on the implementation of the Law on Domestic Violence (DV) Prevention and Control No. 16/2008/CT-TTG.
- 2009: Decree 08/2009/ND-CP on the implementation of several articles of the Law on DV Prevention and Control.
- 2009: Decree 110/2009/CP on handling administrative violations in the area of preventing and combating DV
- 2009: Circular 16/2009/TT-BYT on admission and provision of healthcare and reporting on patients who are victims of DV at health facilities
- 2009: Decree No.55/2009/ND-CP on regulating punishment of administrative violations of gender equality
- 2010: Circular for DVL 02/2010/TT-BVHTTDL

STRATEGIC DOCUMENTS

- Comprehensive Poverty Reduction and Growth Strategy, 2002
- National Family Strategy, 2005-2010.
- Action Plan for the advancement of Vietnamese women for the period of 2001-2005
- Action Plan for the advancement of Vietnamese women for the period of 2006-2010
- National Strategy for the Advancement of Women by 2010
- Plan of Action on DV Prevention and Control of the Ministry of Culture, Sports and Tourism, 2008-2015.
- National Plan of Action for DV, 2010-2020 (draft)
- National Strategy on Gender Equality for the Period of 2011-2020
- Socio-economic Development Plan, 2011-2015 (draft)

The 2002 Comprehensive Poverty Reduction and Growth Strategy identified gender inequality and domestic violence as obstacles to development and included as one of its objectives reducing the vulnerability of women against family violence. Subsequently, the Central Committee of the Communist Party issued Directive No. 49-CT/TW dated 21 February 2005 on the development of the Vietnamese family in the era of industrialization and modernization, which states that the government should “have in place specific plans and measures to prevent and combat domestic violence”.

In 2006, the Law on Gender Equality (GE Law) was passed which provides for gender equality in all areas of life and details the responsibility of organizations, institutions, families and individuals in ensuring these principles. It was followed by passage in 2007 of the Law on Domestic Violence Prevention and Control (DV Law), which provides explicit protection from violence within the family to its members and covers a wide range of acts of domestic violence. The DV Law is a civil law and complements the Penal Code and other criminal laws that address others forms of violence.

To facilitate the implementation of the GE Law and the DV Law, the government has issued several decrees, circulars and national plans of action that outline the roles and responsibilities for implementation, monitoring, reporting, coordination and budgeting of line ministries, people’s committees, mass organizations, communities and individuals.

The government also has produced a number of national strategies, which include measures for the prevention and control of domestic violence. Reducing gender-based violence is one of the key objectives that the draft National Strategy on Gender Equality 2011-2010 sets out.

Although there has been a major commitment to establish laws and policies to combat domestic violence, there is a gap between the theory and practical implementation at all levels. The knowledge and perceptions about domestic violence among both the public and duty bearers still remains limited. Major contributing factors to this situation include domestic violence being considered a private family matter in which society should not interfere and that violence is accepted as normal behavior.

Implementing laws and policies require significant human and financial resources. The issues of GBV have competition for attention from the party, government and National Assembly with other key development priorities. The political environment is receptive to tackling the issue of domestic violence, but much advocacy remains to be conducted as well as a change of attitude from one that views domestic violence as an internal family matter to one that recognizes domestic violence as an attempt against someone’s dignity and a violation of basic human rights.

What was known about the extent of domestic violence against women?

Until now, the extent to which women suffer from domestic violence in Viet Nam was not fully known. Some small-scale quantitative and qualitative studies have been undertaken over the last few years showing that domestic violence is a problem in the country. District- and commune-level officials estimated that verbal violence occurred in 20%–50% of families and physical violence in

16%–33% and emotional violence 19%-55% (Loi et al, 1999)⁸, (Vung, 2008)⁹, (Luke et al, 2007)¹⁰. They further found that all forms of violence occurred less frequently in households where the husband and wife were equal income earners and that verbal abuse was highest in households where the woman was the main income earner.

In addition, a few nationwide surveys on other issues included basic questions related to domestic violence. In particular, the National Study on Family conducted in 2006 (the Ministry of Culture, Sports and Tourism, the GSO and UNICEF, the Institute for Family and Gender Studies (IFGS), 2008)¹¹ showed that 21.2% of couples have experienced at least one type of domestic violence in the 12 months preceding the study, including verbal violence, emotional abuse, physical or sexual violence. The Viet Nam Multiple Indicator Cluster Survey¹² from 2006 indicated that 64% of women 15-49 years old accepted violent treatment from their husbands as normal.

Thus far, Viet Nam had not conducted a nationwide dedicated study on DV and violence against women (VAW) to obtain a comprehensive picture about domestic violence against women in the country. There was a real need for more sound evidence for policy recommendations and for baseline data against which the impact of implementation of the DV Law, strategies and programmes can be measured in the future. More specific and in-depth research was identified as a priority to learn more about the prevalence, causes and consequences of different forms of domestic VAW in the country. This marked the first time a large-scale quantitative and qualitative study on this topic was conducted in Viet Nam.

1.3. Theoretical framework and definitions of violence against women

Theoretical framework

A typology of violence is presented below in Figure 1 (WHO, 2002¹³). The main types of violence are divided into self-directed, inter-personal and collective violence. The National Study on Domestic Violence against Women in Viet Nam is only occupied with interpersonal violence and focuses to a large extent on domestic violence -- in particular on violence by partners and also on child abuse as reported by women (indicated in red in Figure 1.1).

⁸ Loi VM et al. *Gender based violence*. World Bank, 1999.

⁹ Vung ND, Per-Olof Ostergren, Krantz G. Intimate partner violence against women in rural Vietnam -- different socio-demographic factors are associated with different forms of violence: Need for new intervention guidelines? *BMC Public Health*, 2008. 8:55.

¹⁰ Luke N et al. Exploring risk factors and attitudes of couples to partner violence in Vietnam. *Journal of Violence against women*, 2007, 13(1): 5-27.

¹¹ Ministry of Culture, Sports and Tourism, General Statistics Office, UNICEF, Institute for Research on Family and Gender Issues. *Viet Nam Family Survey 2006*, 2008.

¹² Viet Nam Multiple Indicator Cluster Survey 2006 - MICS3, General Statistics Office of Viet Nam, UNICEF, Viet Nam Committee for Population, Family and Children, Ha Noi, July 2007.

¹³ WHO. *World report on violence and health*. Geneva: World Health Organization, 2002.

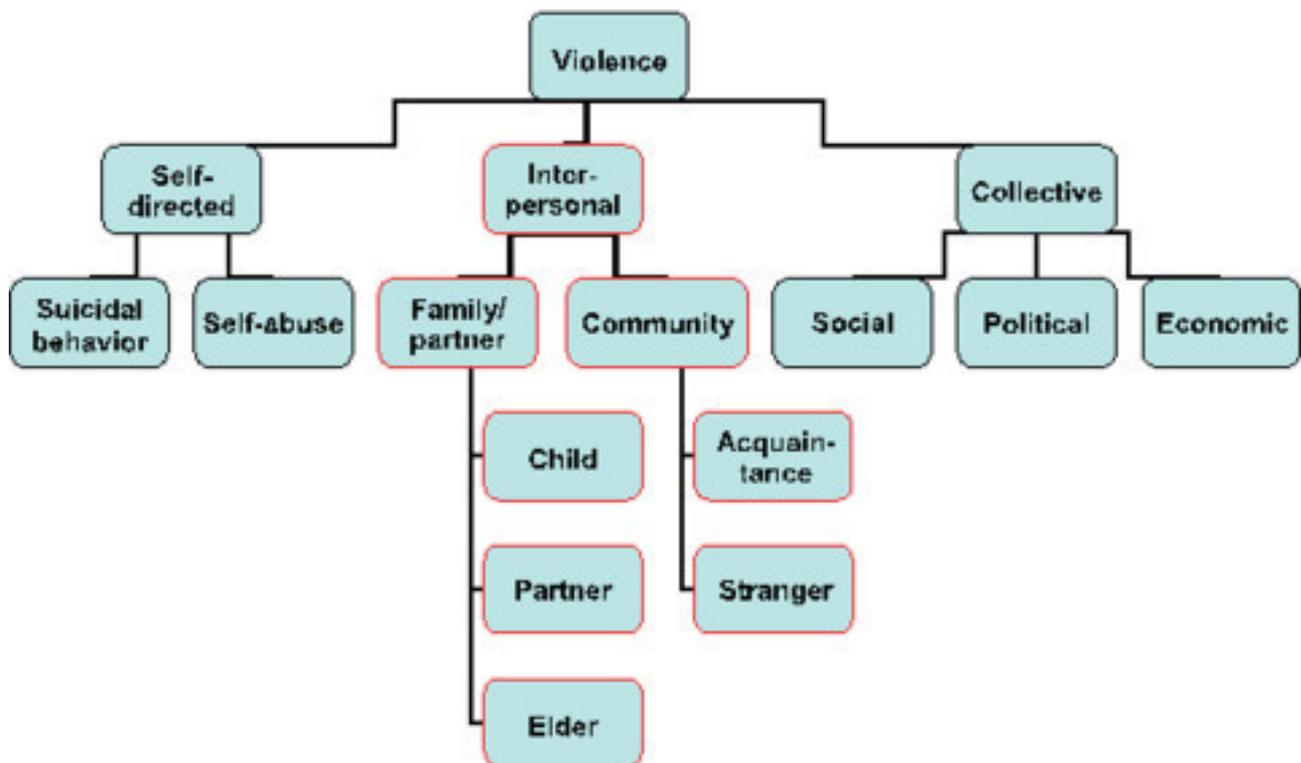


Figure 1.1 WHO Typology from the World Report on Violence and Health, 2002

Violence against women is commonly linked to a web of attitudinal, structural and systemic inequalities that are “gender based” because they are associated with women’s subordinate position in relation to men’s in society (Krantz & Garcia-Moreno, 2005¹⁴).

There is a consensus that no single cause adequately accounts for domestic and partner violence against women. To understand the interplay of factors that combine to cause partner violence, researchers increasingly use an ecological framework in which risk factors at individual, relationship, community and societal levels are represented as nested circles (WHO, 2002¹⁵; Heise, 1999¹⁶).

These levels are presented as concentric circles, from inside to outside: the individual, the family, the community and societal level, as presented in Figure 1.2. The individual level includes biological or personal aspects that could influence the behavior of individuals, affecting the possibility of committing aggressive acts towards others. The family level refers to explanatory factors within close social relationships of the women such as the school, workplace or neighborhood. At the community level, women’s isolation and lack of social support, together with male peer groups that condone and legitimize men’s violence and women’s peer groups that normalize violence, predict higher rates of violence. Finally, the societal level refers to causal

¹⁴ Krantz G, Garcia-Moreno C. Violence against women. *Journal of Epidemiology and Community Health*, 2005, 59(10): 818-821.

¹⁵ Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.

¹⁶ Heise L, Ellsberg M, Gottemoeller M. Ending violence against women. *Popul Rep*, 1999, 27:1-43.

factors related to the social structure, laws, policies, cultural norms and attitudes that reinforce violence against women in society.

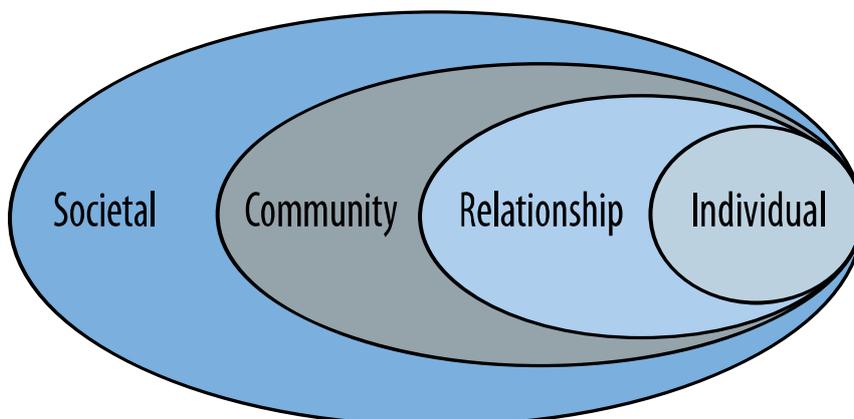


Figure 1.2 Ecological model of factors associated with partner abuse

General definitions

The United Nations Declaration on the Elimination of Violence against Women (1993) has defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”.¹⁷

The United Nations declaration and WHO also state that violence against women encompasses, but is not limited to, three forms of violence: psychological and emotional, physical and sexual (United Nations, 1995¹⁸; WHO, 2002¹⁹). Psychological and emotional violence is defined by acts or threats of acts, such as shouting, controlling, intimidating, humiliating and threatening the victim. This may include coercive tactics. Physical violence is defined as one or more intentional acts of physical aggression such as, but not limited to, pushing, slapping, throwing, hair-pulling, punching, hitting, kicking or burning, perpetrated with the potential to cause harm, injury or death. Sexual violence is defined as the use of force, coercion or psychological intimidation to force the woman to engage in a sexual act against her will, whether or not it is completed.

Domestic violence, or family violence, is a concept that overlaps with VAW, but it is not precisely the same. It reflects various forms of violence perpetrated by a family member or a group of family members against another family member or another group of family members (husband-wife,

¹⁷ United Nations. *Declaration on the elimination of violence against women*. United Nations General Assembly resolution, document A/RES/48/104. New York, NY, 1993.

¹⁸ UN. *Beijing declaration and platform for action*. Paper presented at the fourth world conference on women: Action for equality, development and peace, 1995.

¹⁹ WHO. *World report on violence and health*. Geneva, World Health Organization, 2002.

parents-children, violence from in-laws or violence against the elderly) (Romedenne & Loi, 2006²⁰). According to many studies, the most common type of family violence is violence against women committed by an intimate partner (intimate partner violence), also referred to as “wife-beating” or “battering”. Domestic violence against women and intimate partner violence are often used interchangeably (Krantz & Garcia-Moreno, 2005), which is sometimes confusing because partner violence is only one manifestation of domestic violence.

Intimate partner violence (IPV) is the actual or threatened physical or sexual violence or psychological and emotional abuse directed towards a spouse, ex-spouse, current or former boyfriend or girlfriend or current or former dating partner (Krug et al., 2002).

Intimate partners are the most frequent perpetrators of domestic violence against women (WHO, 1997²¹). Intimate partners may or may not be cohabiting. The woman is often emotionally involved with and/or is economically dependent on the perpetrator, which affects the dynamic of the abuse and places the woman at a disadvantage in being able to deal with the violent situation. The overwhelming burden of partner violence is shouldered by women, although men also have to face violence in relationships and it also occurs in same-sex relationships (Heise et al., 1999²²).

Definition of domestic violence according to the DV Law

In the DV Law, a family member experiences domestic violence if another family member commits any of the following precisely defined acts:

- (1) Corporeal beating, ill-treating, torturing or other purposeful acts causing injuries to one’s health and life.
- (2) Insulting or other intended acts meant to offend one’s pride, honor and dignity.
- (3) Isolating, shunning or creating constant psychological pressure on other family members, causing serious consequences.
- (4) Preventing the exercise of the legal rights and obligations in the relationship between grandparents and grandchildren, between parents and children, between husbands and wives and among brothers and sisters.
- (5) Forced sex.
- (6) Forced child marriage, forced marriage or divorce and obstruction of free will and progressive marriage.
- (7) Appropriating, demolishing, destroying or other purposeful acts to damage the private properties of other family members or the shared properties of family members.
- (8) Forcing other family members to overwork or to contribute more earnings than they can afford; controlling other family members’ incomes to make them financially dependent.
- (9) Conducting unlawful acts to turn other family members out of their domicile.

²⁰ Romedenne M, Loi VM. *Domestic violence: The Vietnamese shift. Findings and recommendations from the UNFPA/SDC project*, 2006.

²¹ WHO. *Violence against women: A priority health issue*, 1997.

²² Heise L, Ellsberg M, Gottemoeller M. Ending violence against women. *Popul Rep*, 1999, 27:1-43.

The violent acts stipulated above also may be applicable to family members in cases of divorcees or living together as husband and wife without marriage registration.

1.4. Objectives and organization of the study

The National Study on Domestic Violence in Viet Nam is an activity under the United Nations - Government Joint Programme on Gender Equality (funded by the Millennium Development Goals Fund), which was approved on 19 March 2009 by three implementing government agencies²³ and 12 United Nations agencies involved²⁴.

Objectives of the research

The research has four direct objectives:

- (1) To estimate the prevalence, frequencies and types of the following forms of violence against women and children;
 - Physical and sexual violence, emotional and economic abuse and controlling behaviors by husbands against their wives.
 - Physical and sexual violence against women beginning at 15 years old, by any perpetrator, and sexual abuse before 15 years old by any perpetrator²⁵.
 - Domestic violence against male and female children under 15 years old such as emotional abuse and physical and sexual violence perpetrated by their fathers, as reported by mothers of children in this age group.
- (2) To assess the extent to which domestic violence against women is associated with a range of health and other outcomes;
- (3) To identify the factors that may either protect or put women at risk of domestic violence; and
- (4) To document and compare the strategies and services that women use to deal with domestic violence, perceptions about domestic violence against women and how much women know about their legal rights.

Indirect objectives include the following:

- (1) To increase national capacity and collaboration among researchers and women's and other civil society organizations working on domestic violence;
- (2) To increase awareness about and sensitivity to domestic violence among researchers, policy-makers and health care providers; and
- (3) To contribute to the establishment of a network of people committed to address domestic violence.

²³ Ministry of Labour, Invalids and Social Affairs; Ministry of Culture, Sports and Tourism; General Statistics Office.

²⁴ FAO, ILO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNIDO, UNIFEM, UNODC, WHO.

²⁵ Exploring violence by other perpetrators than husbands enables identifying forms of domestic violence against women by other family members and provides an opportunity to determine to how important domestic violence and partner violence against women is in comparison to other experiences of interpersonal violence in a woman's life.

The data collected in this study will provide the necessary evidence of the prevalence of domestic violence against women in Viet Nam and will be a useful tool in the advocacy for setting up services for victims, perpetrators and their families. The information collected will enable the relevant government agencies and civil society actors to develop adequate policies and programmes to address domestic violence against women effectively.

Organization of the study

Research Team

The research team consisted of seven core members, including two experts from the GSO; an expert from the Ministry of Health; two national consultants from CCIHP; an international consultant; and a staff member from WHO Viet Nam. Annex I provides the list of research team members, experts and advisers.

The role of the GSO was the overall management of the survey and the implementation of the fieldwork. This included logistics and overall management; leading the National Survey Steering Committee; organization of the planning, consultation and report-writing workshops; pretesting the questionnaire; recruitment of the fieldworkers for the survey; organization of the training; fieldwork and supervision; data management; organization of a press conference; and dissemination workshops.

The role of WHO was to provide technical assistance and overall coordination of the full research. This includes technical assistance to the GSO; recruitment of national and international consultants; acting as a liaison with United Nations agencies, in particular the United Nations Population Fund (UNFPA) as Joint Programme on Gender Equality (JPGE) managing agent and the sub working group on gender-based violence; and facilitation of communications with stakeholders.

The role of international and national consultants was for technical and quality input. This included participation and presentations in the planning and consultation workshops; translation and adaptation of the questionnaire and manuals; training fieldworkers; supervising the quantitative survey fieldwork; organization and implementation of the qualitative research component; data analysis and report-writing; and the presentation of findings in dissemination workshops. The international consultant had overall responsibility for maintaining the scientifically and ethically sound standards of the study's implementation and report.

Regular consultation with stakeholders

Stakeholders were consulted regularly during the implementation of the research. Two consultation workshops were held: one to present the methodology, final draft research plan and questionnaire, with the aim of collecting feedback and suggestions for finalization; the second to present the preliminary findings and first draft of the report, again with the aim of collecting feedback and suggestions for finalization. In addition, a few weeks before the official launch, the draft report was presented to line ministries for discussion and preparation on further steps.

Key stakeholders represent government, national civil society and the international community, including:

- The National Assembly, including the Committee on Social Affairs and the Department of Social Affairs from the National Assembly Office.
- Ministries, including the Ministry of Planning and Investment (MPI); the Ministry of Health (MOH) departments such as the Maternal and Child Health Department, the Administration for Medical Services, the General Administration for Population, the Health Legislation Department, the Department of Planning and Finance and Preventive Medicine Department; the Ministry of Culture, Sports and Tourism (MOCST); the Ministry of Labor, Invalids and Social Affairs (MOLISA); the Ministry of Justice (MOJ); the Ministry of Police and Security (MPS); and representatives from the National Committee for the Advancement of Women (NCFAW).
- Mass organizations, including the Women's Union and Centre for Women and Development (CWD), Youth Union and Farmers Union.
- United Nations agencies and the United Nations Working Group on Gender-based Violence, including the International Organization for Migration (IOM), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Development Fund for Women (UNIFEM), part of UN WOMEN, the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO).
- National nongovernmental organizations (NGOs), including the Centre for Studies and Applies Sciences in Gender-Family-Women and Adolescents (CSAGA), Consultation of Investment and Promotion (CIHP), the Centre for Creative Initiatives in Health and Population (CCIHP),
- The Institute for Social Development Studies (ISDS), the Institute for Family and Gender Studies (IFGS) and the Vietnam Academy of Social Science (VASS).
- International NGOs, including Peace and Development, Oxfam, Save the Children, Action Aid and the Population Council.
- Embassies and bilateral cooperation organizations, including the Swiss Agency for Development and Cooperation (SDC), the Swiss Embassy, the Spanish Agency for International Development Cooperation (AECID), the Embassy of Australia and the Australian Agency for International Development (AusAID).

National Survey Steering Committee

This committee was led by the Vice General Director of the GSO. Members include representatives from the relevant ministries listed above and from the relevant departments in the GSO, i.e. the Department of Social and Environmental Statistics, the Department of Human Resources and the Cabinet. The committee was responsible for the overall implementation of the survey fieldwork according to the agreed principles, objectives and timelines. For its daily work, the committee was supported by staff from the Department of Social and Environmental Statistics of the GSO.

2. METHODOLOGY

2.1. Quantitative component

The quantitative component replicates the methodology developed for the *WHO Multi-country Study on Women's Health and Domestic Violence*, with the exception of the sample size. The countries in the WHO study usually sampled one or two sites with about 1500 respondents at each site. The study in Viet Nam used a larger nationwide sample.

Sample

The quantitative component consisted of a cross-sectional nationwide household survey of 4838 women 18-60 years old, representing all women in this age group in the country. The sample selection was conducted by the Social and Environmental Statistics Department in collaboration with the Population and Labor Statistics Department of the General Statistics Office (GSO), which provided the sampling frame, the list of the census enumeration areas (EAs) and the list of selected household members in consultation with the international consultant.

It was targeted to interview 5520 respondents in a sample representing all 63 provinces in the six economic-geographical regions of Viet Nam. These respondents came from households that were selected in a multistage cluster sampling strategy in 460 EAs (from a 15% listing of the 2009 census EAs). Only one woman per household was selected to be interviewed.

With precision within a defined 95% confidence level, the sample design allows for reliable estimates of the prevalence of different forms of violence against women for the entire country, for the six economic-geographical regions, and for urban and rural areas. For more details on the sampling strategy, refer to Annex III.

Eligible women

In the *WHO Multi-country Study on Women's Health and Domestic Violence*²⁶, most countries included women 15-49 years old. This age range was used in the WHO study because of the special interest in the reproductive health consequences of violence and to compare them with women in other countries and other studies.

In Viet Nam, it was decided to include all women between 18 years old and 60 years old as a study population. The minimum age was chosen because women under 18 years old would need parental approval to participate in the survey and it would mean broadening the field procedures. In addition, 18 years old is the minimum legal age for marriage²⁷.

²⁶ Available at: www.who.int/gender/violence/en/

²⁷ Only partnered women could be asked questions on partner violence and women under 18 were unlikely to be married or otherwise with a partner.

The chosen maximum age of 60 years old²⁸ has several advantages for Viet Nam. First, the proportion of households with eligible women in the sample would be higher when compared with a more limited age group. Second, it would allow documentation of the experiences of women over 49 years old. This is significant because they also are part of the family, at risk of domestic violence and are covered by the 2007 Law on Domestic Violence Prevention and Control. Because of their age, they may experience different types and patterns of violence.

Rather than focusing on women who are currently married or who have ever been married, the sample was drawn from all women in the above-mentioned age group and included besides divorced or widowed women also women who never had a partner, and potentially also women who are dating or cohabiting. Although the survey focuses on violence by husbands, the questionnaire also documents the extent to which all women have been physically, sexually or emotionally abused by different perpetrators at different stages in their lives, as explained in the objectives of the study (section 1.4).

Questionnaire

The survey questionnaire used in Viet Nam was adapted from the WHO multi-country Study survey questionnaire, Version 10 (Rev. 26 January 2005). It first was reviewed by the research team, translated from English into Vietnamese and presented for discussion to relevant authorities, experts and other stakeholders in the gender field in Viet Nam.

The questionnaire includes sections on the following:

- Section 1: Characteristics of the respondent and her community
- Section 2: General health
- Section 3: Reproductive health
- Section 4: Information regarding children
- Section 5: Characteristics of the current or most recent partner
- Section 6: Attitudes towards gender roles
- Section 7: Experiences of partner violence
- Section 8: Injuries resulting from partner violence
- Section 9: Impact of partner violence and coping mechanisms used by women
- Section 10: Non-partner violence and violence against children
- Section 11: Financial autonomy
- Section 12: Anonymous reporting of childhood sexual abuse, respondent feedback

Annex I-a shows the full questionnaire.

Major differences from the generic WHO questionnaire were five new HIV-related questions, four new questions on child abuse and a question on the domestic violence law. Some minor modifications were also introduced. (See Annex II-b for the list of modifications.)

²⁸ Age was not determined to be the precise age on the day of the survey because the selection of eligible women was made in advance, to enable sending an invitation to the selected woman. The age was in many cases based on the year of birth in relation to the year of the survey. Some respondents reflect their year of birth in terms of the astrological calendar, which differs a few months from the Gregorian calendar.

The questionnaire was meant for all selected women in the eligible age group, whether partnered or not. However, questions about partner violence were administered only to women who reported to ever having had a partner or husband.

The questionnaire was pretested in Ha Noi and Tien Giang before it was finalized. At this stage, respondents were not only asked to answer questions from the questionnaire but also were asked to provide feedback on the clarity and acceptability of the questions and the way in which the questionnaire was delivered.

Operational definitions

The general definitions of violence were given in Chapter 1. In order to measure intimate partner violence and other types of violence in the survey, the different types and aspects of violence were operationalized using a range of behavior-specific questions related to each type of violence as follows:

A. Questions asked of partnered women about husband or partner

Physical violence by husband or partner (acts c-f are considered severe)

- (a) Slapped or threw something at her that could hurt
- (b) Pushed, shoved her or pulled her hair
- (c) Hit her with a fist or something else that could hurt
- (d) Kicked, dragged or beat her up
- (e) Choked or burned her purposely
- (f) Threatened to use or actually used a gun, knife or other weapon against her

Sexual violence by husband or partner

- (a) Physically forced her to have sexual intercourse when she did not want to
- (b) She had sexual intercourse when she did not want to because she was afraid of what her partner might do
- (c) He forced her to do something sexual that she found degrading or humiliating
- (d) He forced her to have sex with another person²⁹

Emotional abuse by husband or partner

- (a) Insulted her or made her feel bad about herself
- (b) Belittled or humiliated her in front of other people
- (c) Done things to scare or intimidate her on purpose, e.g. by the way he looked at her, by yelling or smashing things

²⁹ This act was not in the original WHO questionnaire but was added in the Viet Nam questionnaire.

- (d) Threatened to hurt someone she cared about
- (e) Threatened to throw her or actually threw her out of the house³⁰

Controlling behaviors by husband or partner

- (a) Tried to keep her from seeing friends
- (b) Tried to restrict contact with her family of birth
- (c) Insisted on knowing where she was at all times
- (d) Ignored her and treated her indifferently
- (e) Got angry if she spoke with another man
- (f) Was often suspicious that she was unfaithful
- (g) Expected her to ask permission before seeking health care for herself

Physical violence in pregnancy

- (a) Slapped, hit or beaten while pregnant
- (b) Punched or kicked in the abdomen while pregnant

B. Questions asked of all women about others than husband or partner

Physical violence after 15 years old by others than husbands or partners

Since she was 15 years old, someone other than her partner beat or physically mistreated her.

Sexual violence after 15 years old by others than husbands or partners

Since she was 15 years old, someone other than her partner forced her to have sex or to perform a sexual act when she did not want to.

Childhood sexual abuse (retrospectively asked before 15 years old) by others

Before she was 15 years old, someone had touched her sexually or made her do something sexual that she did not want to.

At the end of the interview the respondent was given a second -- anonymous -- opportunity to disclose childhood sexual abuse by marking a face card (see Figure 2.1) and seal it in an envelope.

³⁰ This act was not in the original WHO questionnaire but was added in the Viet Nam questionnaire.

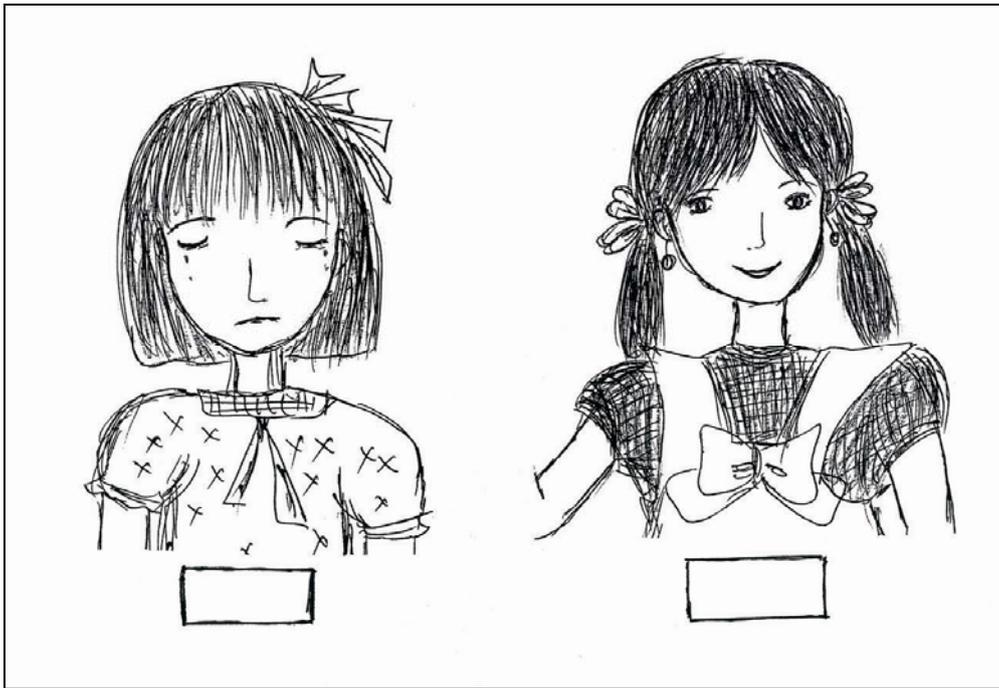


Figure 2.1 Card with pictorial representation of response to a question on sexual abuse before 15 years of old: tearful face indicates “yes”, smiling face indicates “no”.

C. Questions asked of women with children under 15 years old about whether these children experienced any of the following acts by their partners or husbands (acts b-e considered to be child abuse)

Acts by husband against a child

- (a) Done things to scare or intimidate a child or children purposely (e.g. by the way he looked at them, by yelling, smashing things or threatening them)
- (b) Slapped, pushed, shoved them or thrown something at them that could hurt them
- (c) Hit them with his fist, kicked them, beaten them or done anything else that could hurt them
- (d) Shaken, choked, burned them purposely or used a gun, knife or other weapon against them
- (e) Touched child or children sexually or made them do something sexual that they did not want to

Reference periods

For each act of physical, sexual and emotional abuse that the respondent reported as having happened to her, she was asked whether it had ever happened during her lifetime, in the past 12 months and with what frequency (once, 2-5 times or more than five times). The two reference periods were used to calculate lifetime prevalence and the current prevalence of violence.

Both time periods are important and reveal different aspects of the problem. The lifetime prevalence of violence (or “ever experienced violence”) measures whether a certain type of violence has

occurred in her life, even if it was only once. In this sense, it is cumulative and, as per definition, it would increase with age. It reveals how many women experienced violence at some time in their lives. This is especially important for advocacy and awareness creation.

Prevalence in the 12 months preceding the survey (“current violence”) reflects types of violence only when they occurred in the past 12 months. This is by definition lower than lifetime prevalence because it measures only violence that occurred recently. The proportion experiencing violence in the past 12 months is significant in understanding the situation at one point in time: the present situation. This is significant for drafting intervention programmes (e.g. how many women would currently need services). The 12-month period is also significant for monitoring change to determine the impact of these programmes³¹.

Partnership definition

According to the Viet Nam DV law women can experience domestic violence only from current or former husbands or cohabiting partners without marriage registration. In this survey women are considered ever-partnered if they have ever been married, ever lived with a man or ever had a dating partner (boyfriend). In practice, in this survey almost 100% of the ever-partnered women were ever-married (see below for a description of the sample). This implies that if they experience partner violence this would correspond with the definition of domestic violence in the DV law.

Fieldworkers’ selection and training

One of the many steps to ensure a cross-country comparability is the careful selection and standardized training of fieldworkers (Jansen, et al., 2004)³². The research team sought to recruit 71 fieldworkers, but in order to be able to select the best interviewers from the pool of trainees and to have a reserve they trained 82 potential fieldworkers.

The selection criteria for potential fieldworkers included being female and between 30 years old and 60 years old. Previous experience in survey work was required, so they were selected among the staff from Provincial Statistics Offices (75) and the GSO (seven). Important skills sought were the ability to interact with all classes of people, a nonjudgmental attitude, maturity and life experience, good interpersonal skills to build a rapport with the respondent and experience in dealing with sensitive issues.

Since interviewers already had survey experience, it was possible to adapt and develop a shorter two-week training curriculum based on the standardized programme from WHO, which is normally

³¹ Caution is always required with the interpretation of change of prevalence. Sometimes when awareness is increased, more women disclose violence and the prevalence rate will go up – which does not necessarily mean that the violence has increased.

³² Jansen HAFM et al. Interviewer training in the WHO Multi-Country Study on Women’s Health and Domestic Violence. *Violence Against Women*, 2004, 10(7):831-849.

three weeks. The training took place during two weeks in November 2009. Two days were dedicated to gender sensitization training followed by training in interview techniques, discussion of the questionnaire (a question-by-question explanation) and role playing. One day in the second week was dedicated to practice in the field (pilot study).

Fieldwork procedures

To prevent exhaustion in violence against women (VAW) studies, it is recommended that interviewers should not conduct more than about 100 interviews during the survey. Further, experience from other studies has shown that it is advisable to finish one cluster in one day so that safety and confidentiality does not get compromised. These recommendations were followed.

As each interviewer was expected to conduct three interviews in one day, and since each cluster consisted of 12 households, it was decided to organize teams of three interviewers with one team leader and one field editor. For the fieldwork to be completed in two months, 14 field teams of five people each were formed. Team leaders were responsible for overseeing all activities of the team in each EA. Field editors would ensure that questionnaires were completed and correctly filled out and interviewers conducted the face-to-face interviews.

Women were not interviewed in their homes but received a letter of invitation in advance and were interviewed in a central neutral location, usually the commune centre. The idea behind interviewing the women in a central location was that this would be safer and more private because the women would not be surrounded or overheard by family members, including a husband. It also was expected that using this method would mean a lot of time saved that otherwise would be spent locating the households and finding a suitable time to meet the women, which may have involved revisits.

The fieldwork took place from December 2009 to February 2010 during approximately two months. Ethical and safety considerations were applied throughout the fieldwork, as explained in detail in Section 2.3 below.

Mechanisms for quality control

To ensure high quality in data collection, four different levels of control were set up.

Firstly, editors in each team checked all completed questionnaires immediately after the interview while the respondent was offered a tea, in case she would need to clarify or complete some questions. If an error was found, interviewers were asked to correct it while the respondent was still nearby.

The second level was the field report that team leaders and editors prepared at the end of each day for every EA that was completed. These reports helped supervisors to check and address any issues that arose in the field in a timely manner.

Thirdly, all 14 teams were directly supervised during the data collection at least twice by members of the core research team in the field, including national consultants, experts of the GSO and United Nations staff. These supervision trips especially were intense during the first weeks of the fieldwork so technical support could be provided onsite and to ensure that safety and ethical procedures were applied correctly.

Lastly, any issues that arose during the fieldwork were reported directly to the core research team under the guidance and supervision of the international consultant.

Data processing and analysis

A data entry system was created in the Census and Survey Processing System (CSPRO 2.5) with an extensive error check program. All information collected with the questionnaires was entered into this central system in Ha Noi. All data were double-entered to minimize data entry errors. Dummy tables, a data dictionary and analysis syntaxes in Data Analysis and Statistical Software (STATA) were adapted and created for the data analysis to be conducted in Viet Nam.

Weighting was done to correct for the effect of sampling in order to achieve population estimates. Sample weights were calculated for the selection probability of the EAs, the households within the EAs and the women among the eligible women in the household. Without weighting for the number of women in a household, women from small households would be overrepresented in the sample because of a higher probability that they would be selected compared with women in larger households (i.e. with two or more eligible women).

For this report univariate, exploratory and descriptive analyses of the results from the questionnaires were performed. All results in this report reflect weighted analysis.

2.2. Qualitative component

Qualitative research was conducted to further explain the quantitative results and fill in some information gaps that, because of their nature, could not be explained with quantitative data. More specifically, the qualitative research seeks to contextualize the violence and learn the associated images and roles men and women play in the context of conflicts and violence. Further, it was expected the research would provide a better understanding of the perceived causes of violence, risk factors, how violent episodes escalate and the chief consequences of violence. It also describes situations in which it is appropriate for family members, neighbours and other people to intervene and gathers perceptions from members of the community, authorities and third parties about violence. Lastly, the qualitative research allows triangulation of the quantitative findings from the survey and will be useful in making recommendations for policies and programmes.

Team and research sites

Research team: The qualitative research was conducted by three teams, each one composed of four national experienced researchers and a research assistant. Three of the senior researchers were part of the study core research team.

Research sites: To include participants from different regions, three provinces representing northern, central and southern Viet Nam were chosen for the field work: Ha Noi (North), Hue (centre) and Ben Tre (south).

The reasons for choosing these provinces were:

- (1) Three main regions are included and the combination allows for a good representation of rural and urban areas.
- (2) Intervention projects for gender-based violence survivors were available in these provinces, which was extremely useful in identifying and selecting women who suffer from violence for the interviews with minimum risk. Besides, these services would provide the necessary emotional support for women after the interview, when needed. These projects were managed by the Ha Noi Health Service Department, the Huong Thuy Women's Union and the Ben Tre Department of Population and Family Planning.

Interview guides

Specific guides for interviewers and facilitators were adapted from the generic WHO interview guides by the core research team in consultation with experts from the United Nations, the GSO and the international consultant who provided comments. Tools were pretested in March and adjusted before the fieldwork started. To ensure homogeneity in the application, all researchers attended a daylong preparation workshop.

Sample and implementation

Qualitative data were collected in April 2010 through 30 in-depth interviews (IDI) and four focus groups (FG) in each province; in total 90 IDIs and 12 FGs were conducted. In addition, interview guides were tested in eight interviews and focus group discussions before the fieldwork. For safety reasons and to protect women's confidentiality, the communes that were selected for the survey data collection were carefully avoided in the qualitative research.

Participants to the IDI in each research site:

- (1) Five women survivors of violence.
- (2) Five key informants (a staff member from the Women's Union, a health care provider, a police officer, a village leader, a chair and vice-chair of Communist Party).
- (3) Ten women and ten men from the community.

Women survivors of domestic violence could come from different communes and were clients of the counseling centre for the past six months. Women were selected so that there were two cases of physical violence, one of sexual violence and two of emotional violence. The selection included women who had suffered recent violence (less than five years earlier) and women who experienced violence for 10 or more years. These women could fall into different age categories: 20-30 years old, 30-40 years old and 40-50 years old.

The remainder of the respondents and FG participants were recruited through the Commune People's Committee in one commune. Participants in the IDIs were selected from different villages where the FGs were organized for increased confidentiality and, when possible, they belonged to different socioeconomic groups (poor, middle-class and wealthy).

Women and men from the community were married, three men and three women were 20-30 years old, four of each sex were 30-40 years old and three were 40-50 years old. They could not be married to any of the other respondents.

Participants in the FG:

There were two FGs for women and two for men, with five to seven participants in each group. Participants were selected among people in average villages (in terms of their social and economic situation) of the commune and, to achieve a higher level homogeneity, they were divided by sex (women and men) and by age (20-30 years old and 40-50 years old).

Data processing and analysis

IDIs and FGs were recorded and transcribed, to be analyzed thematically. Based on the report outline, a coding table was created and text was coded using ALASTI 5.0.

2.3. Ethical and safety considerations

Because of the sensitivity of the subject, the *Ethical and Safety Recommendations for Research on Domestic Violence with Women*³³ was strictly applied to all survey procedures.

'Safe name' for the study: For women experiencing violence, the mere act of participating in a survey may provoke further violence or place the respondent or interviewer at risk. That is why the innocuous title (or 'safe name') of the survey (*National Survey on Women's Health and Life Experiences*) does not refer explicitly to violence. This title also would enable the respondents to explain the survey to others without raising suspicion. Wording has been carefully considered in all survey documents and transactions (internal documents of the GSO, supporting documents,

³³ WHO. *Putting women first: Ethical and safety recommendations for research on domestic violence against women*. Geneva, World Health Organization, 2001. Available at http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf

questionnaires, and manuals). This title also was used by the researchers and interviewers to describe the survey from the GSO to outside partners and local authorities.

Confidentiality agreement: All staff signed a confidentiality agreement on the final day of training as part of their work contract.

Informed consent: The invitation letter sent to selected women explained the elements in the informed consent: confidentiality, voluntary participation, right to refuse to answer, etc. Once the respondent and interviewer were alone, further information on the real scope of the study was provided as part of the consent procedure.

Confidentiality: Only the team leader had access to the list with the women's names. Interviewers only received a code for each respondent to mark in each questionnaire so that respondents could be identified.

Support for interviewers: Two counselors with specific experience on research with women who suffered violence were available to support and counsel interviewers where needed. They also were involved in the supervision visits to the field.

Support for respondents: A pocket-sized booklet containing general information on domestic violence and available services for survivors in Viet Nam was especially prepared and printed to give to all of the women after the interview ended. To minimize suspicion and distraction from the topic in the event the materials fell into the wrong hands, together with the booklet, a number of other leaflets with health information relevant to women also were distributed. It was necessary to discuss the risk for women if they brought the material home because in some cases a woman may not realize the risk.

One woman per household: In selected households with more than one eligible woman, only one respondent would be selected randomly so no one else in the household could be aware of the contents of the interviews.

Venue for the interviews: It was suggested in the first consultation workshop that interviews be conducted in a private room in a communal location (such as health centres, cultural houses or a commune's People's Committee building) instead of in the households, as done in other countries. In Viet Nam, it can be challenging to find privacy and maintain confidentiality. Asking women to leave their homes for the interviews would ensure the safety of the respondents and would avoid unwanted interruptions and uncomfortable questions. All selected respondents received invitations to one communal place such as a health centre or a cultural house for the interview at a specific time. While the interviews were conducted, the team leader also would ensure that no one would approach or interrupt the interviews, not even local authorities, who in some cases were too helpful and wanted to be around in case the interviewers needed their assistance.

Interviewers training: Fieldworkers were trained to terminate or change the subject of discussion if an interview was interrupted by anyone, including children. Fieldworkers also had practice in reducing any possible distress caused to respondents by the interview and creating a safe, gentle and trustworthy environment where the women could feel comfortable.

One site, one day: To maintain confidentiality, survey teams were not permitted to spend the night in the same commune where interviews were conducted, especially in the rural areas. Locals could ask them many questions about the scope of the research and it could create tense situations.

2.4. Response rates and description of the sample

The survey achieved a relatively high response rate: 78% of invited women came to the location of the interview and completed the interview. For more details on the response rate, see Table 2.1.

Table 2.2 describes the sample in terms of age distribution, educational levels, geographical distribution, ethnicity and partnership status. It is remarkable that 91% of respondents were ever-married and only 9% were never-married among which a small fraction who reported relationships different from marriages³⁴, including 0.2% currently cohabiting without being married. Because the proportion of these other partnerships is negligible, in this report the terms ever-partnered and ever-married are used interchangeably.

Table 2.3 shows how the distribution by age, region and ethnic group in the achieved sample compares with the distribution of women in the same age range in the census (2009).

Table 2.4 shows the effect of weighting by presenting prevalence data of lifetime and current physical, sexual and physical or sexual violence by husbands as follows:

- (1) unweighted (as if simple random sample);
- (2) weighted for the probability of selection of EA and households; and
- (3) weighted for the above as well as for the number of eligible women in the households.

The results show that when applying weights for the number of women in a household consistently all prevalence rates become slightly lower. The explanation for this consistent shift could be that women in larger families (who were underrepresented in the sample) are slightly more protected against partner violence compared with women in smaller families. With this last level of weighting, this bias (underrepresentation of women in larger families) is corrected.

2.5. Research as social action

This study has generated a great deal of new information that will be used for raising awareness and for formulating and guiding policies and interventions. The big difference from studies on other subjects is that this time it was not about mechanically collecting data and simply taking a snapshot of a situation. Because the study dealt with a sensitive topic, a topic that normally is hidden and silent, new and different methods had to be used, with the result that the study was making an impact while it was taking place.

³⁴ Of the 4561 interviewed women, about 1% reported relationships other than marriage: 8 were living with a man, 17 had formerly cohabited with a man, 13 were dating and 21 were formerly dating (not reflected in Table 2.2).

With respect to face-to-face interviews, interviewers had been trained more carefully than usual, support services and experts from outside had been brought on board and preparation and implementation had been conducted with ethical and safety considerations. The GSO realized much more than ever before that the participants were more than a number and that this time they were dealing with emotions, those of the participants and those of their own staff.

The struggles and emotions of the GSO interviewers who collected these results can be illustrated with the following words from one of the interviewers in her feedback³⁵ about her experiences in the field:

“When I encountered a case of abuse, sometimes I felt tense and ended up stopping the interview to invite the woman to take some water, give her a tissue and at the same time take a sip of water myself to restore my own psychological balance”.

The interviews were often a long and difficult journey for both respondents and interviewers but there is evidence from the data that it was not necessarily harder for those women who had disclosed violence compared with those who had not disclosed violence. For example, the duration of the interview was long; the median duration among all women was 85 minutes. However, the median duration between those who did and who did not disclose violence differed by only 10 minutes. (See Table 2.5).

The response to a question about satisfaction with the interview was very meaningful. Women were asked at the end of the interview how they felt -- better, the same or worse compared with before the interview. Overall, most respondents found participating in the study a positive experience. Among all women who completed the interview, 80% felt better after it. What is striking is that women who experienced violence by partners were more likely to feel better than those who did not experience violence, even more so for women who had suffered more severe levels of violence. Among those who reported both physical and sexual violence, almost 90% stated they felt better after the interview.

The respondents at the end of the interview often said they felt valued and thankful for being heard and their awareness was changed by having participated in the survey:

“I feel a lot better having talked with you. I could not figure out why I told you all these secrets of my life that even my mother is not aware of. I thank you very much for listening to my unhappy stories. I’ll take your advice. I will not kill myself”.

Many of the fieldworkers in the debriefing said they were also transformed through their experience in this study, making them rethink their own life and experiences:

“I have gained more experience and understanding about life and society and developed a better sense of responsibility for myself and my community to deal with cases of violence ... also I have become more self-confident and gained more courage”.

This impact on the lives of both fieldworkers and respondents demonstrates that even before the results are known, this research can be regarded as an important social action.

³⁵ A debriefing questionnaire was distributed to all field workers three months after the fieldwork had finished.

RESULTS

Introduction

Chapters 3-8 present the results of both the quantitative and the qualitative components of the research. These chapters are each about a different topic. In Chapter 3, the patterns and scope of violence against women by husbands and partners are presented. Chapter 4 deals with other forms and perpetrators of violence against women. Chapter 5 describes attitudes and perceptions about violence against women as reported by women and men. Chapter 6 describes the direct and indirect impact of violence against women by husbands and partners, in particular on the health of women but also on the well-being of children and on other aspects of daily life. Chapter 7 describes violence against children as reported by the interviewed women and intergenerational aspects of violence. Chapter 8 deals with the responses of abused women: who do they tell about violence, do they seek support, do they leave or fight back and do they know their legal rights.

Much of the information in the survey is presented in tables in Annex V. The descriptive analysis of survey data is usually presented in tables depicting results by nationwide level, in rural and urban areas, in the regions, among age groups and among levels of education. Data are not presented by the socioeconomic level of households because this would have required more complex analysis that could not be completed for this report. Most of these tables are described briefly in the text. Readers should refer to the tables if they are interested in more detail than is provided in the text.

The results of the quantitative and qualitative components are presented together to reinforce each other. The description of the survey results is printed in a black font and the description of the supporting [qualitative results and responses are printed in a blue font](#).

3. VIOLENCE AGAINST WOMEN BY HUSBANDS OR PARTNERS

Main findings:

- **Prevalence rates for physical violence by husbands among ever-married women in Viet Nam were as follows: 32% had experienced physical violence in her lifetime and 6% had experienced physical violence in the past 12 months (current violence).**
- **For sexual partner violence among ever-married women the lifetime and current prevalence rates were 10% and 4% respectively.**
- **For emotional partner violence among ever-married women the lifetime and current prevalence rate were 54% and 25% respectively.**
- **Combining data for physical and sexual violence, 34% of ever-married women reported that she had experienced physical or sexual violence by a husband at least once in her life, whereas 9% reported physical or sexual violence in the 12 months preceding the interview.**
- **Combining data for the three types: physical, sexual and emotional violence: 58% reported at least one of these types in her lifetime and 27% reported any of these types in the past 12 months.**
- **There is a major overlap between physical and sexual violence. Most women who experience sexual violence also experience physical violence and those who experience both physical and sexual violence generally experience more severe acts of physical violence.**
- **Abusive acts are usually not incidents but often are repeated behavior. Physical and sexual violence against women usually starts early in a woman's relationship. Sexual and emotional violence, more than physical violence, tends to go on for many years throughout the relationship.**
- **Women often mention that emotional abuse affects them even more than physical or sexual violence.**
- **Women often do not recognize what is happening to them in terms of "violence".**

This chapter presents data on the prevalence and patterns of different forms of violence against women by a male partner or husband: physical and sexual violence, emotional and economic abuse and controlling behaviors. It also briefly discusses women's violence against their male partners.

In the survey (the quantitative component), women's experiences of violence were measured using a series of behavior-specific questions about whether any partner ever perpetrated different physically, sexually or emotionally abusive acts against her (See Section 2.1 for operational definitions). For each act that was mentioned, the respondent was asked whether she had experienced that act within the past 12 months and about the frequency in which it had occurred. The results are presented below by type and severity of violence and the extent of overlap of different types of violence.

Although we have interviewed all women 18-60 years old (partnered or non-partnered), the results in this chapter are presented for "ever-partnered women" because only those women were asked about partner violence. In Viet Nam, almost 100% of ever-partnered women were ever-married (see Chapter 2 for the description of the sample). Because of this in this report the terms "partner" and "husband" are used interchangeably. When the term "ever-married" or "husbands" is used, it includes those few non-married partnered women and their partners.

Testimonials from women and men interviewed for the qualitative component of the study are used throughout this chapter to illustrate what these experiences mean in their own words.

3.1. Physical violence

Lifetime and current prevalence

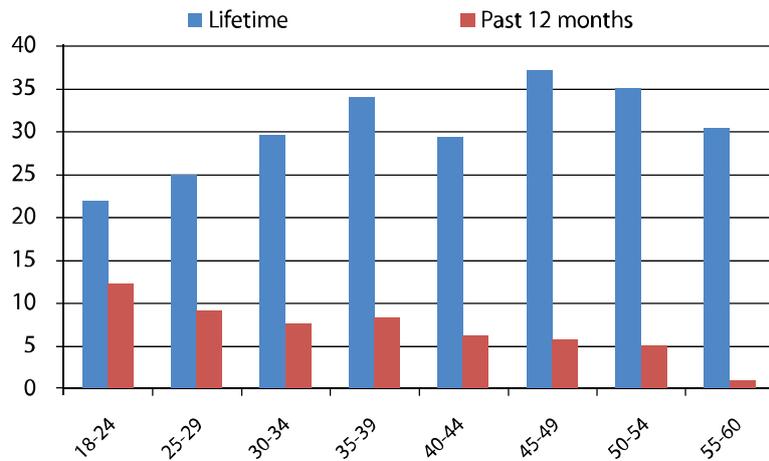
The lifetime prevalence of physical partner violence is defined as the proportion of ever-partnered women who reported having experienced one or more acts of physical violence by a current or former partner or husband. Current prevalence reflects the proportion of ever-partnered women reporting that at least one act of physical violence took place during the 12 months before the interview and is by definition a subset of the women who report lifetime experiences of violence.

The overall lifetime prevalence rate for physical violence against women by a partner or husband in Viet Nam was 31.5%, which in rural areas was higher than urban (32.6% compared with 28.7%, respectively). The aggregated national figures for urban and rural areas hide the major differences that exist among the regions. The lifetime prevalence of physical violence by a partner or husband ranged from 23.6% in the Northern and South-central coastal region to 37.6% in the Southeast region. (Table 3.1.)

The current prevalence rate of physical violence for Viet Nam is 6.4% (in rural areas it is 6.8%, in urban areas 5.6%). It ranges from 5.0% (in the Northern highlands, Midlands and Mekong River delta regions) to 10.3% (in the Central Highlands).

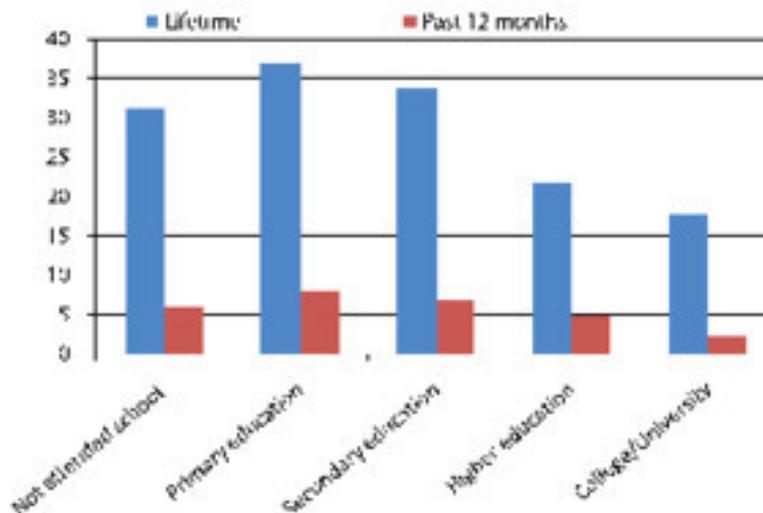
The lifetime prevalence of physical violence by partners increases with age. This is to be expected because when measuring lifetime prevalence we are measuring a cumulative experience, including those experiences that occurred when women were young, early in their relationships. However, from the current prevalence of physical violence, we learned that it was highest in the youngest group (12.2%) and gradually declined with age, indicating that physical violence starts early in a relationship and may occur less frequently over the years. (Figure 3.1.)

Figure 3.1 Prevalence of physical violence by husband, among ever-married women, by age, Viet Nam 2010 (N=4561)



The reported lifetime prevalence rate of physical violence is higher among women who have a lower education (did not attend school, having primary education and having secondary education, which accounted for at least 30% (31.2%, 36.9% and 33.9%, respectively) than among those with higher education, i.e. high school and higher education, which are nevertheless relatively high -- about 20% (21.6% and 17.7%, respectively). The same situation has been found among women who experienced physical violence in the 12 months before the interview. (Figure 3.2.)

Figure 3.2 Prevalence of physical violence by husband, among ever-married women, by educational level of woman, Viet Nam 2010 (N=4561)



Acts of physical violence

The most common acts of physical violence reported by women was being slapped or having something thrown at them for both lifetime and the 12 months before the interview. The lifetime prevalence for ever-partnered women in Viet Nam is 28.6% and the current prevalence for this act is 5.3%.

The percentage of women who were hit with a fist by a partner or husband in their lifetime is 11.8% nationwide. Women who were slapped, pushed or shoved, without having experienced the more serious acts, are categorized as having been subjected to moderate violence. Those who were hit with a fist, kicked, dragged or threatened with a weapon are categorized as having been subjected to severe violence. This breakdown in moderate and severe physical violence is based on the likelihood of injuries but does not imply anything about the meaning or impact of the act for the individual woman. (Tables 3.2 and 3.3.)

In general, the percentage of women who experience a particular act decreases as the severity of the act increases. The percentage of women who were threatened or who had been the target of a knife or other weapon and who were choked or burned on purpose are 2.5% and 2.4% during their lifetime and 0.8% and 0.7% for the past 12 months, respectively. Nevertheless, it is striking that among women who ever reported physical violence, a major proportion reported at least one severe violence act and that categories of women who reported higher prevalence rates of physical violence also reported higher proportions of severe violence. (Figure 3.3 and 3.4.)

Figure 3.3 Prevalence of moderate and severe physical violence by husband, among ever-married women, by age, Viet Nam 2010 (N 4561)

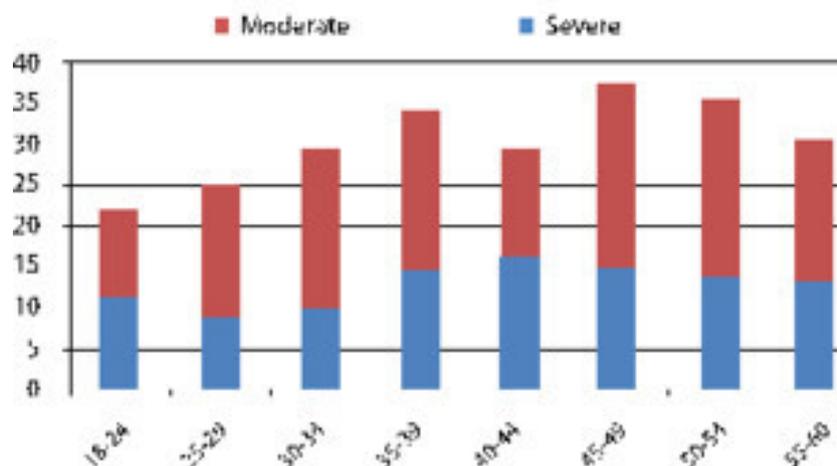
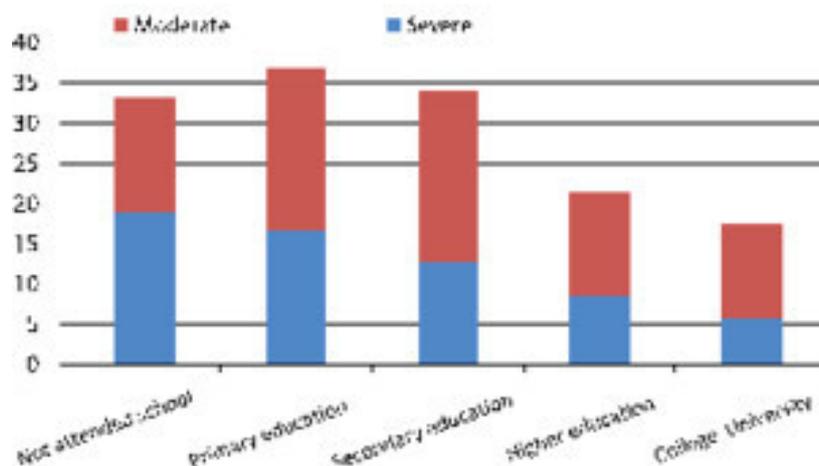


Figure 3.4 Prevalence of moderate and severe physical violence by husband, among ever-married women, by educational level, Viet Nam 2010 (N 4561)



In the qualitative study, the in-depth interviews with violence survivors showed that women often experienced multiple physical violence behaviors at the same time or as part of the same event. For example, the husband could start with a slap and, as the couple began fighting, he added more severe and dangerous acts such as punching, throwing things at her, pulling her hair, pushing her head, pulling her body, choking and tearing her clothes.

It became clear during interviews that anything can be used as a “weapon” to hurt the wife physically. Violence survivors said that they were beaten by sticks, farmer’s smoking pipes, chairs, bricks, shoes, etc., meaning anything within his arm’s reach. And the most popular items for men’s daily use, for example farmer’s pipes, chairs or shoes, were most often used as tools to beat women. Some items that were not weapons in the strict meaning of the word could be used to cause serious injuries. For example, a farmer’s pipe is a very popular item for men. It has one sharp end covered by silver or metal. When a husband uses his farmer’s pipe to beat his wife or throw it at her, it can cause bruises on her body lasting many days and potentially can cause more severe injuries.

Women survivors of violence related in the qualitative interviews that the less common violent acts such as choking or pulling hair often occurred at the same time with other acts, increasing the level of severity of the violence. Such a combination of violent acts also had a huge emotional impact on the women. Many women survivors shared in the in-depth interviews that their husbands often pulled their hair or pushed their head so that they were not able to run away when beaten. It is quite common for husbands to choke their wives “just to threaten”. In a woman’s own words, *“He choked me until I could not breathe and then he released”* (violence survivor in Ha Noi). The reason was *“he did not dare to choke me to death; he just choked to threaten me. He did not want to go to jail if I would die”* (violence survivor in Ben Tre). Women generally agreed that choking or pulling hair were “brutal forms of violence”. Though these acts did not leave severe injuries like other acts, women mentioned that they had a strong effect on their mental health.

Story of one violence survivor in Ha Noi

“My husband beat me and caused bruises to my leg that lasted for months. He was keeping a farmer’s pipe in his hands for smoking; he threw it towards me – to my hip and breast... He beat me then he pulled me like a dog from the gate to inside the house. My hair was in a mess... My god, he took the small chair next to the dining table or he took a brick to beat me... He took off his shoes to throw at my face, which was painful. I ran away but I could not run fast enough. He took the chair to throw towards me. I managed to hide behind the doors and the chair hit the door and fell down. My neighbours heard the noise and they came over. They held his hands and told me to run away. I ran away and he threw bricks behind me...”

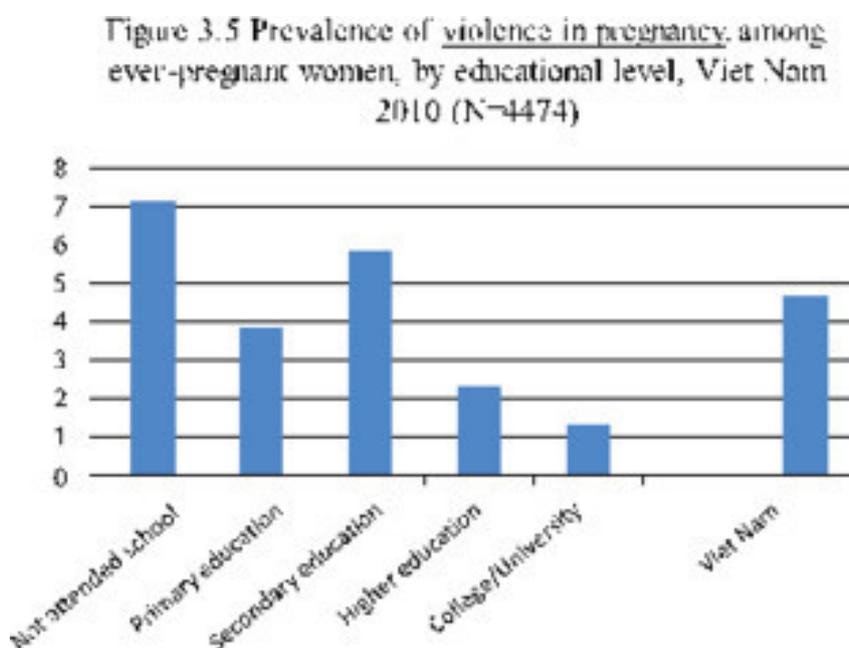
Frequency of physically violent acts

For those acts that occurred in the past 12 months, the respondents were asked how often they happened: once, 2-5 times or more than five times. Most acts in the majority of cases occurred more than once (usually 2-5 times), even severe acts that were not mentioned by many women. (Table 3.4.)

The qualitative results also show that when the more frequently physically violent events occurred, the more severe would those acts be. One violence survivor in Ha Noi said in a qualitative interview, “*It was so many that I could not count*”.

Physical violence in pregnancy

(Table 3.5 and 3.6.) Violence in pregnancy is considered severe violence, which does not only affect the woman but puts the unborn child in danger. The proportion of ever-pregnant women who reported experiencing physical violence in at least one pregnancy is 4.7% (rural 4.9%, urban 4.2%). Violence in pregnancy is most prevalent among women who have no schooling. (Figure 3.5.) Moreover, 22% of women who ever had been beaten during pregnancy were severely abused: they were punched or kicked in the abdomen. Overwhelmingly, 99.4% of women who were beaten in their most recent pregnancy reported that they were beaten by the father of the child. Pregnancy can be a risk period for violence to start: about one fourth of the women said that the violence started during their pregnancy.



“He beat me so much that this baby was premature. With the previous child [pregnancy], he beat me until the day of delivery”. (Woman in Ben Tre.)

3.2. Sexual violence

Prevalence of sexual violence

In the survey, about one tenth (9.9%) of ever-partnered women in Viet Nam reported having experienced sexual violence by partners during their lives. The prevalence in rural areas, as with physical violence, is higher than in urban areas (10.1% and 9.5%, respectively). It ranges from 7.4% in the Red River delta region to 15.8% in the Southeast region. Regarding current prevalence (i.e. in the past 12 months), the overall figure nationwide is 4.2%, ranging from 3.0% in the Central Highlands to 7.0% in the Southeast region. (Tables 3.1 and 3.7.)

What is striking is that – unlike current physical violence -- current sexual violence remains more or less the same per age group until about age 50 -- overall about 4%, suggesting that once it has started it continues throughout the marriage or relationship. The prevalence of lifetime sexual violence is lower among women with a higher education whereas sexual violence in the 12 months before the interview does not differ much with the educational level of the respondents. (Figures 3.6 and 3.7.)

Figure 3.6 Prevalence of sexual violence by husband, among ever -married women, by age, Viet Nam 2010 (N=4561)

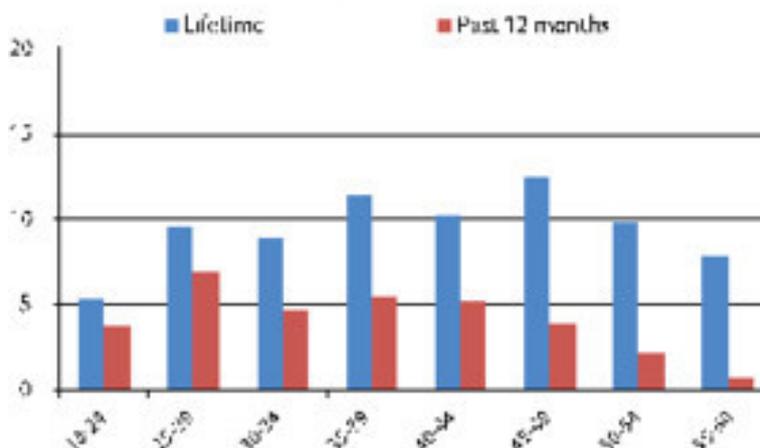
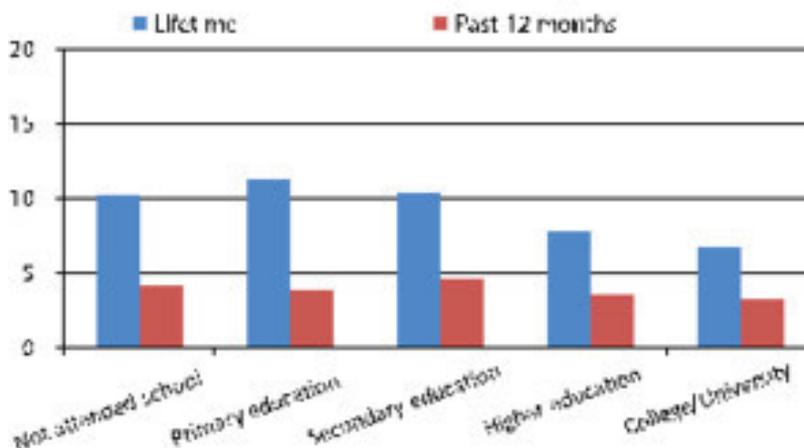


Figure 3.7 Prevalence of sexual violence by husband, among ever -married women, by educational level, Viet Nam 2010 (N=4561)



“The harvest time lasted for weeks, and in that period of time he insisted on having sex. If today I could not do it, tomorrow he would ask for it again; it happened all the time. So I’d better let him do what he wants. We are husband and wife, so I have to satisfy him. In leisure times he did not want it (sex), in busy times he insisted on having sex, but I had to satisfy him, I had to let him do it since he is my husband... So I know his style. If I said ‘no’ and the next day he would have been fine, I would definitely say ‘no’. But in fact, if I would say ‘no’, the following day the family work would be delayed or the family atmosphere would be spoiled. Thus, I’d rather have it done and over with”. (Woman in Hue.)

(“Use of force to have sex with wife when she does not want to”) “I think this is violence because it has an impact on the wife’s health. A wife may not want to have sex because she may be menstruating or she may have a headache or she is sick or she has fever or she does not want sex because it affects her health. So I think this behavior is violence”. (Man in Ha Noi.)

Acts of sexual violence

The three different behavioral acts of sexual violence against a woman measured in this survey are being physically forced to have sexual intercourse against her will, having sexual intercourse because she was afraid of what her partner might do and being forced to do something sexual that she finds degrading or humiliating.

Overall, the proportion of women nationwide ever having been physically forced into intercourse is 5.2%. For the past 12 months, the rate is 1.8 %. A higher percentage -- 7.8% -- of ever-partnered women in Viet Nam had sexual intercourse during their lifetimes because they were afraid of what their partner or husband might do; for the past 12 months, it was 3.4%. Only less than 1% of women in Viet Nam were being forced to do something sexual that they thought was degrading or humiliating during their lifetimes and in the past 12 months. Generally, the percentages for rural areas were slightly higher than for urban areas. (Table 3.7.)

Frequency of violent acts

With regard to sexually violent acts that occurred in the past 12 months, respondents were asked how often they occurred: once, 2-5 times or more than five times. Most acts, if they occurred to the majority of respondents (60%-70% depending on the act), happened more than once (usually 2-5 times) in the past 12 months. (Table 3.8.)

The result of qualitative research showed that, generally, when women said “no” to a question such as, “Has he ever physically forced you to have sex” or “Have you ever had sex because you were afraid of something bad happening”, it does not mean that in reality they never had unwanted sex. Sexual violence is hidden because women feel ashamed to speak about anything sexual and, in fact, they rarely speak out, whereas physical violence can be recognized by nearby people.

Conversely, in-depth interviews with violence survivors showed that there were sexually violent behaviors that some of them experienced which were not on the list of acts in the survey questionnaire. For example, they were forced to have sex in front of other people or the husband put something into their vagina. Some women said that once they were forced to have sex they would

be frightened to think about having sex the next time, with the result that the pattern kept repeating. Forced sex does not occur just once time but is repeated all of the time.

“Sexual violence” is defined in the survey by behavioral acts. As mentioned earlier, this does not mean that women generally would think of these same acts as “sexual violence”. Perceptions related to masculinity and femininity in sexuality had a major impact on women’s views on forced sex and consensual sex, as was shown in the qualitative interviews. The common perceptions were that men have a high level of sexual desire and that it must be responded to – *“If I did not agree today he would insist to have sex tomorrow”*, *“If men’s sexual desire was not satisfied, something bad would definitely happen”*. So, once being husband and wife, many women in Viet Nam think that a woman “naturally” has the responsibility to satisfy her husband’s sexual need if she feels like it or not (wanted or unwanted), etc. And because these women think of sex as a duty, they must perform regardless of their own wishes in order to keep their husband and maintain family harmony. They did not perceive that in fact they have sex because they are afraid of something bad happening.

Women were not able to identify clearly different forms of sexual violence in qualitative interviews. They did not see themselves as having the right to refuse sex. Instead, they viewed some sexual acts as either physically violent or emotionally violent acts, depending on the circumstances and the physical and emotional impact of these acts. For example, *“forcing a wife to have sex when she does not want to”* is considered physical violence because of the use of force whereas *“forcing a wife to do something sexually that she finds humiliating or degrading”* is considered emotional violence because the wife would be hurt emotionally and traumatized by this. It is very likely that cases in which the wife had sex because she was pressured or had to accept unwanted sex to avoid other forms of violence would be underreported because these acts often are viewed as “part of marriage” rather than as a form of violence. More information on the perception of respondents is described in Chapter 5.

3.3. Physical and/or sexual violence as a main indicator for partner violence

The prevalence of physical and/or sexual violence commonly is used as an indicator for partner violence in comparative research. It makes sense to combine physical and sexual violence because both types often occur together and are perpetrated by the same person. The experience with international surveys has resulted in tested questions to allow for measuring this with accurate validity and reliability. Emotional (psychological) abuse is not considered less important but it is methodologically more difficult to measure. Further, researchers often prefer to be on the conservative side so as not to be accused of exaggerating the problem.

(Table 3.1.) The overall figure for prevalence of physical and/or sexual violence against women by a partner or husband in Viet Nam is 34.4%. In rural areas, the figure is higher than in urban areas: 35.4% and 32.2%, respectively. The lifetime prevalence of physical and/or sexual violence, or both, by a partner or husband ranged from 27.2% in the Northern Highlands and the Midlands region to 42.5% in the Southeast region. (Figure 3.8.)

The current prevalence of physical and/or sexual violence for Viet Nam was 9.0% (in rural areas, it was 9.4% and 8.2% in urban areas). It ranges from 6.9% in the Mekong Delta region to 12.0% in

the Southeast region. The breakdown by ethnic group and marital status are presented in Table 3.9³⁶. The H'mong reported the lowest levels of physical or sexual partner violence. (Figure 3.9 and Table 3.9.)

Figure 3.8 Prevalence of ever-physical or sexual violence by husband, among ever-married women, by region, Viet Nam 2010 (N=4561)

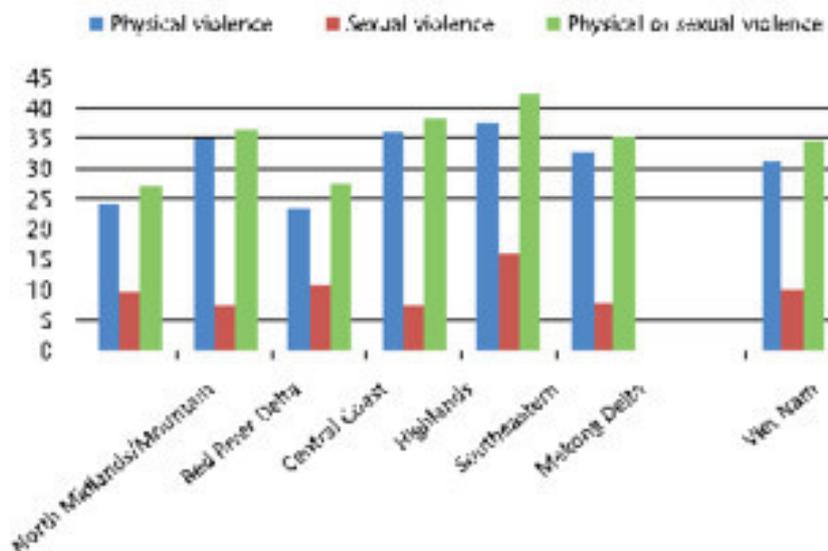
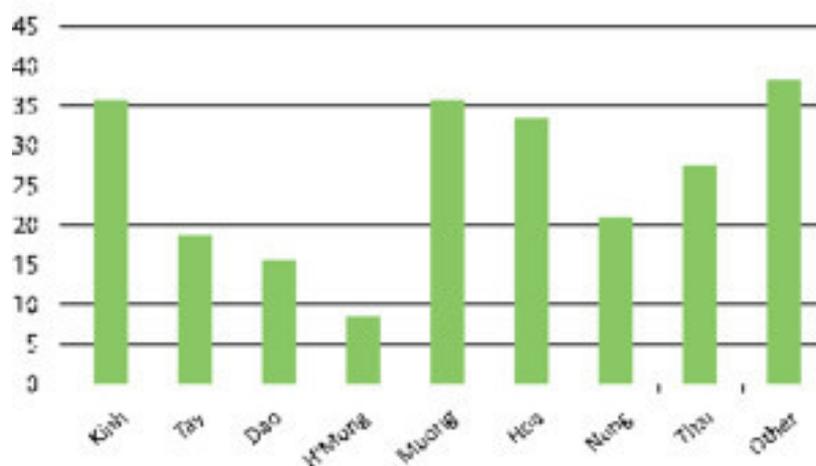


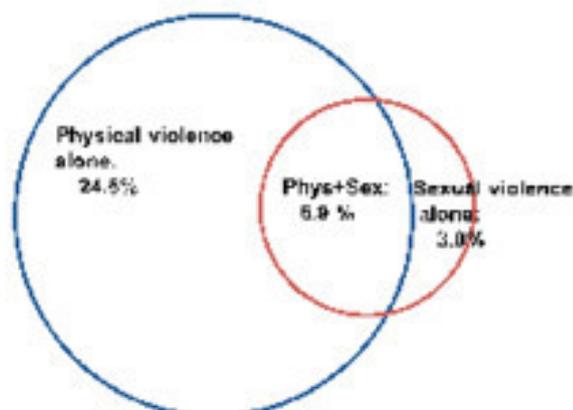
Figure 3.9 Prevalence of ever-physical or sexual violence by husband, among ever-married women, by ethnic group, Viet Nam 2010 (N=4561)



Further, women who have divorced or separated were almost twice as likely to report lifetime physical or sexual violence compared with currently partnered or widowed women. It can be hypothesized that they divorced because of the violence. It also may be true that some of these women find it easier to disclose violence now that they are no longer with their violent partner.

³⁶ Note that the sample and the survey originally was not designed to present all of the data by ethnic group and marital status, but the subgroups that resulted were large enough to be able to include this breakdown for the main violence indicator.

Figure 3.10 Overlap of lifetime prevalence of physical and sexual violence by husbands, among ever-married women, Viet Nam 2010 (N=4561)



Physical and sexual violence by intimate partners strongly overlap. (Figure 3.10.) Nationwide, 3.0% of women reported partner sexual violence only and 24.5% of women reported that they were subjected to physical violence only. About 7% of women were subjected to both physical and sexual violence. Women who experience both sexual and physical violence generally experience more severe forms of physical violence (data not shown).

The results of qualitative research support the findings of the quantitative survey on the overlap of physical and sexual violence. Violence survivors revealed that sexual violence often occurred together with physical violence. Especially in cases of sustained and severe sexual violence, a husband or partner often uses physical violence to pressure and frighten the woman and to force her to accept sex, which she does to avoid further physical violence.

“Once he beat me and right after that he forced me to have sex. I refused and he cursed me: ‘Damn you, you do not have sex with me, so who is the damned guy you want to have sex with?’” (Violence survivor in Ben Tre.)

Physical violence also cannot be separated from emotional violence. Beatings are always accompanied by cursing, reviling and threatening behavior -- one form of violence leads to others and they often go together. Many participants in the interviews think of emotional abuse in terms of the consequences of physical and sexual violence. Some highlighted negative consequences of emotional violence and said it is more severe and longer-lasting than the consequences of physical violence. More information about the overlap of three forms of violence – physical, sexual and emotional -- is in the section below.

3.4. Emotional abuse

(Table 3.10.) Emotional abuse is not less important than physical or sexual violence and women often report that it affects them even more than physical or sexual violence. It is also relevant to stress that in Viet Nam some acts of emotional abuse are addressed by the DV law. Nevertheless,

emotional abuse is more difficult to measure in a survey and most manifestations are not included in criminal or domestic violence laws. As with physical and sexual violence, emotional abuse was measured by questions about emotional abusive acts, though it was not intended to be an exhaustive list. The specific acts included were being insulted or made to feel bad about oneself, being humiliated or belittled in front of others, being intimidated or purposely frightened (e.g. by a partner yelling and smashing things), and being threatened with harm (either directly or in the form of a threat to hurt someone the respondent cared about).

The overall prevalence rate of emotional abuse against women by a husband was 53.6%, in which the occurrence in rural areas is higher than in urban areas (56.2% compared with 47.2%, respectively). The prevalence of lifetime experience of one or more emotional abusive acts by a partner or husband ranges from 42.4% in the Northern and South-central coastal region to 70.1% in the Central Highlands.

The prevalence of current emotional abuse is 25.4% (in rural areas it is 27.5% and 20.4% in urban areas). It ranges from 22.0% in the Red River delta region to 32.6% in the Central Highlands.

Generally, the lifetime and current (past-year) prevalence of emotional abuse are higher among women with a lower education (i.e. secondary school and lower) and less among women with a higher education (high school and higher), though it is relatively high even in these highly educated groups.

The qualitative in-depth interviews with violence survivors showed the differences between women's perceptions of emotional violence and specific acts of emotional violence. The questions in the survey are very specific and include whether a husband insulted the woman or made her feel bad about herself, belittled or humiliated her in front of other people, done things to frighten or intimidate her threatened to hurt someone she cared about; or threatened to throw her or actually threw her out of the house.

However, in the qualitative interviews, some acts were not perceived to be violent because they were viewed as part of relationships and as manifestations of a "hot temper" and thus tolerated -- for example, glaring or damaging household items. Similar behaviours could be defined differently, depending on the context and level of acceptance of the survivors. Some women spoke about these behaviours in terms of "talking back and forth" and "not yet violence". However, there was a clear consensus among participants that emotional violence causes severe harm and demoralizes women who experience it. Some participants expressed this as follows: "It'd be better to have some slaps".

The perception that certain behaviours are not violent is reflected in the following quote:

"He was angry and he cursed me. He would curse if he was angry about something. And I talked back, and he cursed me again, and I was also angry and talked back again, and he slapped me. It happened in that way, but we have no violence". (Violence survivor in Hue.)

Frequency of emotionally abusive acts

Women were asked how often violent acts occurred in the past 12 months. They mostly occurred more than once, usually between two and five times, indicating that they are not just "incidents" but part of continuing behavior. (Table 3.11.)

Qualitative results showed that awareness of emotional violence clearly was linked to exposure to services and support. Those participants who had received such services were more sensitized to different forms of violence, including emotional violence. For example, they understood that threats or emotional pressure could be considered to be violence and that it was not necessary to wait until physical violence occurred to say “that is violence”.

In the quotation below, the threat to sell a television might be a “small thing” to many people. To this violence survivor, the threat was “emotional abuse” because her husband traumatized her by wanting to take away the thing she loves, especially right before the New Year, a time for people to enjoy those things they want to do.

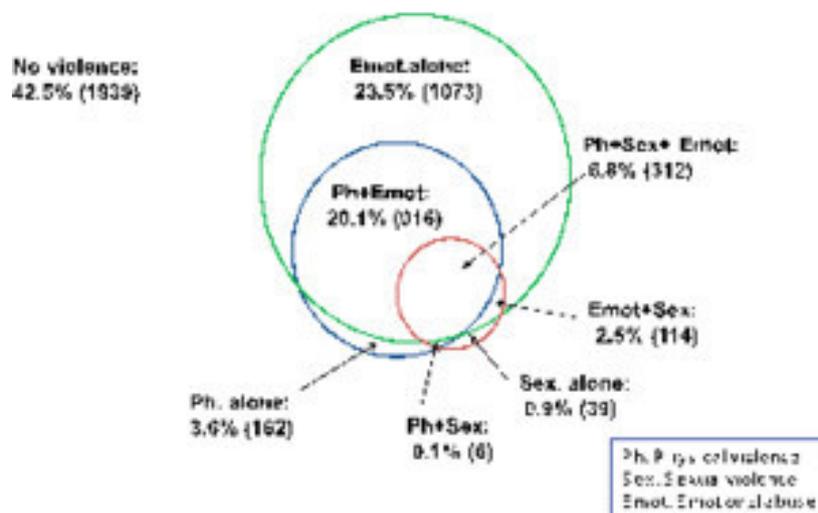
“We have only one television in the house and he threatened to sell it. Before the New Year, he said, ‘We would sell the television for money’. I think this was emotional violence because I had worked in the rice fields and I was so tired and it was already New Year’s Eve, but he threatened to sell my television”. (Violence survivor in Ha Noi.)

Overlap of physical, sexual and emotional violence against women by partners

The data showed that more than half (58.3%) of women in Viet Nam reported to have ever experienced at least one of the three types of violence (physical, sexual and emotional violence). The prevalence of any of these three types of violence in the past 12 months is 27%. Also, the prevalence in rural areas is higher than in urban areas during both lifetimes and the past 12 months before the interview.

There is a strong association between the three types of violence, and the assessment of the overlap shows that almost always a woman who has experienced physical or sexual violence also has experienced emotional abuse. (Figure 3.11.)

Figure 3.11 Overlap of lifetime prevalence of physical and sexual violence and emotional abuse by husbands, among ever-married women, Viet Nam 2010 (N=4561)



“I think it is difficult to distinguish physical and emotional violence. It is difficult to separate them because they go together. Once you received physical violence, more or less your mental health was hurt. I think violence would cause both physical and mental injuries.” (Man in Ha Noi.)

3.5. Controlling behaviors

This survey also collected information on a range of controlling behaviors by a respondents' husband. Among the behaviors measured were whether the partner or husband commonly attempts to restrict a woman's contact with her family or friends, whether he insists on knowing where she is at all times, whether he ignores her or treats her indifferently, whether he controls her access to health care (she needs to ask his permission to seek health care), whether he is constantly suspicious of her being unfaithful and whether he gets angry when she speaks with other men.

(Table 3.12.) The data showed that the proportion of women reporting one or more acts of controlling behavior by their husband at any one time in their life is 33.3% nationwide. It ranges from a low of 23.3% in the Northern highlands and Midlands regions to 39.7% in the Southeast region. In urban areas, the percentage of women reporting a husband's controlling behavior is higher than in rural areas (35.0% vs. 32.6%, respectively). The most common controlling behaviors are the man's anger if his wife speaks with another man (18.8%) and the husband ignoring his wife and treating her indifferently (15.5%). These prevalence rates for the different controlling behaviors do not vary a great deal among educational levels.

In qualitative research, the behaviors defined by researchers as “controlling” often were justified by the women interviewed who experienced violence. Many participants perceived behaviors and statements such as “all men are jealous” or “women should not have contact with other men” or “the man is the head of household” as “normal signals of love” or harmless jealousy.

At most, they indicated a husband was “difficult”, “selfish” or “exercising his right to control because a good wife should not be allowed to do something without his approval”. Besides, participants often link controlling behaviors to specific contexts and tend to find justifications leading to controlling behaviors such as “the wife has probably done something wrong that made her husband suspicious”. Thus, behaviors such as the “husband wants to control the wife anytime, anywhere”, the “husband is angry if the wife talks to other men” or the “husband often doubts the wife's loyalty” often are considered normal or trivialized and not perceived as violence behaviors.

Interestingly, participants perceived controlling behaviors from the “moral” perspective and not from the perspective of “rights”. For example, they did not find it acceptable for a “husband to limit his wife's contact with her own family”, saying that such behavior is immoral and brutal because it separates a woman from her family. Meanwhile, other controlling behaviors are considered to be “not serious” and “not having severe consequences” and therefore they are considered “not yet violence” because they do not cause physical injuries.

(Q: Husband often doubts loyalty of his wife). A: “This is just a doubt and the husband is not aware of whether she is in reality disloyal and he is not doing anything violent. If he found out and his wife actually was good, then their relationship remained healthy. Men are usually suspicious, and it can lead to violence. But at this stage, it is just a doubt and not yet violence”. (Male commune officer in Ha Noi.)

Violence survivors have different points of view about controlling behaviors compared with those who have not experienced violence, the “outsiders”. To those who have not experienced violence, controlling behaviors are not just “controlling” but are “emotional violence” and they could lead to “justifications” for husbands to be physically or sexually violent. For violence survivors, controlling behaviors by husbands are ways to abuse wives and the impact of controlling behaviors on women is even worse than that of physical violence.

“I did not go out with other men, but if I worked together with any man, my husband would strictly question me ‘Where did you go, what for’? I feel so sad. If I spoke out about my feelings, he would cause physical violence. He bans me from working with men while my children would have nothing to eat if I did not work. He told me: ‘As you go out, people in the village will talk badly about you’. He means villagers said I went out to do bad things. I told my mother-in-law, in front of him: ‘Before I came here to live with your son, I was a good girl in my family (cried...)’” (Violence survivor in Ha Noi.)

3.6. Economic abuse

The survey also collected information about whether the husband or partner ever took his wife’s or partner’s earnings or savings from her against her will and whether he ever refused to give his wife or partner money for household expenses, even when he has money for other things. For the purpose of this analysis, if the husband or partner did at least one of those two things, his wife or partner is considered subjected to economic abuse, though we should be cautious about interpreting these data because there may be other important forms of economic abuse that were not considered in this survey.

(Table 3.13.) In the survey, 9% of women are subjected to economic abuse. More women in rural areas are subjected to economic abuse than those in urban areas (9.6% and 7.4%, respectively). The highest percentage is found in the Northern and South-central coastal region (13.2%) and the lowest in the Mekong River delta region, which is 4.7%. The percentage of economic abuse among women with a primary education is about five times higher than those with a college degree and higher education (15.0% and 3.2%, respectively).

Qualitative research also revealed many other examples of economic violence. A common behavior is that the husband does not contribute money to raising children and running the family household. He even asks his wife to give him money and, if the wife does not have money, he would unleash physical violence. There are husbands who ask wives to note every expense, even minor amounts of money for food, and curse their wives if expenses were not minor as they had expected.

There also were examples of husbands who control all resources of the family and who ban their wives from having access to those resources for her living expenses or husbands who force their wives to work harder than they can. Many violence survivors are forced to work extremely hard. They have to finish their work in the rice fields or work for hire outside and at the same time must do all of their housework while their husbands scrutinize their every action, looking for reasons or excuses to be violent towards them. One problem is that women and other people in the community think that housework is the wives’ responsibility. So instead of protesting the heavy workload, they often try to work harder and tolerate the violence.

“He asked me to note down all expenses for food and he even did not believe that note. For example, I noted that 500 dong was for onions. He asked me why I did not ask for onions from the neighbours”. (Violence survivor in Ha Noi.)

“After five or 10 days, he chased me out of house. So I and my children had to sleep under a bridge in the Red River. This time, he chased me out again, and we slept in the yard for 20 days. We had no rice to eat because he locked all the rice inside the room and he kept the room key while, you know, I worked in the rice fields and harvested rice”. (Violence survivor in Ha Noi.)

3.7. How violent are women against men?

(Table 3.14 and 8.6.) Even though this study is about violence against women, in the survey women were asked whether they ever slapped or beat their husbands, either if they ever hit their husband first (without being beaten) or in response to being beaten. It is important to present the results to these questions to increase our understanding of the dynamics of partner violence. Whereas the results on “fighting back” will be discussed more in depth in the section of women’s responses, it can be mentioned at this stage that only 2.8% of ever-partnered women in the survey reported that they ever had initiated physical abuse against their partner. Among those who were ever physically abused by their partners, 87.4% reported that they never had fought back.

Participants in the qualitative study do not mention violence against men and merely talk about violence against women. However, in a few interviews, women mentioned that a wife sometimes conducts a “sexual ban” against the husband to punish him or to retaliate against his behavior. Women in those interviews do not consider this behavior as violence. Meanwhile, a “husband who ignores his wife” also was considered by participants to be an emotionally violent act without seeing a relationship to sexuality. Finally, most of the participants agreed that women and girls could experience sexual abuse, especially those in difficult economic situations or in lower positions in society. But they rarely mentioned that boys and men could be in the same category.

4. VIOLENCE AGAINST WOMEN BY OTHERS (NON-PARTNERS)

Main findings:

- **About 10% of the women in Viet Nam reported an experience of physical violence by someone other than a partner since they were 15 years old, though there was a wide regional variation ranging from 3% to 12%. Perpetrators mainly were male family members, as reported by 65% of the women experiencing physical non-partner violence.**
- **Only 2.3% of all women reported sexual violence since they were 15 years old. Most perpetrators were strangers and boyfriends and only rarely were family members.**
- **Only 2.8% of all women reported sexual abuse before they were 15 years old. Most perpetrators were strangers. Male family members and “others” also were mentioned, but to a lesser extent.**
- **Fully 35% of the women in Viet Nam experienced physical or sexual violence in their lives by anybody, partner or non-partner. When comparing partner and non-partner violence, it becomes overwhelming clear those women in Viet Nam are three times more likely to have experienced violence by partners than by any other person.**

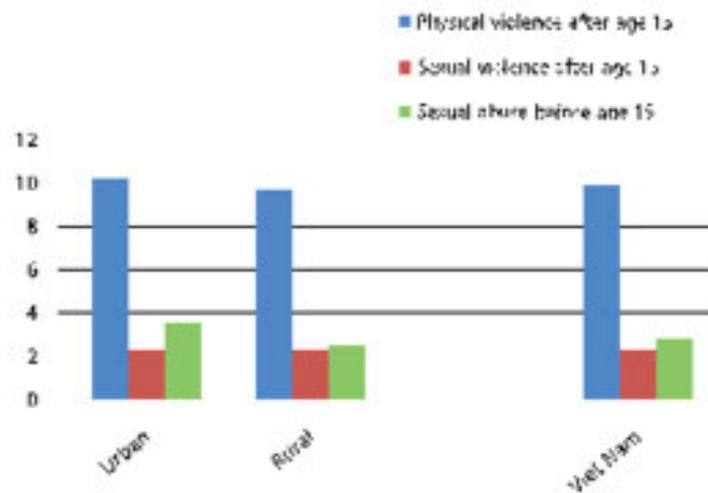
While the main focus of the research on domestic violence was on violence by intimate partners or husbands, the survey questionnaire also included questions about a woman's experiences of physical and sexual violence by other perpetrators, here referred to as “non-partners”, either male or female. These questions were asked of all women, regardless of whether they had been partnered.

In a study on domestic violence it is critical also to explore violence by other perpetrators than husbands because this enables identifying forms of domestic violence against women by other family members. In Viet Nam forms of violence by other family members are also covered by the DV act.

Further, exploring non-partner violence provides an opportunity to determine to how important domestic violence and partner violence against women is in comparison to other experiences of interpersonal violence in a woman's life.

This chapter presents the results about the extent of physical and sexual violence against women by non-partners from 15 years old onwards and the experience of sexual abuse before that age (asked retrospectively). (Figure 4.1.)

Figure 4.1 Prevalence of violence by persons other than husband, among all interviewed women, Viet Nam 2010 (N=4836)



4.1. Physical violence by others since 15 years old

Prevalence and frequency of non-partner physical violence

(Table 4.1.) The data showed that about one of 10 women reported having experienced physical violence by perpetrators other than partners since they had been 15 years old. Women in urban and rural areas do not differ much from women in urban areas -- 10.2% and 9.7%, respectively. However, regional variation was very wide, ranging from 3.0% in the Northern highlands and Midland region to 12.0% in the Northern and South-central coastal region.

The survey also showed that 6.6% of women were subjected to physical violence by any person at least twice since they were 15 years old (7.5% in urban and 6.2% in rural areas). The prevalence of multiple events is higher among those with a lower education and it is highest among women between 25 and 29 years old (17.4%).

Perpetrators of non-partner physical violence since 15 years old

(Table 4.2.) More than half (65.1%) of respondents who experienced physical violence by non-partners reported that the perpetrators were male family members; 14.5% mentioned female family members.

The range for male family members as perpetrators was between 50.0% in the southeast region, as mentioned by women who reported non-partner physical violence, to 77.8% in the Northern and South-central coastal region. Female family members as perpetrators were mentioned by 27.5% of women who reported such violence in the Mekong Delta region.

In the qualitative research, many violence survivors revealed that they suffer physical violence caused by both husbands and in-laws. There are cases in which survivors did not have support from their in-laws when they reported violence to police or the women's union, with the result that the husband found a stronger justification to cause more frequent and more severe violence.

“He beat me terribly on my head and my belly. I wrote a report to the commune, so he caused a quarrel. He took a coconut tree and fought with me... My in-laws beat me as well, and that was the reason why my father came to see me. His sisters beat me and his mother also beats me”. (Violence survivor in Ben Tre.)

4.2. Sexual violence by others since 15 years old

Respondents also were asked whether since they were 15 years old they ever had been forced to have sex or to perform a sexual act when they did not want to by anyone other than an intimate partner; 2.3% of the women responded “yes”. There are no significant variations between rural and urban areas; women in both settings reported the same prevalence of 2.3%. (Table 4.3.)

Most of the women who suffered this abuse said that the perpetrator of sexual violence was a stranger (52 of 107 women), followed by a boyfriend (26 women). (Table 4.4.)

4.3. Sexual abuse in childhood by others before 15 years old

Women were asked whether anyone ever had touched them sexually or made them do something sexual that they did not want to before they were 15 years old. In addition, at the end of each interview, the women again were asked about sexual abuse before they were 15 years old. The wording of the question was the same, but the respondents did not have to reveal their answer directly to the interviewers. Instead, they were asked to record their answers on a card that had a pictorial representation for “yes” (a sad face) or “no” (a happy face).

The data showed that the directly-reported levels of sexual abuse before 15 years old is 1.5% (71 women); in urban areas it is 2.4%, in rural areas only 1.1%. (Table 4.3.) Most women reported that the perpetrators were strangers. Male family members and “others” also were mentioned, but to a lesser extent. (Table 4.4.)

It is not surprising that the anonymous responses using the face card revealed higher rates. The percentage of respondents reporting sexual abuse before they were 15 years old is 2.5%. Using both methods combined resulted in a prevalence rate for childhood sexual abuse of 2.8%. (Table 4.3.)

4.4. Comparison of partner and non-partner violence since 15 years old

(Table 4.5.) A common perception is that women are most at risk of violence from people they hardly know rather than from people they know well. To explore this issue, a measure of overall prevalence of physical or sexual violence, or both, since 15 years old, regardless of the perpetrators, was compiled for all respondents in the study, whether they ever had been partnered. The aggregate figures indicate that 35.0% of women in Viet Nam ever experienced physical or sexual violence in their lives by anybody, partner or non-partner. The data can be used to compare the relative proportions of women experiencing violence by partners and non-partners. When comparing partner and non-partner violence, it becomes overwhelming clear those women in Viet Nam are three times more likely to have experienced violence by partners than with any other person.

5. ATTITUDES AND PERCEPTIONS ABOUT UNDERLYING FACTORS OF PARTNER VIOLENCE

Main findings:

- **Women in rural areas compared with women in urban areas are more likely to support statements indicating that men were the decision-makers in the family, that women had to obey their husbands and that they could not refuse sex.**
- **Myths about reasons for violence are still very much alive and causing violence survivors to justify violent behavior.**
- **Gender-biased perceptions on violence greatly contribute to men's and women's acceptance of violence.**
- **Cultural beliefs about masculinity and femininity greatly influence the ways in which people deal with anger that lead to violence.**

The survey included questions intended to assess gender attitudes, to determine the circumstances under which women considered it acceptable for a husband to hit his wife and to determine the circumstances when a woman may refuse to have sex with her husband. This chapter briefly presents the results about attitudes expressed in the survey. The largest part of this chapter presents attitudes and perceptions as documented during the qualitative interviews.

5.1. Women's attitudes towards gender and violence

The data in Table 5.1 show that 27% of women said that they agree with the statement “a good wife obeys her husband even if she disagrees”. In rural areas, women are more than twice as likely to agree with the statement as women in urban areas (32.7% and 14.7%, respectively). Across the regions, the percentage of women who consider that a good wife should obey her husband is highest in the Central highlands and lowest in the Mekong River Delta. In terms of attitudes by educational attainment, the highest percentage of women who said that they agree with the statement was found among women who did not attend school. The percentage of women who agree with the statement is much lower among those with a higher education (college, university and higher).

Similar trends are found for the statement, “All important decisions in the family are made by the husband”.

Not all statements showed the same pattern. Almost all women agreed that a husband should help his wife with housework when they go to work (97.7%), with no difference between urban and rural areas. There is also not much difference across regions and according to educational level.

The in-depth interviews in qualitative research with women violence survivors revealed that, in reality, their husbands rarely helped with housework and that incomplete housework often was used

to justify violence. The commonly-held belief that men should be decision-makers in the family contributed to this apparent contradiction.

“Men who bully are more acceptable than women who bully. A husband takes care of many things, a wife stays at home and, in case she does not complete her work, her husband will fight her”. (Violence survivor in Ben Tre.)

In the quantitative questionnaire, women also were asked if they agree with the statement, “The wife has the obligation to have sex with her husband even if she does not feel like it”. About one fifth (19.7%) of the women agreed. There is considerable variation by geographical area. As much as one third of the women in the central highlands agreed that the wife should have sex with her husband even if she does not feel like it. Women who have lower educational levels are most likely to agree with that statement.

Perceptions about sexual relationships and sexual abuse

The results of qualitative research strongly supported the quantitative findings about attitudes. The commonly-held perception is that having sex is a wife’s obligation rather than a result of sexual desire. Most interviewed women, even when they had heard of the term “sexual abuse”, had no notion of what it meant in the context of a relationship between partners.

Some women and men said at the beginning of an interview that they had heard about the term but also that they did not understand what it meant. Prompted, some people mentioned that they viewed sexual abuse as something that would happen to teenage girls by strangers, by drunken men, by drug users -- in other words, by bad men.

However, many participants, both men and women, also believed that adolescents cannot experience sexual abuse because they are too young to have sex. To them, sexual abuse means “having unwanted sex”. This shows that many people would underestimate the risk of sexual abuse for teenagers and children because they could not imagine that such abuse could be caused by acquaintances, kind-looking men or respectful men.

Some participants also revealed their concern about the risk of sexual abuse for adolescents 13 years old and older. But these participants could not imagine that children between 5 years old and 10 years old also could be victims of sexual abuse.

Many participants mentioned that sexual abuse often occurred in quiet and dark places, but they seemed to be unaware that places, which are considered “safe places” such as home or school, could be “places of sexual abuse” as well.

Some people were not aware of the differences and commonalities among sexual abuse, rape and sexual harassment.³⁷ Some people in the in-depth interviews believed that sexual abuse means “rape only” while others understood that sexual abuse includes unwanted touching. This limited

³⁷ Sexual violence or sexual abuse is defined as the use of force, coercion or psychological intimidation to force a woman to engage in a sexual act against her will, whether or not it is completed. Sexual abuse includes rape, sexual harassment and other forms of sexual abuse within marriage, by family members, by acquaintances and forced prostitution and marriage, etc.

understanding of sexual abuse (especially if it only concerns rape) would prevent people from recognizing other types of sexual violence.

(Q: What is sexual abuse in your understanding?)

A: "I think that sexual abuse is mostly done by men who are socially weak, who are bullies, who are sex addicts, who do not want to work, etc. Their eyes would be sparkling when they see girls, and if any girl goes out at night they would sexually abuse her. I think they do not commit sexual abuse for money. They may not need money, they just need sex. Just the ones who are not 'human beings' could do this (sexual abuse)". (Woman in Ha Noi.)

A: "I think touching somebody's body could be called sexual abuse already". (Male staff at the commune level in Ha Noi.)

A: "I think that is the case when someone of adolescent age was raped or something similar, and the person who did this would be punished according to the laws". (Male staff at commune level, Ha Noi.)

One important observation is that in the qualitative research most participants regarded sexual violence from a moral perspective and not from a woman's rights perspective. For example, when "forced sex" was mentioned, almost all participants said it is unacceptable in that, morally, it is wrong for a man to force someone, even his wife, to have sex. They seem to understand this issue very well.

But when asked in which circumstances a woman can refuse having sex with her husband, participants do not describe circumstances other than having menstruation and being ill. It means, again in moral terms, that women have no rights to refuse sex except for the excuses that husbands found appropriate. In fact, husbands may not need to use physical violence to force their wives to have sex; women are trained that they have no right to say "no". And they normalize unwanted sex as "routine" in marriage – "men always want sex, women always do not want sex".

A few people in the interviews, however, also perceived violence from a legal perspective, saying that violence is criminal (man in Ha Noi). This may be considered a sign that attitudes about violence are changing from a moral to a legal perspective. Such a change would mean moving away from thinking of violence as something "to be tolerated" or something that is "men's nature" but instead think of violence as "to commit illegal behavior" that could be dealt with in court.

Associations between attitudes and partner violence

(Table 5.2.) The results about attitudes were analysed for women who had experienced physical or sexual partner violence compared with those of women who never experienced partner violence. Women who have experienced physical or sexual violence are more likely to agree with the statement, "The wife has the obligation to have sex with her husband even if she does not feel like it" compared with women who did not report having experienced such violence (23.4% and 19.5%). The percentage of women who agree with this statement is much higher in the group reporting severe physical violence (27.7%) than that in the group reporting moderate physical violence (19.4%).

From the results, it is not possible to distinguish whether women who have more “traditional” attitudes are more likely to accept violence or whether it is the opposite -- that the answers to attitude questions reflect their own situations and experiences, especially in situations in which women are not accustomed of expressing their own opinions. Either way, the results suggest that women who experience violence often normalize what is happening to them.

Evidence that violence is normalized is the belief that violence by husbands is acceptable in the event women do something wrong. The interesting point is that participants in the qualitative research often expressed the opinion initially that violence is wrong. This opinion is a type of “public language” or “socially desirable opinion” because their attitude changed totally when they were asked the question, “In which case is violence understandable and/or acceptable”?

Some examples of “wrong things done by women that justify violence” are she is gambling, she says bad things about the in-laws to outsiders, she has an affair, she is not gentle, she does not know how to take care of the family, etc. Some government officers at the grassroots level were found to have these same biased perceptions and they tended to blame women for violence.

(Q: In which circumstances is a husband’s physical violence against his wife understandable and acceptable?)

A: “I knew of a kind of wife who was not good at all even though her husband tried to educate her many times. So the husband certainly would be angry and beat her, and I think his beating is not too bad and it is not violence. She was too demanding and he beat her to wake her up and to change her character”. (Woman in Ben Tre.)

A: “Men are angry. The first justification [for violence] is that women are not gentle and a second reason is that women do not know how to take care of the family. It is said, ‘Being rich thanks to friends, being luxurious thanks to wife’. A wife should be nice when friends of the husband come to visit so that her husband is proud of her. So if friends of the husband come to the house and the wife’s attitude is cold, or the children are not taken care of, then the husband and wife would have conflicts”. (Commune officer in Ha Noi.)

5.2. Perceived causes of partner violence

Reasons as reported by the women in the survey

Women who had experienced physical partner violence were asked about which situations led to violent incidents, in their perception. Fully 33.7% of these women reported that their husbands were drunk. Family problems and financial problems also were mentioned as situations leading to physical violence (27.8% and 24.7%, respectively), as was disobeying the husband (22.6%). Another 11% of women reported that there was no specific reason or event triggering the violent behavior of her husband. (Table 5.3.)

Reasons given by men and women in the qualitative research

In the qualitative research, women also were asked about their perceived reasons and situations leading to violence and their responses showed there were many myths about the causes of violence. Most of these myths are rooted in gender-biased perceptions, such as those about

masculinity, femininity, roles and responsibilities of the husband and wife, etc. Even though participants insisted that “women and men are equal” or “women also have rights to speak their opinion”, etc., they immediately apply unequal views to make a judgment when it relates to specific circumstances.

In-depth interviews with violence survivors showed that points of view of survivors and “the others” (men and women who had not experienced partner violence) are different and survivors have many arguments that contradict those justifications of violence as given by men. And so long as people still try to determine the “reasons” for violence, they continue to seek ways to justify such reasons.

First myth about the cause of violence: Alcohol. ³⁸

Men claimed that alcohol was a reason for them to lose self-control and use violence. But violence survivors agree that these men just “borrow this reason” (i.e. use it as an excuse).

“Sometimes when the husband was drunk and came home, his wife talked too much and he could not stand it. Thus, he beat his wife”. (Man in Hue.)

“No, do not blame ‘being drunk’ for the violence... That is their nature. It is true that some men drink a lot. There are men who do not drink, but they still beat and curse their wives”. (Woman in Hue.)

Second myth about the cause of violence: Men naturally are jealous and want to control their wives.

Many participants, from their common understanding about men’s right in the family, either did not regard controlling behaviors as violence because they associated them “too much love” or “overwhelming jealousy”. Or they considered controlling behavior as emotional violence that was “not at a serious level”. This behavior simply makes women sad and does not cause any physical injuries. A husband thinks that he has the right to control his wife and her relationships and that the wife has no right to be in contact with other men after getting married -- especially when the husband earns more money for the family, in which case he would be the one who makes the decisions. And the wife should not do something against her husband’s will.

“The day before he beat me. After that, I had to ride my bicycle for 7 km to my workplace. At 6 pm I came back home. A male colleague said he could give me a ride so I would feel less tired. On the way, my husband saw me. My bicycle was fine, so when I sat behind the man, I kept my own bicycle by my hands, and I could not do anything sexual in such position. Moreover, there were many people on the street. My husband probably intended to look for

³⁸ Many studies around the world show a strong relationship between alcohol abuse and domestic partner violence. The evidence however does not support a cause-and-effect relationship between the two problems. The relatively high occurrence of alcohol abuse by men who beat their wives, though correlated, must be seen as the overlap of two separate but frequently occurring social problems. Domestic partner violence is a socially learned behavior that is not necessarily the result mental illness or substance abuse. Men who batter women often use excessive drinking as an excuse for their violence. It is important to point out that many male alcoholics do not batter their female partners and numerous men who beat their female partners do not drink excessively. Men who have a predisposition for physical violence toward their female partners and who drink alcohol are more likely to be violent on the days they drink alcohol.

me on the street. As soon as he saw me sitting behind the guy, he returned home. He waited for me at home, and as I entered the door, he slapped me right away". (Violence survivor in Ha Noi.)

"My wife did something wrong or did not do as I expected, so I shouted at her". (Man in Hue.)

"A husband earns money so a husband has the right to keep this money. If my wife did something wrong, I would educate her. [Violence] was just due to my anger". (Man in Hue.)

Third myth about the cause of violence: Men are superior so they have the right to use violence to "educate" their wives.

There is an old saying that "[a man] should teach children since they were small and should teach his wife since she started joining his family". According to this perception, a man has the right to "discipline" his wife, especially when she did something "wrong" to him or to his family. Many interviewed participants therefore thought that it would be acceptable for men to use violence as a way to threaten their wives to confirm their superior position. Along the same lines, other "rational causes" for violence by a husband against his wife were considered justified.

For example, other causes include when a wife dared to challenge her husband's "face" or when a wife did not teach the children well. A wife is not allowed to do anything against husband's superior position even when the husband is wrong. If the wife talks back to her husband, she makes him lose face and, in that situation, it is acceptable for men to use violence.

And "if a child is spoiled it would be the fault of the mother; if a grandchild is spoiled, it would be the fault of the grandmother". So when the husband is not satisfied with the performance of his children, he would blame his wife for "bad education of the children" and use violence against her.

"Once he gambled and he sold the bicycle. I complained and he slapped me to show his face". (Violence survivor in Ha Noi.)

"Sometimes my friends came over and I was not satisfied with my wife's behavior. She is my wife anyway, so she should not raise her voice, especially in front of my friends". (Man in Hue.)

"Normally the reason for conflicts was that my husband blamed me for mistakes of the children. He said the children were spoiled because of me. For example, when the children got bad marks in school, he spoke against me and said that it was my fault that I had not taught the children well". (Woman in Ha Noi.)

Fourth myth about the cause of violence: Violence is always a woman's fault.

A husband uses violence because his wife talks too much. A wife should take care of housework well and keep silent when the husband is angry. Or men are more knowledgeable and violence often is the woman's fault because women often are mean.

"I shouted when my wife complained again about me. For example, I drink vodka and smoke, and she complained about the bad smell from smoking or bad consequences of alcohol. It

would be OK if she said it once or twice, but she kept repeating it. So, of course, I lost my patience”. (Man in Ha Noi.)

“I came back home from work and saw that my wife was shouting at the children, or something. I could not stand it and certainly I gave her a slap. That is the first [reason], and if the meal was not ready, that is the second [reason]... In general, when I was angry, I slapped her to lessen my anger”. (Man in Hue.)

“Men have more knowledge than women do and women are often mean and often fuss about small things. That is why violence occurs. The main cause of conflict in the family is from women”. (Male group discussion in Ha Noi.)

Fifth myth about the cause of violence: Violence is due to men’s biological problem, e.g. he has “hot blood” after medical treatment or he has a gene that causes violence.

“A long time ago, he got a blood transfusion and his blood was not good anymore, and it is hot. People told me that. So he is angry very often, and in many cases his anger was not justified and I could not stand it. This was because, previously, I endured it for a long time and, after hard working hours, I could not endure it anymore”. (Violence survivor in Hue.)

“I think this is because of a gene and, secondly, it is because of hot blood. People with hot blood find it difficult to control themselves. But after they calm down, things would be fine”. (Woman in Hue.)

While many people strongly believe in these myths, men who caused violence revealed that their violent behavior does not happen “by chance” but is “purposive”. This means that they deliberately set out to threaten their wives so they would not oppose them in the future.

“I did not intend to leave my wife, but I chased her out of the house so she knew how to behave with me. The point is that the next time, whatever she does she knows she needs my approval before doing it”. (Male group discussion in Ha Noi.)

Interviewed men also explained violence as one way for some men to take back their power because they feel they are in an inferior position in the family. Men are proud of being heads of households and the main breadwinners in families. If women are the ones who earn money for family expenses while men depend on their wives economically, some men would use violence as a way to reaffirm their “higher position” and to take back power. This explanation is very much linked to the cultural perception of masculinity mentioned in the previous section.

“If in life the wife is the breadwinner for the family, the wife is the one who earns the money for the whole family, the husband could not do this and he would feel he has nothing to show off. We are strongly influenced by the cultural perception that men are heads of households. Men would feel that their position was lower in the family, so they use violence to reaffirm their power in the family and show their wives that money cannot control all things in the family. When men cannot earn money, they would find other ways to show their power. They would use violence as a way to take back their power.” (Man in Ha Noi.)

5.3. Cultural beliefs of masculinity and femininity related to violence

In this section, we briefly touch upon some other commonly held gender-biased perceptions that lead to violence, as mentioned by men and women in the qualitative interviews.

Men and women are different in dealing with anger

In the qualitative interviews, participants clearly stated that men and women are different in their expressions of anger. And again, this perception is very much influenced by gender-biased perceptions about the role of men and women. While men have “rights” to show their anger, women are advised not to show anger and they often withhold their anger or cry behind their husbands’ backs.

For example, the general perception is that it is difficult for men to control anger so that it is the job of women to calm them or tolerate their anger. Or when men are drunk or have had some alcohol, it is better for women not to say anything because they will make men’s anger explosive. But women keep their anger to themselves or remain silent and they do not react to a husband’s anger, often to avoid violence in the short term and to keep themselves safe.

“When my husband said something, I just kept silent or smiled. I did not say a word... That would help avoid beating or cursing at home. Suppose he was complaining about something. I just kept silent and let him talk as much as he wanted to. Suppose he said I was a cow. I would just be silent. If he said I was a dog or a cat, I would just be silent, even if my tears dropped ... I think I am a wife and I could not be ‘higher’ than a husband is... I just cried, I did not say anything. After he stopped talking, I would go to another place. If I went out before he stopped talking, he would think I did not respect him”. (Woman in Hue.)

“I think it is right that when my husband is angry I keep silent. It would be strange if a wife was angry and shouted while the husband said nothing. Women should be more gentle”. (Woman in Ben Tre.)

Some men released their anger by destroying household items. They thought that was not really violence since they did not beat their wives. Some men find safe ways to deal with anger – they would leave house for a while or go to sleep to avoid exacerbating their anger. Not only men but also some women applied this method, and they found it helpful. Other women said they would make jokes when their husbands were angry to calm them. However, it is interesting that both men who use violence and women who experienced violence did not mention ways to deal with anger safely and merely let it be.

“I saw some husbands beat their wives. I felt sorry for the women because they came from far away to get married to men here. They were not sold by their parents, so these husbands should not beat them”. (Q: What did you do to keep calm and to avoid beating your wife?) “I went out to the street for a while or went out to another place to drink water”. (Man in Ben Tre.)

“When he seemed angry, I would tell him a joke him, then we both had fun... When I felt angry, I would go somewhere else so I did not see his face for a while and I calmed down”. (Woman in Ben Tre.)

Some couples found it was important to have a consensus in advance about behavior and attitudes towards each other when one of them is angry. For example, a woman revealed that they agreed not to call each other names or mention their parents and not to say something that would hurt each other when they have argument.

“It is fine to keep the talk just between husband and wife and not mention parents despite how much anger there was. And we would talk back and forth but would not hurt the other and not make it becomes a “habit”. He has the same attitude, so if I said something and he was angry, he just talked a little, and the next day he would give his comments. And when I gave him my comments, I did not talk much. I just mentioned it once or twice, but not repeatedly. My parents even told me he is very gentle, you should not bully him. I replied that we both endured each other, no one bullies the other.” (Woman in Ben Tre.)

Women need to respond to the sexual needs of the husband

Many participants in the qualitative research, both men and women, believe that men’s sexual desire is intense and must be satisfied -- if not by their wives, it would be by other women. So women think they better accept having sex with their husbands even though they do not want sex so that they can prevent their husbands from having affairs. It is acceptable for women to refuse only when they are ill, pregnant or are menstruating. Otherwise, her husband would question her love.

“If women do not satisfy men [sexually] then men would go out to find other women. If we want to keep family happiness, we should at all time create happy and comfortable situations and we have to respond to men’s [sexual] needs so they would not go out and find other women”. (Commune officer in Ben Tre.)

The nature of Vietnamese women is to endure

Another gender-biased perception was that the nature of Vietnamese women is “to endure”. Men and women are equal. But a wise woman will endure. And women should endure in-laws as well, especially the parents of their husbands.

(Q: What is the different between the case in which a husband gave his wife a slap and the wife gave her husband a slap?)

A: “Nothing different; they are both violence. Now women and men are equal. Before, we just saw a husband beat his wife and never saw a wife beat her husband...”.

(Q: What do you think the wife in the above situation should do? What would people say about her – she is wise or she is dumb?)

A: “I think she is good wife. It means she knows to listen to her husband and to endure him.... Enduring is good. Vietnamese women often endure”. (Male group discussion in Ha Noi.)

6. IMPACT OF PARTNER VIOLENCE ON WOMEN'S AND CHILDREN'S HEALTH AND WELL-BEING

Main findings:

- **Fully 26% of women who ever had been physically or sexually abused by a partner reported having been injured because of the violence. A total of 60% of these women had been injured more than once and 17% had been injured many times.**
- **Women who experienced physical or sexual partner violence consistently were more likely to report “poor” or “very poor” health than women who never experienced partner violence. They were also more likely to have had recent problems walking and carrying out daily activities, pain and memory loss, emotional distress and suicidal thoughts, miscarriages, abortions and stillbirths.**
- **Women with children 6-11 years old who had experienced partner violence consistently were more likely to report that their children suffered behavioral problems (such as nightmares, bedwetting, aggressive behavior and low performance at school) compared with women with children of the same age who had not experienced partner violence.**

In this chapter, we will describe how partner violence impacts women's health, her children's well-being and other aspects of daily life. The chapter begins by describing the direct effects of violence in the form of injuries. But violence does not always manifest itself in direct injuries. We report the women's perceptions about how violence affects their health and income-generating activities.

A large part of this chapter summarizes the findings on the associations between a woman's lifetime experience of physical or sexual partner violence and selected indicators of physical, mental and reproductive health.

Finally, this chapter explores associations between a woman's lifetime experience of partner violence and indicators of behavioral problems in her children 6-11 years old.

Qualitative data also will be presented to strengthen the interpretation, providing real-life testimonies.

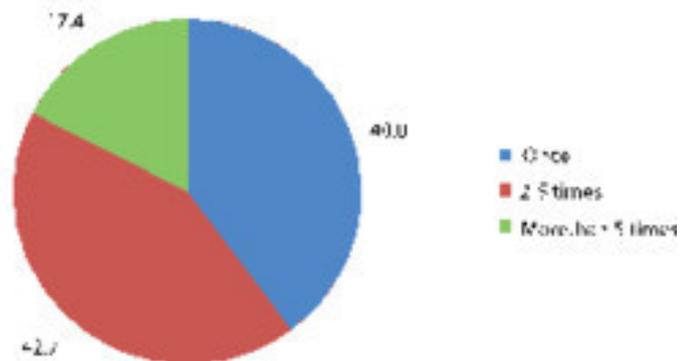
6.1. Injuries due to partner violence

Women who reported physical or sexual violence by an intimate partner were asked whether their husband's acts had resulted in injuries. Follow-on questions asked when it occurred, the types of injury, the frequency and whether health care services were needed and used.

As shown in Table 6.1, 25.9% of women who reported partner violence were injured. These percentages ranged from a low of 19.0% in the Red River delta region to 34.4% in the Central highlands. (Table 6.2.) When broken down by types of violence, we see a clear relationship to the severity of violence: the rate was 21.6% for those who experienced physical violence only whereas it was 36.3% for women who experienced both physical and sexual violence.

Fully 60% of these ever-injured women had been injured more than once and 17% had been injured more than five times. (Figure 6.1.) Women who had experienced more severe forms of partner violence also reported more injuries. For example, the percentage of ever-injured women who were injured many times among those who experienced physical violence only is 10.9%; it is 26.8% among those who experienced both physical and sexual violence. (Table 6.2.)

Figure 6.1. Frequency of injuries among women who were ever injured due to physical or sexual violence by husbands, Viet Nam 2010 (N=419)



The majority of ever-injured women reported minor injuries such as scratches, abrasions and bruises (88.9% among those injured). Moreover, more severe injuries were relatively common (12.9% reported broken eardrums and eye injuries, 8.8% had sprains and dislocations and 7.3 % had penetrating injuries, deep cuts and gashes). Overall, 6.5% of ever-injured women reported that they had “lost consciousness”. This proportion was twice as high for those who reported both physical and sexual violence, which is an indication of more severe violence.

Of those few women who received health care for their injuries, only about half told the health personnel the real reason for their injury.

Also the qualitative research showed that, while injuries were common, only a few women sought medical care for their injuries at health clinics. Most women allowed the injuries to heal by themselves or went to the pharmacy to buy medicine. “Shame” was the most commonly mentioned reason that prevented women from seeking help from health services. They were afraid that health providers would ask about the injuries. “Economic difficulties” was another reason why women did not seek health care.

“Black and blue bruises were not counted [for not needing to buy medicine], but he also hit my head. For example, he used his shoes to hit my head. His shoes were so heavy. When he hit me, I could not feel my brain, I only felt the bone. It was pain all over at this bone area. I told my mom that I was in pain. It was 20 days before Tet. My mom said that I should rest. However, it was also a good time for business, so I could not take the time to rest. My mom told me to take an X-ray. But an X-ray was costly, so I did not take it. The pain lasted for more than one month, until recently.” (Woman survivor in Ha Noi.)

In-depth interviews also showed that the availability of supporting services such as counseling or subsidized health care were factors that encouraged women to reveal their violence to health staff and counselors. When interventions did not provide a direct link to counseling and health services, women were reluctant to tell the health staff about their injuries. In one research hospital, where women got good counseling and full or partial subsidized health care, women were more likely to tell the health staff about the real reason for their injury.

6.2. Self-reported impact of partner violence

In the survey, women who had disclosed physical or sexual violence by a partner were asked whether their husband’s behavior had affected their physical or mental health and whether it had affected their work or income-generating activities.

(Table 6.3.) The data show that many women consider that partner violence affects their health and ability to function normally. More than 60% of respondents who experienced partner abuse reported that the violence had affected their health. And 22.7% reported that the violence had a major impact on their health. It was higher in urban compared with rural areas: 25.5% and 21.6%, respectively.

Almost one third of abused women reported that their husbands interrupted their work, 16% reported that they could not concentrate on their work, 6.6% reported that they were unable to work due to sickness and 7% reported that they lost self-confidence.

All qualitative interviews confirmed the impact of violence on the health of women. Physical, sexual and emotional violence resulted in different injuries and illnesses for the women. Many of the interviewed violence survivors could show bruises and scars on various parts of their body, such as their face, head, back, abdomen, arms and thighs. Broken bones also were reported. Chronic health conditions such as heart disease, loss of memory and concentration were reported by women who suffered severe, repeated incidents of violence over a long period.

In-depth interviews also gave other insights into the impacts of violence on women’s health and well-being. Most of the women survivors in the interviews were very thin. They revealed that their malnutrition resulted from a loss of appetite because of distress and a lack of food because of the economic control of their husbands. In some cases, it was because they could not find enough food to feed themselves and their children after having been expelled from the house. Prolonged distress and limited access to money, food, the house and clothes made these women not pay attention to their appearance and they viewed themselves as weak, helpless and shameful.

“I lost a lot of self-confidence. At that time I was only 42 kg. I was very weak. My hair was very much disordered. My clothes were terrible. In general, I did not take care of myself”. (Woman survivor in Ha Noi.)

“I thought that I would die at that time. I was not like I am now. I was very thin and pale. I was only 33 kg”. (Woman survivor in Ben Tre.)

Qualitative interviews gave insight into how women’s work was influenced by violence. In many cases, women stopped their work as a direct result of physical injuries and sickness. They had to take days off for health care, to recover or sometimes to hide black-and-blue faces. They also could not work because they were affected emotionally by the violence and they could not concentrate or pay attention at work. One woman said that she was performing her work like a machine, *“without emotion, without enthusiasm”*.

“My working capacity was reduced. For example, if my husband beats or shouts today, I will not want to work. I will have a headache. I cannot earn money”. (Woman survivor in Ha Noi.)

The women’s ability to work also was affected in many other ways due to partner violence. Controlling behaviors of men seriously could influence women’s work. Some of the interviewed women were not allowed to continue their work because their husbands did not want to see them talking or working with other men. Women also had to stop their work because men controlled their time. They were blamed for coming home late and not caring enough for the children and family. The woman quoted below decided to stop her business because her husband (though he did not beat her) destroyed her shop and sold everything in it against her will.

“I was so upset. I did not want to continue the business. I did not store the goods because if I stored them he would sell them all... He broke my shop. It was not a big shop, but there were two valuable glass cases. He wanted to sell these two glass cases, but the market security people did not allow him to do. Thus, he destroyed them. I lost several millions”. (Woman survivor in Ha Noi.)

6.3. Partner violence and general health and physical symptoms

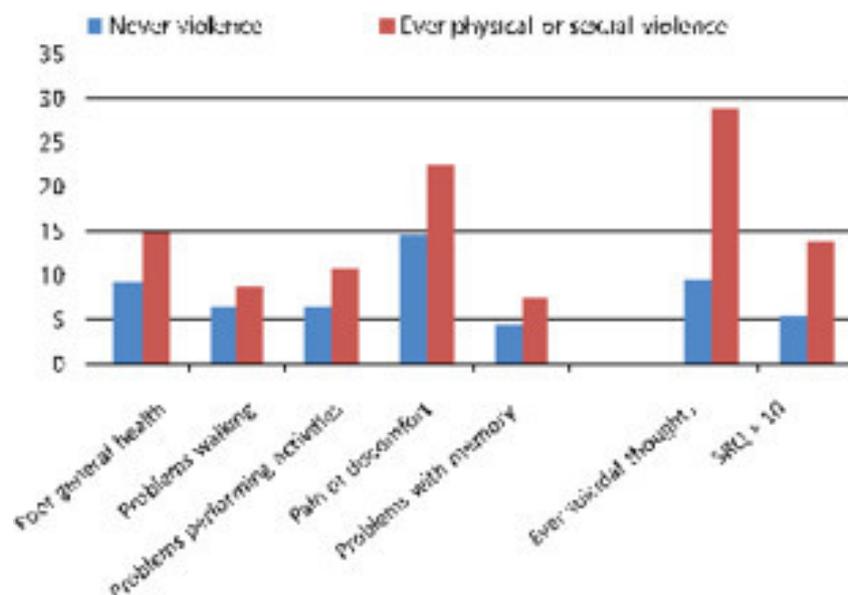
(Table 6.4.) In the survey, early during the interview (before questions about partner violence), women were asked about their health status. These questions were asked of all women and before having collected any information on their experience of violence. To analyze the associations between violence and health, we compared the answers on the health status questions between women who (later in the interview) reported having experienced physical and/or sexual partner violence and women who did not report partner violence. Because of the cross-sectional nature of the survey, we can thus only measure “associations”. It is not possible to demonstrate causality.

All women were asked whether they considered their general health to be excellent, good, fair, poor or very poor. The data showed that women who ever experienced physical and/or sexual violence were more likely to report poor or very poor health than those without violence. About 15% of women who were subjected to lifetime physical and/or sexual violence by an intimate partner reported that their health was poor and very poor while only 9% of women without violence had poor and very poor health. In both rural and urban areas, women with lifetime physical and/or sexual violence were more likely than women who had not experienced violence to report that their general health was poor and very poor. In rural areas, it is 15.6% and 10.0%, respectively; in urban areas, the percentage is 12.9% and 7.5%, respectively.

Women also were asked whether they experienced some physical symptoms and problems with walking, performing daily activities, pain or discomfort and problems with memory and concentration during the four weeks before the interview.

For each of the physical symptoms, women with lifetime experiences of physical and or sexual violence by a husband were more likely to report problems in the past four weeks compared with women who had never experienced partner violence (Figure 6.2).

Figure 6.2 Percentage of women who self-reported physical and mental health symptoms, according to experience of violence by husband, Viet Nam 2010 (N=4561)



6.4. Partner violence and mental health

(Table 6.4.) Women with lifetime experiences of physical and or sexual violence by an intimate partner or husband were more likely to report emotional distress in the four weeks before the interview.

Women who experienced physical or sexual violence are more than three times more likely to report that they ever thought of suicide compared with those without violence (29.0% and 9.5%,

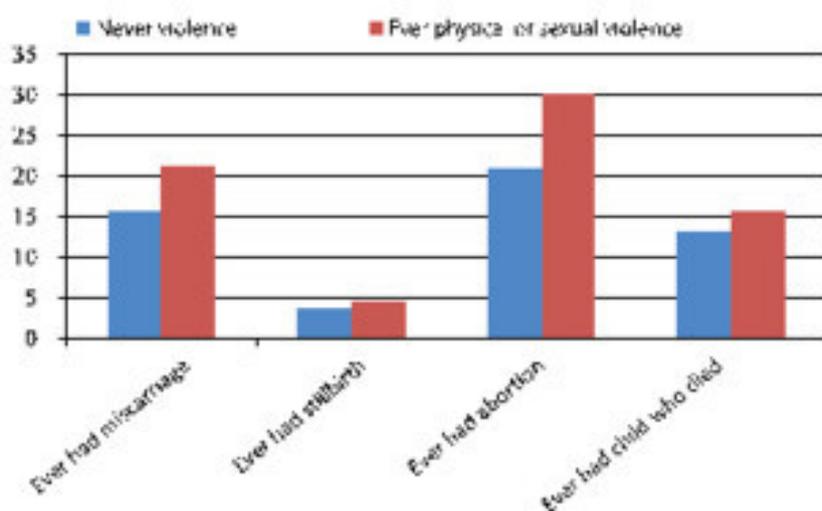
respectively). The same situation was found among women who ever attempted to commit suicide (2.7% and 0.6%, respectively).

A similar pattern is found when we compare the self-reported questionnaire (SRQ) score. The SRQ20 is a screening tool for depression and consists of 20 questions about symptoms that a woman may have experienced in the previous four weeks. The more questions that are answered with a “yes”, the more likely she is suffering emotional distress. The results show that women who have experienced partner violence are almost three times as likely to score 10 or more on the SRQ scale compared with women who have not experienced partner violence. (Figure 6.2.)

During the qualitative research, some women said they felt so hopeless and distressed in response to violence that they harmed or cut themselves to different extents. It was not rare in the interviews for women to report that they had thought about or even planned to commit suicide as a way to escape from violence. Many women said that they kept going because of their children.

“[My mother-in-law said] *I could not give you anything, I cannot stay here with you, and I have to go. My big son asked her, ‘Where will you go’? She said, ‘I go away, you can’t follow me’... She took rat poisoning to die. She told me before she did it, but I could not do anything... She was too upset and she killed herself. My husband’s sister also went to the river to commit suicide*”. (Woman survivor in Ha Noi)

Figure 6.3 Reproductive health outcomes, among women who were ever pregnant, according to experience of violence by husband, Viet Nam 2010 (N 4474)



6.5. Partner violence and reproductive health

(Table 6.5.) The results of the survey also show that women who experienced partner violence consistently had a much higher risk of miscarriages, abortions and stillbirths compared with women who had never experienced violence.

The data showed that 21.3% of women who were subjected with physical violence had a miscarriage. Among those without violence, the percentage is 15.9%. The percentage of women with physical violence who had an abortion is 30.1%, whereas in cases of no violence the percentage of abortion is 21.0%.

Fully 15.7% of women who suffered from physical violence reported that their children died after birth. Stillbirth among women subjected to physical violence was 4.7%. (Figure 6.3.)

The qualitative interviews showed that sexual violence not only severely hurts women's mental health but also is linked closely to negative consequences on reproductive health. The interviews showed that women often were not aware of the increased risk of sexually transmitted infections (STIs) and HIV/AIDS from living in a violent situation. Even if they were aware of the risk, they often could not negotiate safer sex. They had to accept the relationship and they admitted that they simply tried to forget the risk. Moreover, sexual violence is closely linked to "moral" issues that make it shameful for women to speak out. One sexual violence survivor explained that she would not seek health care until she had symptoms because of her difficult economic situation. Though several women survivors said they feared the risk of HIV infection, none of them ever had an HIV test. Further, information about HIV testing often was not included in the counseling or support that they received. HIV voluntary counseling and testing (VCT) also was often not included in the package of existing intervention projects on domestic or gender-based violence.

"[My husband] has many [sexual] relationships so I worry that I may have caught something bad already. I worry, but I think my life has nothing good in it. Because I live with such a person, I do not fear losing my life. I'd rather die... Moreover, I have no money. If I had some money, I could think of a health checkup. In reality, I have no money so just let it be. If I were sick, I would treat myself, and only in case I could not do something to recover would I go to the hospital". (Woman survivor in Ha Noi.)

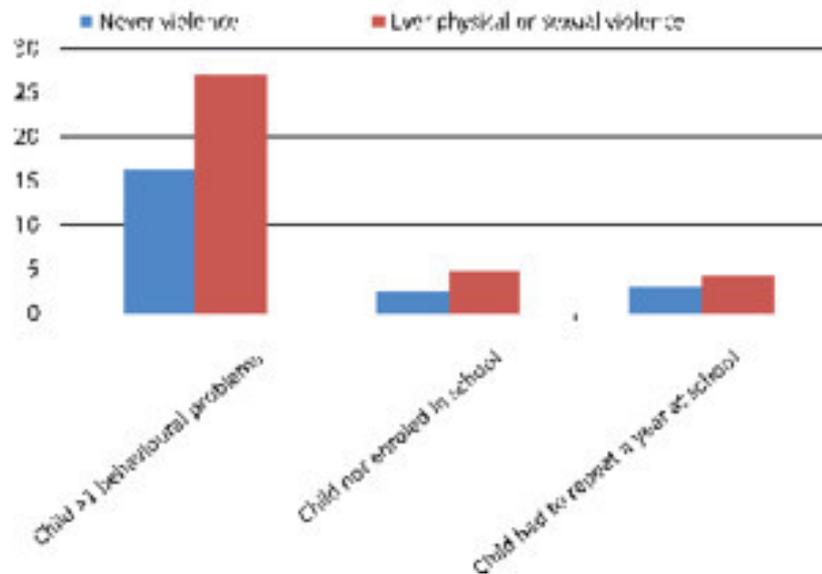
6.6. Partner violence and the well-being of children

Consequence of violence on children 6-11 years old

About one third of women who reported partner violence are living with children 6-11 years old. Women who had children in this age group were asked about behavioral problems: whether their children had frequent nightmares, sucked their thumbs, often wet their bed or were extremely timid or extremely aggressive. They also were asked about school enrolment and school dropouts among these children. (Table 6.6 and Figure 6.4.)

Women who had experienced partner violence consistently were more likely to report that their children had behavioral problems and had problems with schooling. For example, the percentage of women having children not enrolled in school among those reporting physical or sexual violence was almost twice as high as women who did not report such violence (4.7% and 2.5%, respectively).

Figure 6.4 Behavioural problems in children among women who had children 6-11 years old, according to experience of violence by husband. Viet Nam 2010 (N= 1571)



In in-depth interviews, women survivors also confirmed negative impacts of domestic violence on children of these ages -- for example, feeling sad and low motivation for studying. Many women were afraid that their sons may learn from their father's violent behavior.

“They did not want to go to school. They got bad marks at school. However, I did not know how to encourage them... When I asked for a divorce, my second boy told me that if I got divorced he would be very embarrassed. Because he said that, I did not dare to get divorced. I gave up”. (Woman survivor in Ha Noi.)

Women in the qualitative interviews agreed that young children also were influenced negatively by violence. However, most of them wrongly believed that such an effect occurred only when children reached an age that they can recognize violent acts, such as 3-5 years old.

Different negative influences on children of kindergarten age were described in interviews, including feeling sad, isolating themselves from others in school, poor hygiene and malnutrition. The quote below was about one woman's experience of her 3-year-old son who isolated himself at kindergarten:

“When I visited him [at the kindergarten] I recognized that [his isolation]. He sat still in one place. He did not play with other children. He was miserable. In this case, he was the victim”. (Women survivor in Ha Noi. Her husband took the children and did not allow her to visit them.)

Women often said that when children were separated from their mothers they risked malnutrition. There also were responses about women and children who did not get enough food because of the control of the husband and about women and children who were expelled from the house and could

not find enough food. Children also could also not get enough food because their mother was too tired from the violence to take care of them.

“When I am sad, I do not want to eat, I will not have enough milk for my baby. Also, normally, I will give my baby three meals per day. Now because I am so sad, I do not want to do anything. I give him only two meals per day. If he does not want to eat, I also do not want to try or to push him. I just give him several spoons. If he does not want to eat, I give up”.
(Woman survivor in Hue)

The qualitative study also explored people’s perceptions and means of communicating with children about violence. Most participants were surprised when this issue was raised because they did not think that violence was an issue that should be discussed with children. Most people said that it would be better to keep it secret from children if there was violence in the family. This was to protect children from the negative impact of violence.

“I think we should not tell children [about violence]. When there is violence between husband and wife, the most important thing is to hide it from children. If they see it, they will feel sad. They will look at the father and mother differently”. (Man in Ha Noi.)

However, interviews showed that hiding violence from children was not an effective strategy. All survivors of violence said that their children knew about violence in the family. They often witnessed violence and were affected by it.

7. VIOLENCE AGAINST CHILDREN, INTERGENERATIONAL ASPECTS OF VIOLENCE

Main findings:

- **Almost one in four women with children under 15 years old reported that these children have been physically abused by her partner. Violence against children has a strong association with violence against women by the same perpetrator.**
- **More than half of the women who experienced physical partner violence also report that their children have witnessed this at least once.**
- **Women who experience partner violence are more likely than other women to have had a mother who was beaten. They are also more likely to have a partner whose mother had been beaten or who himself was beaten as a child. The childhood experience of the partner is an important risk factor for him being a perpetrator later in life.**

7.1. Violence against children as reported by women

In the survey, women who had children under 15 years old were asked about certain abusive acts that any of her partners committed against their children, ranging from frightening or intimidating, pushing, hitting with a fist, choking or threatening with a weapon to touching sexually. When any of the acts of physical or sexual violence was confirmed by the respondent, the child is considered as having experienced violence by the partner of the respondent, usually the child's father.

(Table 7.1.) The data showed that almost one fourth (23.7%) of all respondents with children under 15 years old reported that these children were subjected to violence by the respondent's husband at least once in their lives and one fifth (20%) reported this occurred in the 12 months before the interview. In rural areas, this rate is always higher than in urban areas for both the lifetime experience and in the past 12 months (25.9% and 18.2% for lifetime and 22.1 % and 14.9 % for the past year, respectively). Figure 7.1 shows the regional variation in child abuse.

The percentage of violence against children in the past 12 months as reported by mothers was not much lower than the lifetime prevalence. This is because when a parent uses slaps occasionally to discipline children, it probably also occurred in the past 12 months since these children still are living at home.³⁹

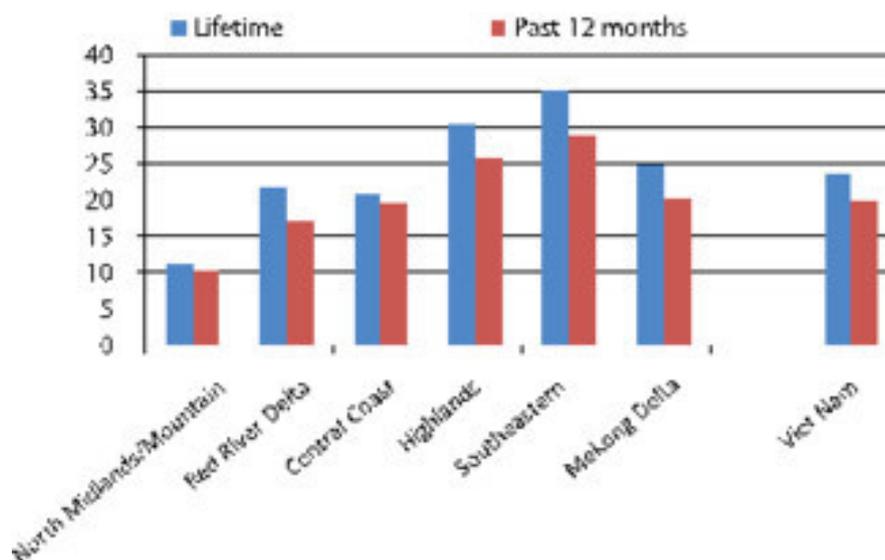
³⁹ It would not be appropriate to directly compare the current prevalence of violence against children with the current prevalence of physical partner violence against women because the "overall" prevalence rates for violence against women also include women who are not the mothers of these children. In Chapter 3, older women in particular report low prevalence rates of current violence, and this brings down the overall mean prevalence rate for current physical violence against women.

The most common acts of violence against children under 15 years old reported by their mother is scaring or intimidation (56.6%), followed by slapping, pushing, shoving or throwing something at them (15.7%). Only one respondent mentioned an act of sexual abuse. (Table 7.2.)

Only sexual and physical acts were included for calculating the prevalence of violence against children as reported above (e.g. 23% for lifetime prevalence). This was to make the measurement similar to those of partner violence against women.⁴⁰

The data show that there is a clear association between type and severity of partner violence and violence against children in the same family. Violence against children was compared between women who experienced different types of partner violence and women who did not experience partner violence. Women who are subjected to both physical and sexual violence are more likely to report that their partners or husbands had been violent against their children (48%) compared with women subjected to physical violence only (33.6%) or sexual violence only (26.3%). There is a similar gradation according to the severity of physical violence. Still, 17.5% of women who have not reported any partner violence report that their children have been abused. (Table 7.3.)

Figure 7.1 Prevalence of child abuse by husband, among women with children under 15 years old, by region, Viet Nam 2010 (N=2857)



⁴⁰ The researchers thought it is better to err on the safe side by not including the very commonly reported act of emotional abuse against children by fathers: “scaring or intimidation”. Including that act in the prevalence rate may increase the complexity of interpretation and the risk of being criticized for exaggerating violence against children (even if the Viet Nam DV Law includes certain acts of emotional abuse).

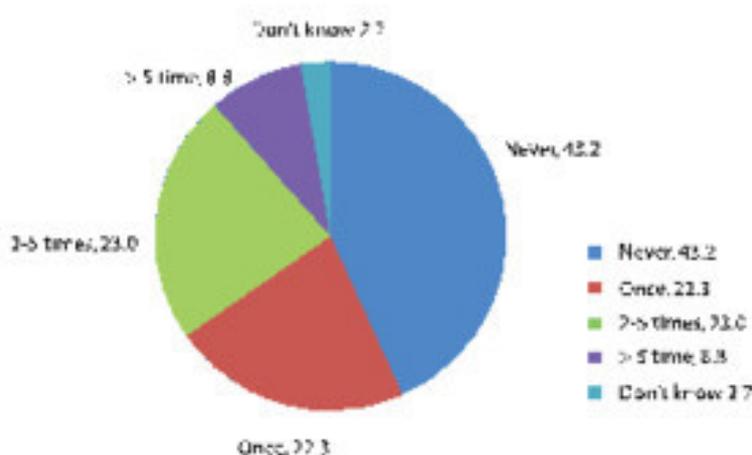
7.2. Children witnessing violence as reported by women

Women who experienced physical partner violence were asked whether their child(ren) had ever witnessed this violence and how many times they had witnessed it.

(Table 7.4.) The data showed that more than half of the women who experienced physical partner violence reported that their children had witnessed it. Fully 22.3% reported that it happened once; 23.0% reported that it happened 2-5 times and 8.8% said that it happened more than five times. (Figure 7.2.) In urban areas, women were more likely to report children witnessing violence than in rural areas. The real proportions may be higher because women are not always aware that their children witness their being beaten.

Chapter 6 described how living in a household with a woman who is abused affects the children's well-being. While living in a household where the mother experiences DV in itself affects children, direct witnessing of this violence against the mother may affect the well-being of the child even more. Parental behavior may be copied later in life by some children witnessing it because the child may learn that this is how adults behave.

Figure 7.2 Children witnessing violence, as reported by women experiencing physical violence by husband, Viet Nam 2010 (N=1393)



7.3. Intergenerational violence

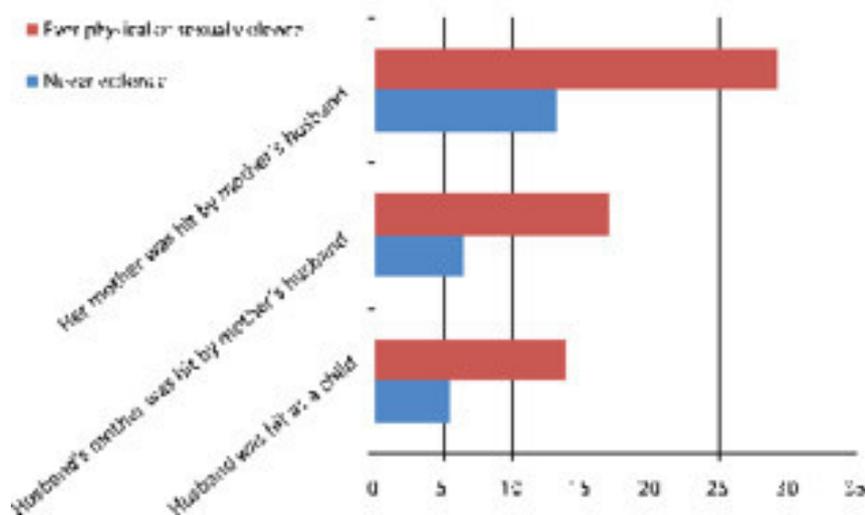
Learning and copying behavior from parents could be explored further by examining the experience of the respondent and her partner when they were children. In the survey, women were asked whether their father beat their mother when they were young, whether their partner's mother had been beaten when he was a child and whether he was beaten as a child.

In the survey, 18.6% of women reported that they heard or saw their mother hit by their mother's husband and 11% of women reported that their husband's mother was hit by her own husband; 8.3% of the women reported that their husbands were beaten as a child.

Women who experienced different types of partner violence were compared with women who did not report violence. A woman who had experienced partner violence is twice as likely to have had her mother beaten and three times as likely to have had a partner whose mother was beaten as a child or who himself was beaten as a child compared with women without violence. (Figure 7.3.) For women who experienced severe physical violence, this relationship is even stronger -- they are four times more likely to have a partner who witnessed or suffered violence as a child compared with women without violence.

This is evidence for the importance of childhood experience. If a man experienced violence in his family as a child, he is not only at risk to experience more problems with his well-being during his childhood, but he has a higher risk of becoming a perpetrator of violence against women when he grows up.

Figure 7.3 Violence in family home of respondent and husband, according to whether women reported violence by husband, Viet Nam 2010 (N=4561)



Story of one violence survivor in Ha Noi

“Day or night, whenever he came back home, my heartbeat was fast and it lasted for hours. My daughter (10 years old) was at home and sometimes her friends were in our house, but he did not care. Once he got back home, he weighted down on me and tore my clothes. I could not push him away or fight him back, I could not do anything. His hands are large, and he held my body so that I could not do anything, despite the presence of my daughter.

(Q: He did this in front of daughter’s eyes?) “Yes, in front of my daughter’s eyes. She felt ashamed and she did not like what she observed, so she came to turn on the light. He gave her some slaps and she was in pain, so she was frightened and she shut her mouth. My elder son (20 years old) would get out of house when he saw this was happening. But my daughter did not understand what happened. She just did not like behavior between husband and wife like this, and she cried. But my husband slapped her and she shut up her mouth, she dared not say a word. I had to endure”. (Woman survivor in Ha Noi)

8. WOMEN'S COPING STRATEGIES AND RESPONSE TO PARTNER VIOLENCE

Main results:

- **Half of the women who had been physically or sexually abused by their husbands or partners had never told anyone about the violence before the interview for the survey. If women had told someone, it was usually a family member.**
- **Fully 87% of abused women never sought help from formal services or people in authority. If they sought help, usually when the violence was severe, it most commonly was from local leaders.**
- **About one fifth of the abused women left home for at least one night. Women usually returned home for the sake of the family.**
- **About 60% of the women said that they had heard about the DV Law. The qualitative interviews, however, showed that women did not know the content of the law and that many local authorities did not have enough knowledge about the law and domestic violence generally.**

Little was known generally about women's response to partner violence, including the help that women seek and receive from informal networks such as families and friends and more formal government and nongovernment agencies. To explore these issues further, in the survey respondents who reported that their intimate partner or husband had been physically or sexually violent were asked who they spoke with about their partner's or husband's behavior, where they sought help, who helped them and whether they had fought back or left their partner or husband because of his violence. If a woman had been abused by more than one partner, questions were asked only about the most recent partner who had been violent towards her.

8.1. Who women tell about violence and who helps

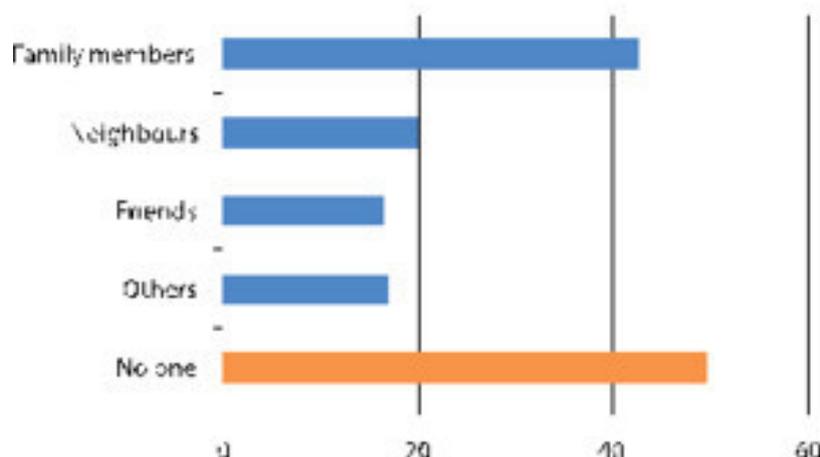
Who women tell about violence

Women were asked whether they had told anyone about their partner's violent behavior in a question to which multiple answers could be given.

(Table 8.1a.) The data indicated that, nationwide, almost half of the abused women (49.6%) reported that they did not tell anyone about their partner's physical or sexual violence. Women in rural areas were more silent than women in urban areas (51.5% versus 44.5%). This suggests that in many cases the interviewer was the first person who they had told about their partner's violence. (Figure 8.1.)

If women spoke with anyone about their partner's violence, in most cases it was to family members (42.7%). Women in urban and rural areas did not differ in this respect. In some cases, women also told neighbours or friends about their husband's violence: 20% of them had spoken with neighbours, 16.8% to friends. It is interesting to note that in urban areas, 23.1% of women who experienced violence had spoken with friends about it while only 14.5% of women in rural areas had spoken with friends.

Figure 8.1 Proportion of women who told someone, among women who experienced physical or sexual violence by husband, Viet Nam 2010 (N=1546)



Narratives from qualitative interviews also showed that women’s silence was common. In-depth interviews provided some insights for this. There were several reasons why women kept silent. The most common reason was to keep the face of the family. In Viet Nam, there is a saying, “*He is bad, you feel embarrassed*”. (*Xấu chàng, hổ ai.*) This was especially true in situations in which violence occurred that was considered shameful for women and for men such as sexual, emotional and economic violence. It was difficult for women to speak about sexual violence because anything related to sexuality and sexual relationships is considered taboo in Viet Nam.

Another reason was that most interviewed women believed that there was no solution for sexual abuse in a marriage because women should satisfy the sexual demands of their husbands. They are expected to help their husbands to be satisfied sexually since no one else could do that. Women also believed that if they did not satisfy their husbands, their husbands could seek out sex workers.

In cases of emotional and economic violence, women also did not want to speak about it because these forms of violence contradicted traditional masculine values and images, which dictated that men should be generous, open-minded and forgiving. In the study, we met a woman who kept her violence story secret for 20 years.

“It was bad for him and bad for me as well”. (Woman survivor in Hue.)

“About our sexual relationship of how he forced me, I would not dare to tell anybody... I think that these stories are very shameful, so I don’t want to tell. If someone asks me, I will tell. I can’t just tell them”. (Woman survivor in Ha Noi.)

In-depth interviews also showed that a number of women living with violence not want to keep silent. By contrast, they wanted to speak with other people to share their emotions, to get help and advice. They chose who they spoke with carefully. Whenever they did speak, they spoke with people who could provide them with protection, care and advice.

In the qualitative research, these women said their first reaction was to turn to the parents of their husbands and brothers-in-law because they thought they would be able to help them and to educate their husbands. They did not speak with sisters-in-law because they felt that those women could not influence their husbands or partners. These women often did not tell their own parents. According to them, this is because their parents did not have the right to intervene and could not influence their husband.

This followed traditional Vietnamese norms that say that the “*boat follows the helmsman, the girl follows her husband*” (*thuyền theo lái, gái theo chồng*) and “*the daughter-in-law is a daughter, the son-in-law is a guest*” (*dâu con, rể khách*). In addition, these women did not want their parents to know and to feel sad about their unhappiness. Some women also said that they did not tell their parents because they wanted to keep their husband’s ‘face’ or dignity, which is also their dignity.

“I told my parents-in-law but did not tell my parents. I did not want my parents to feel sad. I only told my parents-in-law so they could tell him not to do so anymore”. (Woman survivor in Hue.)

The attitude of the community about domestic violence was an important factor in either encouraging or stopping women from seeking help. Women would not ask for help from people in the community if they did not perceive that they were supported. They would base such judgments on their own experiences or from their observations of or knowledge about other abused women.

“I did not ask for help because even if I asked, no one would come. People there hated me, they harmed me. They just left me for my husband to beat me. They did not pay attention to me”. (Woman survivor in Ben Tre.)

Who helps?

(Table 8.1b.) Women who experienced physical or sexual violence by a partner also were asked whether anyone ever tried to help them. Between 44.2% (in urban areas) and 47.5% (in rural areas) of women reported that no one ever tried to help them. The reports of who tried to help these women were consistent with reports about who they told about the violence. The highest proportion of people who tried to help was family members (mentioned by 43.8% of abused women). The data showed that about one fifth (19.9%) mentioned that neighbours tried to help them when they were subjected to violence. More women in urban areas said that friends tried to help when they suffered from intimate partner violence (16.2% in urban areas, 11.3% in rural areas), whereas in rural areas, more neighbours tried to help the women when they were subjected to violence (21.7% in rural areas and 15.2 % in urban areas).

Qualitative research also showed similar patterns about who tried to help the women. In-depth interviews provided more information about whether this was helpful. Unfortunately, the interviews showed that “support” of the husband’s parents, other family members, friends and neighbours often was not effective. In Viet Nam, there is a widely accepted belief that domestic violence is a family and private matter and is the main reason that prevented people from intervening. In addition, from the interviews it seems that some people do not want to get involved, especially when the situation seems dangerous to them -- e.g. if the man is drunk or if he is cursing.

“When the neighbours came, he said this was an issue between husband and wife, they should leave it for him to deal with and no one should intervene. Thus, no one dared to intervene. They used to call the police but now they did not dare. He drank and he could do whatever he wanted, no one would intervene. If people intervened he would shout at them. So now they just keep out of it”. (Woman survivor in Ben Tre.)

Many women did not tell their parents about their situation. Those who did tell them, sadly, often did not get support. Instead, women were blamed by their parents for the violence that they were suffering and they were asked to accept it.

“I did tell my parents, but they got angry with me. They said that I am not the only woman who is daughter-in-law. There are also many other women who are daughters in law and their family are all happy. Why can't I make my family happy and be good daughter-in-law? Was it because I was not loyal to my husband or I did not know how to behave properly? I should know my husband's style and I should know how to behave according to his style. If I knew how to follow my husband, my family would not have violence”. (Woman survivor in Hue.)

“My parents were the first people to ask me to give in. My mom told me, ‘Garbage collectors go to Lom Bridge, talkative girl goes back to her dad’” (‘*Đồng nát thì về cầu Lôm, con gái nó mồm thì về với cha*’). (Woman survivor in Ha Noi.)

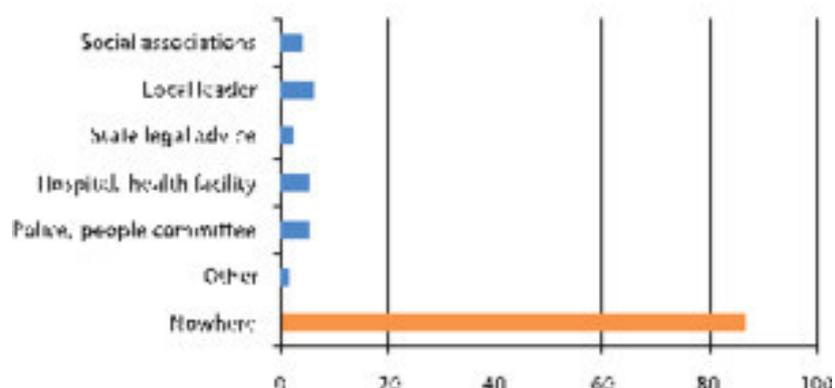
Above examples showed that women have tried to find support from different sources, mainly from informal social networks, including family members, friends and neighbours. But they also show that many times women were pushed back into the violent situation by those to whom they turned for support.

8.2. Agencies or authorities to which women turn for support

To whom do women go for support?

(Table 8.2a.) Respondents were asked whether they ever had gone to formal services or people in positions of authority for help, including the police, the commune People's Committee, health services, legal advisers, social associations, the Women's Union, local leaders, etc. Fully 87.1% of women who experienced intimate partner violence reported that they never had gone anywhere for help. Only from 1.7% to 6.3% of women subjected to violence had sought help from different agencies. The most common agency or people in positions of authority that women went to for help were local leaders such as the head of the village or quarter (6.3%) followed by the police, the People's Committee, health care facilities and social associations(Figure 8.2.). Only 4 women (0.3%) had mentioned they had gone to a shelter.

Figure 8.2 Proportion of women who sought help from official agencies, among women who experienced physical or sexual violence by husband, Viet Nam 2010 (N=1546)



The qualitative interviews also showed that many women did not want to seek help from local authorities. Some women considered this the last option when other options did not work or when they decided to get a divorce. According to these women, when they sought support from informal sources such as family members or friends, violence still was regarded as a family issue. However, if they reported violence to the local authorities, it meant that the case was very serious and that the husband or partner could be sent to prison. Similar arguments were used by women who said they preferred the village over the commune or higher administration levels. Women also seemed to prefer counseling centres over other agencies because these were viewed as neutral places.

“It was my dream for a long time to have a place to share my thoughts. One time when I was cooking, I listened to the radio and heard them talking about this counseling centre. I also found an announcement in the newspaper about this centre. Thus, I rode my bike for more than 10 km to get here”. (Woman survivor in Ha Noi.)

Though hesitant, women would seek help from local authorities when they did not have other options or when they knew that they would get support from these sources.

“I was there alone. My husband was like that. He might wake up one night and kill me. So I told him [the village headperson] if anything happens to me, please come over and help. I was there totally alone, no brother or sister and also no relatives”. (Woman survivor in Ben Tre.)

“I did not dare to go [to the local authority] before. I did not want to report this to the commune. I did not know if they would fine me or not. I did not dare. Then I found that there was a project to prevent gender-based violence. One time after he beat me, it was in the local newspaper, and then some people came to support me. Thus, now I report to them”. (Woman survivor in Ben Tre.)

Respondents' satisfaction with the support received

(Table 8.2b.) Despite very few women ever having sought support from official agencies or authorities, most women who sought help reported that they were satisfied with it. The highest level of satisfaction was for support from hospitals and health facilities (93.0%) followed by social associations (85.8%) and local leaders. The lowest level of satisfaction was for police or the People's Committee (only 66% reported they were satisfied with the support received). The levels of satisfaction in rural areas were lower than in urban areas for all services.

Qualitative interviews showed similar results. Women who received support from counseling centres and hospitals showed the highest appreciation. Women found the knowledge and skills that they gained at counseling centres to be very useful. They had a close relationship with the counselors. They felt renewed and stronger and their perspective was changed.

"They cared about me. They gave me comprehensive instruction. Suddenly I felt like I was welcome and loved. I could not have any complaints about them. I felt like I wanted to cry, then I thought about continuing my life... Whenever I felt hopeless, I came here and received care from these doctors; I wanted to live to see my children". (Woman survivor in Ha Noi.)

"I think women who suffered from violence should raise their voice and ask for help or for counseling. It can vary case by case, but we should not keep silent. Keeping silent is dying". (Woman survivor in Ha Noi.)

The interviewed women showed somewhat less satisfaction about the support from local authorities such as village leaders, the People's Committee and the police in comparison with counseling centers. Complaints were related to a slow response, ignorance and a disrespectful attitude from the local authorities.

"I printed six photos [of my swollen eyes] and sent one to the court. However, the person there tore it up immediately. That was the court in District A". (Woman survivor in Ha Noi.)

In-depth interviews also showed that many local officers still hold the perception that "domestic violence is a family issue". In addition, they also advised women to give in. This perception helped explain the nonsupportive attitude of local agencies with regard to domestic violence.

It is also important to note that when women did not feel supported by local agencies, they would not report their violent situation.

"The village head ... said, 'This is your family matter, you should deal with it yourself'". (Woman survivor in Ha Noi.)

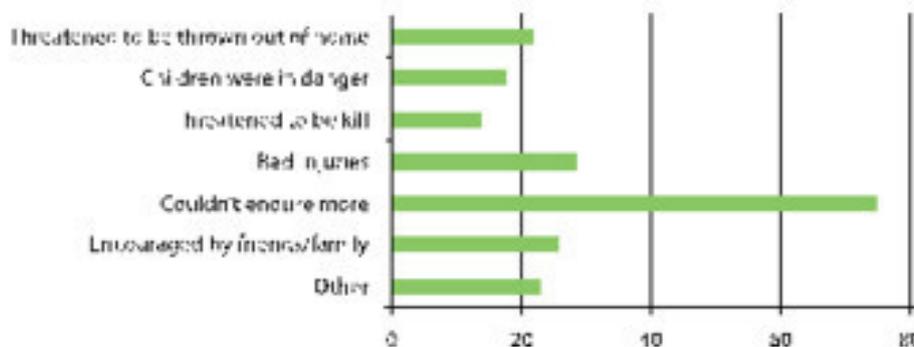
"I know these commune police officers. They will not help people in difficult situations. They just help superficially. They will not dare come in and stop my husband when he is using violence against me. I think so and I will not come near them". (Woman survivor in Ha Noi.)

Reasons for seeking support from agencies

Women’s attempt to seek help was strongly related to the severity of partner violence that they experienced. Women who had experienced severe violence were more likely to seek support than women who had experienced moderate violence.

When asked about the reasons for seeking help, the reasons frequently given were related to either the severity or the impact of the violence. The data showed that 79.5% (in urban areas) and 72.7% (in rural areas) of women subjected to partner violence reported that the reason for seeking support from agencies was that they could not tolerate the violence any longer. Other reasons were severe injuries (28.7%), they were encouraged by their friends (25.6%), they were threatened to be thrown out of the house (21.7%) and because the children were in danger (17.6%). Another 14% said the reason was she was threatened to be killed. (Table 8.3a and Figure 8.3.)

Figure 8.3 Reasons for seeking help among women who sought help for violence by husband, Viet Nam 2010 (N=230)

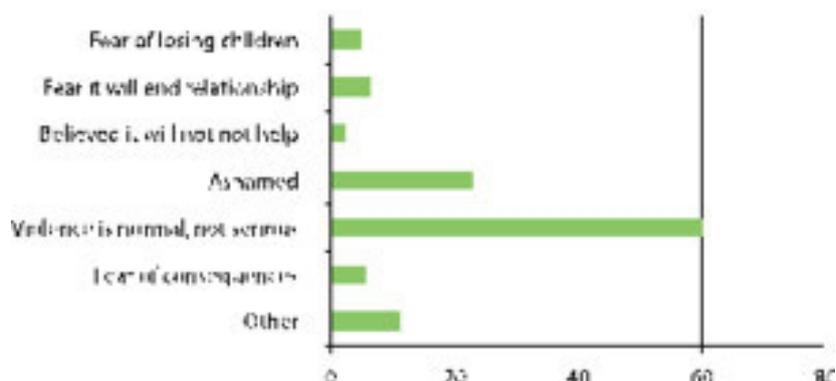


Reasons for not seeking support from agencies

Women who had not gone for help to any of the services were asked why. The most common reason was that the woman considered that what was happening to her was “normal and not serious”. Other reasons had to do with social stigma about partner violence and fear of the consequences.

The data showed that 60.5% of women who experienced physical or sexual violence reported that the reason for not seeking support from agencies or people in position of authority was that they considered the violence normal or common and not serious. This perception in rural areas is higher than that in urban areas (63% compared with 53.5%). The next commonly mentioned reason was that they were afraid of giving a bad name to their family (41.3%), they were ashamed (22.8%), they feared it would end the relationship (6.2%) and they feared the consequences (5.5%). (Table 8.3b and Figure 8.4.)

Figure 8.4 Reasons for not seeking help among women who did not seek help for violence by husband, Viet Nam 2010 (N=1317)



Qualitative results are consistent in that they confirmed it was not easy for most women to go to public administrative offices. They said they were not familiar with these places and some indicated that they were frightened of going to public places to report their situation.

“I wanted to go [to the People’s Committee] many times but I was scared. I rarely went to these places. I was scared, I did not dare to go”. (Woman survivor in Hue.)

8.3. Leaving home due to the violence

Do women leave home?

In the survey, women who reported physical or sexual violence by an intimate partner or husband also were asked if they ever left home because of the violence, even if only overnight.

About one fifth of the women (20%) ever left home because of partner violence. Another 10.5% of women who had been subjected to partner violence reported that they had left 2-5 times and 9.3% of the women reported leaving once. (Table 8.4.)

The average number of days that the woman stayed away from home was four days (five days in urban areas, three days in rural areas).

Reason for leaving home

Women who had left were asked about their reasons for leaving. As with seeking help, the reasons had to do with the severity of the violence. The data showed that 76.3% of women reported that they had left because they could not tolerate the violence any longer; 37.5% reported being threatened to be thrown out of the house; 19% reported that their husband had threatened to kill them and 7.6% of women reported that it was because of severe injuries. (Table 8.5a.)

Reason for returning

Women who returned were asked about their reasons for returning. In the survey, the most commonly mentioned reasons for returning included the women could not leave the children and they wanted to protect their children (63.5%), she forgave her husband (39.9%), the husband asked her to return (37.5%), for the sake of their family (31.3%), the family asked her to return (30.1%) and 21% of women thought that their husbands would change their behavior. These reasons all had to do with keeping the family together, protecting the children and emotional attachment. (Table 8.5b.)

Reason to stay

Women who never left their home gave similar reasons for not leaving. They stayed because they did not want to leave their children (49.3%), for the sake of the family (32.6%), she forgave him (16.6%), because she loves him (14.4%), for the sanctity of the marriage (14.1%), she thought he would change (8.1%), indicating they did not want to be single (5.6%) and they did not know where to go (3.7%). The reported reasons to stay do not differ much between rural and urban areas, being consistent nationwide. (Table 8.5c.)

Among the women in the qualitative interviews who had left temporarily almost all of them returned home. Most women in the qualitative interviews stated that they did not want to get divorced; they just wanted the violence to stop. When asking for support, women hoped that the intervention could help change their husband.

“I told people so they could advise him to change and to prolong our marriage. I did not want to divorce”. (Woman survivor in Ben Tre.)

For most women who were interviewed, children were the first reason for them to stay. They often thought about the well-being of their children and they thought that the children would be better off if they did not get divorced. They would sacrifice themselves for their children to maintain the traditional family image of having both mother and father so the children could focus on their studies, have a bright future and to avoid stigma and discrimination.

“When I was first in the situation, I thought about divorce because I had no reason to live with him. However, because of these two children, I had to make up my mind. These two children made me stay. I thought to myself that if I got divorced, they would have to be apart. One had only a mother and the other one had a father... If I got divorced, my child would not pass the examination for the university”. (Woman survivor in Ha Noi.)

Participants in the qualitative interviews also agreed that without proper support in terms of housing, land and financing plans, it was very difficult for women who experience violence to consider divorce as an option. Many women in the study were not financially independent, with little education, no stable job and living on land owned by the husband’s parents. Thus, they were at risk of having very limited resources after a divorce.

Nevertheless, these women mentioned their priority would not be earning money to feed themselves and their children but to find a house or a place to live. Most women also said that they could not return to their parent's house after a divorce. They did not want their parents to be ashamed of them. In addition, in some cases, there was not a spare room for them to stay at their parent's house. Often, their parents had given their house to their sons, who were married and had their wives and children living there. Thus, these women would not feel comfortable returning to their parents.

"If I would have a house or some land when I get divorced, I would go for divorce. If not, I would have to live like this". (Woman survivor in Ha Noi.)

In some cases, women reported that they stayed under pressure. Their husbands beat their children heavily to threaten them or the husbands threatened to keep their children if they wanted to divorce or return to their family of birth. Conversations with violence survivors showed that one of the reasons for them to endure physical and/or sexual violence was that they wanted to keep their children safe and to avoid any possible violence to their children due to their husband's anger.

"He said, 'Damn you, you could divorce or go somewhere you like, you just need to leave your children here for me'. He could not take care of his own life, how could he take care of the children? I worry about my children and think much of them". (Woman survivor in Hue.)

8.4. Fighting back

Do women fight back?

Respondents who had experienced physical partner violence were asked whether they had fought back physically against their partner's violence in retaliation or self-defense. The data showed that between 10.4% (in rural areas) and 18.8% (in urban areas) of women had fought back at least once and 7.6% of women in urban and 5.0% in rural areas had fought back between 2-5 times. (Table 8.6a.)

Qualitative interviews also showed that fighting back had never entered the mind of many women. Most of them thought that they could talk back but not fight back. Some of the reasons that were mentioned were the differences in physical strength between women and men and also the perception of women about gender roles and power relations.

"How can I fight him? He is very fat. Fighting him is just like giving him a massage. I just run away. You know, a woman is just the seventh rib of the man. So we are weak people. We are just their rib, they are the whole body. However, can we fight them"?. (Woman survivor in Ha Noi.)

"If I were born as a man I would beat him at his mouth to ask for my freedom. My mom said that I should give in but I could not. I have to fight to the end. If I stand up I will be in the role of husband". (Woman survivor in Ha Noi.)

Though it was not common, it seemed that women who had received some awareness or training about gender-based violence and who had their own economic means were more assertive, more

empowered and were ready to talk back or fight back with their husbands if they had to. It is also important to note that some interviewed women dared to stand up also because they had support from the counseling centre where they had gone for counseling.

“When I did not have knowledge, I just ran to the gate when he chased me. [Now] I challenge him. When he told me to get out, I told him, ‘That is the past. Now I tell you that it is you who has to get out, not I. You don’t have any right to kick me out’. When I said that, he did not dare say anything. Then he did not dare use violence against me anymore. I also told him that if he attacked me, I would attack back”. (Woman survivor in Ha Noi.)

Women such as the one quoted above are still exceptions. Most of the women who were interviewed chose to give in. Some of them gave in because they did not receive support either from their family or from local authorities. Other women gave in because they did not know if they had any other options. Yet others gave in because they believed that this would stop the violence. However, the experience of the women who were interviewed showed that giving in did not stop the violence. Women may prevent physical violence by running away or avoiding circumstances that may trigger violence. However, they were indeed still suffering from violence because their abusive relationships did not change.

Impact of fighting back

In the survey, more than one third of women who fought back (35.5%) reported that there was no change after they fought back against their partner or husband and 8.6% reported that the violence got worse. But more than half reported that fighting back had a positive effect. The violence lessened or stopped, if only temporarily. In urban areas, the percentage of women who reported that the violence lessened or stopped was especially high (67.6%). (Table 8.6b.)

It is relevant to note again that while about one in 10 abused women fought back in retaliation or self-defense, less than 3% of all partnered women reported that they ever initiated violence against their husbands.

Some women in the in-depth interviews stated that when they fought back in revenge, the violence from their husbands usually increased. However, when these women received support, the results were significantly better.

8.5. Knowledge about laws meant to protect women

Women who reported partner violence were asked whether they know the Law on Gender Equality and Law on Prevention and Control of Domestic Violence against Women in Viet Nam. The names of these laws were presented and women could respond “yes” or “no”. The data showed that 60% of women who suffered from physical or sexual partner violence knew about the Law on Gender Equality. The percentage of people who knew about the DV Law is higher than that of the Law on Gender Equality (63% compared with 60%, respectively). (Table 8.7.)

Most of those interviewed during the qualitative research knew about the Law on Domestic Violence Prevention and Control. Many of them said that the law was helpful because it made them more confident to defend themselves and report their cases. The law was also the reason for women to request support from the local authorities; thus, they felt empowered by the law.

“It [the law] is helpful. It scares my husband. Now if the village head or the commune chair comes to tell him that there is the Law on Domestic Violence Prevention and Control, he will be scared. It affects not only one but many people. It is very good to have the law”. (Woman survivor in Ha Noi.)

Because of the DV Law, there is an opportunity for men to learn how to behave with their wives and how to handle family conflicts in a nonviolent manner.

“This law stimulates my husband to learn in a programme organized by the Farmer’s Union, so he knows much more about how to behave with his wife, with children and about social issues. His violence was reduced 70%”. (Woman survivor in Hue.)

However, one challenge in implementing the DV Law was that most of the interviewed people, including women, health providers and commune leaders, did not know the contents of the law in detail. They often were not clear about when a case could be solved by reconciliation and when it needed other solutions. Only in places with a specific project supported by international agencies, the person in charge of the project (such as a counselor or project officer) had significant knowledge about the law and related decrees and circulars. Other commune officers in the project area did not know very much about the law. This could be the reason for ineffective responses to cases of violence as described in previous sections.

Interviews also showed some major challenges in implementing the DV Law. Women complained that fining perpetrators with a cash fine was not effective because the money often was paid by the women. Thus, in reality the fine system often imposes a penalty on the women and not the men.

“I don’t know for other people, but for me a fine is not good. I had to give him money to pay the fine. Thus, I told the police, please do not fine him. If they fine him, I would have to give him the money. Poor me... Because he was very bad with me many times, I want the police to put him in obligatory labor or in an education centre for one or two months”. (Woman survivor in Ben Tre.)

The law states that a woman should present a claim in order to get help in case of violence. However, in the case of domestic violence, it was very difficult for women to report their husbands or their in-laws. In addition, community people, especially male perpetrators and local authorities, often have some kind of established relationship that makes it difficult to apply the law strictly.

“When family could not intervene to solve our problem [fight], I was very angry. However, I also thought that he was my husband, how could I report him to the commune? I felt pity for him. Thus, I forgave him all... As husband and wife, we lived together, ate at the same tray, slept in the same bed. No matter what I did, he was still my husband”. (Woman survivor in Ben Tre.)

Another difficulty that showed in the interviews was that it is difficult to apply the law because of the need for evidence. Most of the local women did not know how to collect evidence. In addition, some forms of violence such as sexual violence and emotional violence are very difficult to prove.

“The police said that his violence was not very serious so they could not send him for re-education. Also, I had asked them several times not to fine him. So now the police did not have enough evidence to send him for re-education. Now I could only plead with him but nothing more. When he beat me seriously, the police were not there”. (Woman survivor in Ben Tre.)

The interviews showed clearly that in the context of wide acceptance for gender inequity, such as in Viet Nam, even local authorities and police are affected by gender bias norms.

“The police came when he just stopped beating me. However, the police did not help me. I told them that he had beaten me for a long time and kept money for himself. The police just said that nowadays all men have separate money and have a mistress”. (Woman survivor in Ha Noi.)

Women who were interviewed reported that it is difficult to apply the law in cases of sexual or emotional abuse. In these situations, the current DV Law and guidelines are not very effective or not obvious to people, including both the women survivors and local authorities. In addition, the research also showed that cases of severe violence often related to many other issues such as housing, land ownership, custody, etc., that the DV Law alone does not address. So related legislation needs to be considered and applied.

“I have to rent a house so he does not beat me anymore. If he beats me, it will be easy to intervene using the law. However, he does not beat me, so it is difficult. It is obvious that he violates the law but now if I want to prove it I have to wait. I have to wait for the time he beats me. If he beats me, I will report it... Now he does not beat me anymore so the law cannot intervene”. (Woman survivor in Ha Noi.)

In the interviews, some women complained about the legal procedures involved in reporting domestic violence and processing perpetrators. They are often complex and laborious. Thus, it is very difficult for most women who experience violence to go through this process alone without professional advice and financial support.

“He helped me to work out the letter to send to the court. Now I am waiting to hear from the court. I am very miserable. I have been beaten for 20 years. I don't have a house, I don't have money. However, the court said that I have to pay the court fees, which are about 10 million or more. I just overheard it from lawyers who are supporting me. How can I have that amount of money”? (Woman survivor in Ha Noi.)

9. DISCUSSION

9.1. Strengths and limitations of the study

This National Study on Domestic Violence in Viet Nam has generated rich data about DV/VAW in the country. This report presents key descriptive results on the magnitude, patterns and scope of domestic violence against women, attitudes and perceptions of violence, direct and indirect impact of violence by partners and husbands and how women respond when they experience partner violence.

The first and most important priority is that the results described in this report will be used widely to create awareness of the scale and scope of the problem and to guide and inform targeted policies, strategies and programmes in support of the overall objective: to protect women from domestic violence. Concrete recommendations and policy implications are presented in Chapter 10.

In terms of the limitations of this research, the prevalence measures of VAW, as other sensitive subjects, are sensitive to methodological issues. Results will differ with different questions, training and background of interviewers (Jansen et al., 2004⁴¹) and whether the study is a dedicated study on VAW or a study about a different topic that includes questions of DV/VAW (Ellsberg et al., 2001⁴²). It is therefore not unexpected that the results differ from the prevalence of domestic violence as measured in the 2006 Nation-Wide Survey on the Family in Viet Nam⁴³. In that study, a prevalence rate of spousal abuse of 21.2% in the past 12 months was measured. This rate should be interpreted and understood in the context of the methodology used and the questions asked (see Box 9.1).

Box 9.1 Main differences between the 2006 survey method and this survey method

2010 Study on Domestic Violence in Viet Nam	2006 Survey on the family in Viet Nam
Special three-week training of interviewers with sensitization on gender and violence issues and on how to respond in cases of distress and to provide information on support services.	10 days of interviewer training.
The study was dedicated with a focus on domestic violence against women.	The study did not focus on VAW but had wider, more diverse objectives focusing on family relations, family values and norms, family economics and family welfare.
Only female interviewers were employed.	Interviewers of both sexes were employed.

⁴¹ Jansen HAFM et al. Interviewer training in the WHO Multi-Country Study on Women's Health and Domestic Violence. *Violence Against Women*, 2004, 10(7):831-849.

⁴² Ellsberg M et al. Researching domestic violence against women: methodological and ethical considerations. *Studies in Family Planning*, 2001, 32(1):1-16.

⁴³ Ministry of Culture, Sports and Tourism, General Statistics Office, UNICEF, Institute for Family and Gender studies. *Results of Nation-Wide Survey on the Family in Viet Nam – Key Findings*. 2006.

2010 Study on Domestic Violence in Viet Nam	2006 Survey on the family in Viet Nam
The woman was interviewed in privacy, away from her household.	Questions were asked of couples in their household. There were no specific measures for privacy and confidentiality.
Questions were asked from a list of individual acts that could have occurred: the main operational indicator on partner violence was measured by questions about six acts of physical violence and four acts of sexual violence. Information about emotional violence and controlling behaviors also was gathered using lists of a number of acts.	With regard to violence, three questions were asked: one act of physical violence (beating), one act of sexual violence (having sex against the woman's will) and one act of emotional violence (scolding). An additional question was asked about "sulking" (being angry without talking), which was not included in the violence measure.

The decision to select only one woman per household could introduce bias by under-representing women from households with more than one woman. However, additional weighting for the number of eligible women, including the weights in the analysis of the data, did account for any important bias due to selection criteria.

Past-year prevalence is often thought to be a more reliable assessment of intimate partner violence because of the assumption of less recall bias (Gil-Gonzales et al., 2007)⁴⁴. However, recent events of violence might be more difficult to report due to feelings of shame or fear of retaliation when disclosing such family problems, especially incidents of sexual violence.

There is an advantage in reporting both lifetime and past-year prevalence because they indicate different time perspectives and illustrate different aspects of the problem, as explained in Chapter 2. Recall bias generally may be less in studies on such grievous experiences as intimate partner violence rather than when inquiring about less sensitive matters. There is support for this notion in a study from the United Republic of Tanzania (Moshiro et al., 2005)⁴⁵. But since violence is something women in general, and in Viet Nam, are not immediately willing to disclose, there is always a risk of underreporting. Another important potential bias regarding the lifetime risk is, of course, differential recall bias. It could lead to an underestimation of the learned risks. Therefore, our results probably represent conservative estimates.

Another limitation is that this is a cross-sectional study and the direction of the associations for some of the variables is not possible to establish. However, statements about causality can be formulated due to time sequencing. This pertains, for example, to childhood experiences and their associations with adult violence or to lifetime violence and recent health problems. For other factors, the direction of the association only can be discussed in terms of plausibility.

⁴⁴ Gil-Gonzales D et al. Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of Public Health*, 2008, 30(1):14-22.

⁴⁵ Moshiro C et al. Effect of recall in estimation of non-fatal injury rates: a community based study in Tanzania. *Inj Prev*, 2005, 11(1):48-25.

Another limitation is that we have not been able to do a quantitative survey on men. Men's views only have been collected in the qualitative component in the research.

With regard to the strengths of the study, we would like to stress again that the data was collected with a state-of-the-art and well-tested methodology and standard instruments, with full consideration for ethics and safety by well-trained and committed interviewers, which has shown to contribute to disclosure. Also, all quality control measures were thoroughly implemented. We are thus confident that the data from the survey is scientifically sound and robust. The results are remarkably similar and consistent with those published by Vung (2008)⁴⁶, in which a similar questionnaire with the same WHO questions, with similar attention to ethics and safety, was used on a small sample in a rural district, Ba Vi. This is additional evidence corroborating the robustness of the method.

Both quantitative and qualitative methods were used in gathering data, which enabled triangulation of findings, further illustrating the high quality of the research.

Finally, employing a method that was developed for use across cultures has a huge advantage in that it has generated data that can be applied to international comparisons and to follow trends over time.

9.2. Partner violence in Viet Nam compared with other countries

The development of the methodology for the WHO multicountry study started in 1997 to address the lack of reliable and comparable data on VAW, its consequences and root causes across culturally and geographically diverse countries. The study was implemented between 2000 and 2005 in 11 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, New Zealand, Peru, Samoa, Serbia, Thailand and the United Republic of Tanzania) and 17 sites. Most countries had two sites, a major city and a province. Namibia and Serbia only included a city sample, Ethiopia a provincial sample and Samoa had a national sample (Garcia-Moreno et al, 2005).⁴⁷

In recent years, other national studies used the same methods as developed for the WHO multicountry study, among others in Kiribati⁴⁸, Maldives⁴⁹, Solomon Islands⁵⁰ and Turkey⁵¹.

⁴⁶ Vung ND. *Intimate partner violence against women in rural Viet Nam. Prevalence, risk factors, health effects and suggestions for interventions* [thesis]. Stockholm, Karolinska Institutet, 2008.

⁴⁷ Garcia-Moreno C et al. *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization, 2005. Available at http://www.who.int/gender/violence/who_multicountry_study/en/index.html.

⁴⁸ Government of the Republic of Kiribati. *Kiribati Family Health and Support Study: A study on violence against women and children*, 2010. Available at http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=89&dir=ASC&order=name&Itemid=44&limit=5&limitstart=0.

⁴⁹ UNFPA, UNICEF and WHO. *The Maldives Study on Women's Health and Life Experiences Initial results on prevalence, health outcomes and women's responses to violence*, 2007.

⁵⁰ Secretariat of the Pacific Community for Ministry of Women, Youth & Children's Affairs. *Solomon Islands Family Health and Safety Study: A study on violence against women and children*, 2009. Available at http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=39&Itemid=44.

Figure 9.1 shows prevalence rates for lifetime and current physical and/or sexual partner violence worldwide for countries and sites where the WHO methodology was used and for which comparable results are available.

Among the countries in the WHO study, the reported lifetime prevalence of physical or sexual partner violence varied from 15% to 71%. Between 4% and 54% of respondents reported physical or sexual partner violence in the past year (Garcia-Moreno et al 2006).⁵²

Despite using the same method, it should be noted that there always remain aspects that cannot be compared precisely. One of them is the partnership definition, which is crucial to determine the target group for partner violence questions. Although the WHO study tried to maintain the highest possible level of standardization across countries, it was agreed that the same definition could not be used in all of the countries because the concept of “partner” is culturally or legally defined.

In working out the country-specific definitions of “ever-partnered women”, the study researchers were aware of the need to use a broad definition of partnership because any woman, who had been in a relationship with an intimate partner, whether or not she had been married, could have been exposed to the risk of violence. It also was recognized that the definition of ever-partnered women would need to be narrower in some contexts than others. Therefore, partnered women in, for example, Bangladesh and Turkey, included only married women; others also included cohabiting and/or dating partners. In Viet Nam partnered women included almost 100% married women and only a small fraction was not legally married.

Another aspect is age range (most countries interviewed women 15-49 years old, with the following exceptions: Japan, 18-49 years old; New Zealand, 18-64 years old; Turkey, 15- 59 years old; and Viet Nam 18-60 years old). A different age range will affect the results in terms of prevalence. For Viet Nam, it was verified how the prevalence rates of the different forms of partner violence would change if they would be reported for those 18-49 years old instead of 18-60 years old (the latter is presented in the graphs in this chapter). The table below shows that lifetime prevalence rates remain very similar whereas the prevalence rates in the past 12 months are about 1% higher among those 18-49 years old. That is because current partner violence is likely to be reported less by women over 50 years old.

⁵¹ Turkish Republic Prime Ministry General Directorate on the Status of Women, Hacettepe University Institute of Population Studies, ICON-Institut Public Sector GmbH and BNB Consulting (2009) *National Research on Domestic Violence against Women in Turkey 2008*. Available at <http://www.ksgm.gov.tr/tdvaw/Documents.htm> .

⁵² Garcia-Moreno C et al. Prevalence of intimate partner violence: finding from the WHO Multi-country Study on Women's Health and Domestic Violence against Women. *Lancet*, 2006, 368:1260-69.

Box 9.2 Prevalence rates for different types of partner violence, for ever-married women 18-49 years old and ever-married women 18-60 years old, in Viet Nam

	Lifetime physical	Current physical	Lifetime sexual	Current sexual	Lifetime physical or sexual	Current physical or sexual
18-60 years	31.5	6.4	9.9	4.2	34.4	9.0
18-49 years	30.9	7.6	10.3	5.1	34.1	10.8

When national data are presented in comparing countries and sites, the regional differences – which often are major -- will not be noticed. Further, there always will be context-specific variations in levels of nondisclosure, the extent of which we will never know.

Most countries, when presenting prevalence rates of “partner violence”, usually report “physical or sexual violence” – as is the case here. This is due to the fact that the measures of physical and sexual violence are most developed and robust and have demonstrated to be a reliable and valid measure for international comparability. For example, Viet Nam has similar rates of physical violence compared with Thailand, the geographically closest country among those that used the WHO method. These aggregate results can hide differences. When we look closer, Viet Nam and Thailand are not as similar as it appeared from this combined rate. Viet Nam had much lower rates for sexual violence than Thailand (not shown in the figure). This shows that the “ranking” in Figure 9.1 should be considered cautiously.

Compared with physical and sexual violence, it is much more difficult to measure emotional violence uniformly across cultural settings, and much methodological work still needs to be done on this. For this reason, many studies report emotional abuse acts separately, as we did in this report. Another reason to be careful about including emotional violence in an aggregate partner violence measure is that a conservative measure (excluding acts of emotional violence) is often preferred so critics cannot charge that the results are exaggerated.

That said, to illustrate that the “ranking” in Figure 9.1 has only a relative value; we have included in Figure 9.2 the prevalence rates for the same countries for lifetime experience of emotional abuse by partners. For Viet Nam, this is of special significance because several forms of emotional violence are mentioned in the domestic violence law. It is significant that the prevalence rates for emotional violence follow very different patterns than the rates for physical or sexual partner violence. Viet Nam’s ranking would be in a very different position in Figure 9.3 if countries would be ranked by emotional violence. This shows that, in general, ranking of countries by levels of violence should thus be used with utmost caution.

Figure 9.1 Prevalence of lifetime and current physical and/or sexual partner violence around the world (studies that used WHO methodology)

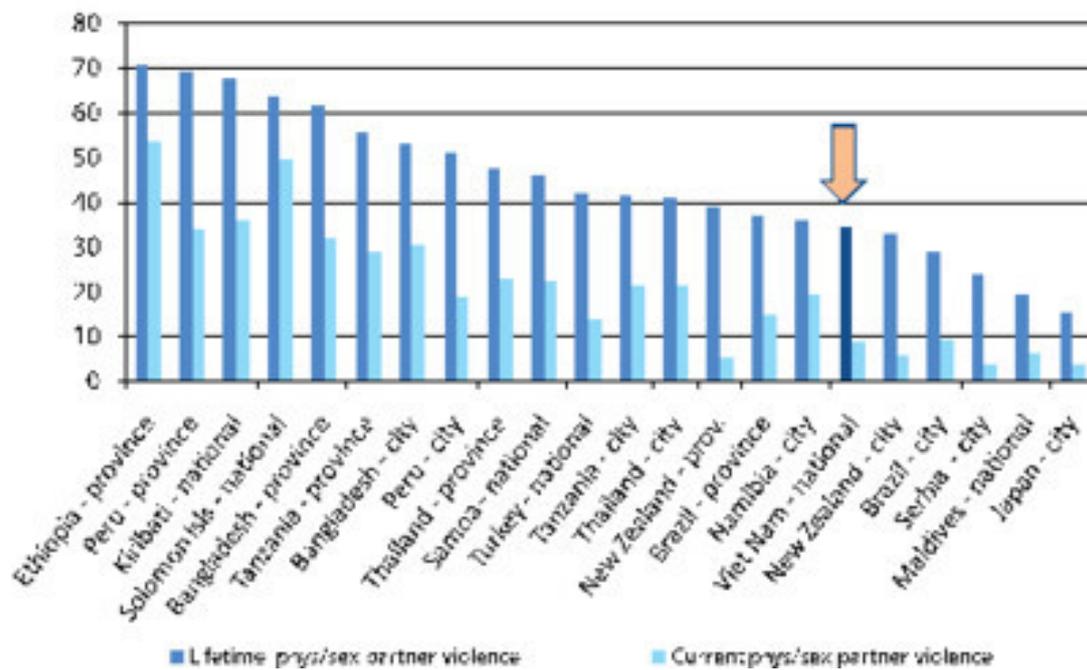


Figure 9.2 Prevalence of lifetime physical and/or sexual and emotional partner violence around the world (studies that used WHO methodology)

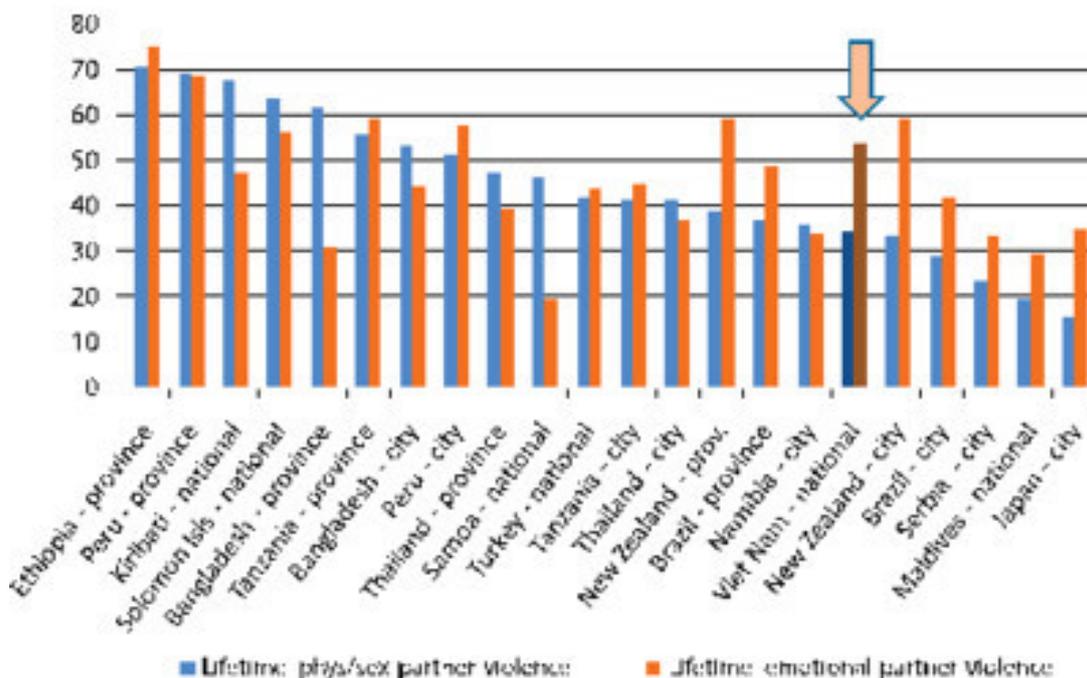
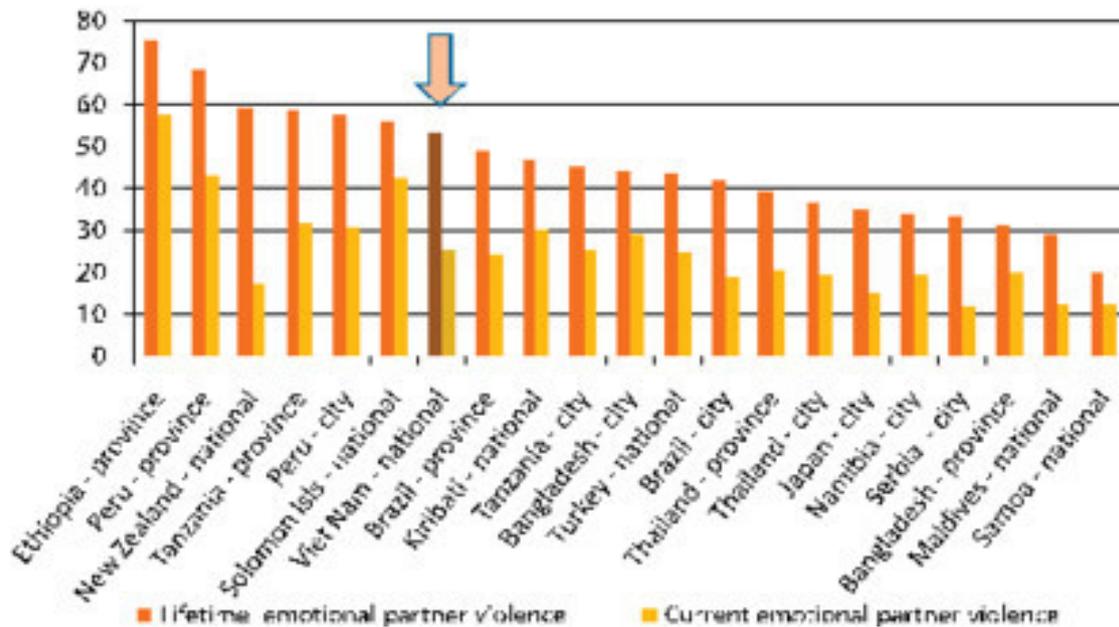


Figure 9.3 Prevalence of lifetime and current emotional partner violence around the world (studies that used WHO methodology)



9.3. Areas for further analysis

The wealth of data that has been collected through this research has the potential to address many more questions regarding violence against women and domestic violence in Viet Nam. Exploring them will substantially deepen our understanding about the nature, causes and consequences of violence and the best ways to respond to it or prevent it. Under this research project, resources are being sought for further analysis of the data that have been collected. Some priority topics for further analysis and thematic papers that have been identified are:

- Analysis of violence by socioeconomic status (SES) quintiles
- Analysis of risk and protective factors (multivariate and multilevel analysis)
- Analysis by region to determine in more detail the risk and protective factors that could be the basis for the formulation of regional priorities
- Analysis of the relationship between partner characteristics and the experience of partner violence
- In-depth analysis of qualitative data from men on male motivations
- Analysis of the relationship between violence and HIV risk
- More in-depth analysis of the relationship between violence and health
- Patterns of women's responses to partner violence
- Analysis of the relation between the age of marriage and violence
- Analysis of age of first sex and the nature of the first sexual experience and their relation to violence later in life
- Estimation of the cost of violence
- Analysis of the narrative comments of interviewees

10. POLICY IMPLICATIONS AND RECOMMENDATIONS

When the results of this national research on domestic violence in Viet Nam are evaluated and analyzed, the most striking two findings are:

1. That the phenomenon of domestic violence is widespread and deeply ingrained in the society of Viet Nam and that it has a serious impact on the health and well-being of women and children.
2. That despite the pervasiveness of violence against women, women are alone. They feel alone in their experience of violence and in their struggles against violence.

Even though violence against women is common, only half of the women who experienced partner violence ever told someone in their immediate social network about it and very rarely did women seek help from an agency or person of authority. It is time to reveal the truth behind this silence of women, their tendency to accept violence and their acceptance and normalization of violent events.

Even without having fully untangled all of the causes and contributing factors, the research results have pointed out the urgency of breaking the silence, increasing the general population's awareness and taking necessary action to prevent and address domestic violence against women. The need for holistic action is clear. To address violence against women effectively, a structured multisectoral approach involving all relevant agencies and organizations is needed. Violence against women is a violation of basic human rights to life, physical integrity, health, protection and security. Duty bearers are accountable to promote, protect and fulfill human rights, especially of the most vulnerable population groups, including violence survivors.

The recommendations and policy implications below are based on the evidence provided by the findings and are proposed in support of the establishment of one nationally coordinated programme to prevent and address DV/VAW/GBV with a single advocacy, planning, coordination, monitoring and evaluation framework. This should be embedded within the framework of existing gender equality mechanisms in Viet Nam with the overarching goal of achieving gender equality and advancing women's empowerment.

It is of paramount importance to strengthen the enforcement and implementation of existing policies and legal frameworks related to violence prevention and response through enhancing the capacities of duty bearers (the National Assembly, the Government of Viet Nam and mass organizations) at all levels and developing structured multisectoral coordination mechanisms to improve the coherence of policies, laws and programmes related to violence.

The recommendations are presented under four main strategic pillars: Strengthening national commitment and action, promoting primary prevention, developing appropriate responses (services, programmes, etc.) and supporting research, data collection and collaboration.

1. Strengthening political commitment and action

1.1 Strengthen national policies and legal frameworks in compliance with international agreements

The Government of Viet Nam has a strong track record in formulating policy and legislation to promote gender equality and women's empowerment and to end violence against women. Viet Nam was one of the first countries to ratify CEDAW, is a signatory to numerous other international human rights treaties⁵³ and is working to achieve the Millennium Development Goal 3, "promoting gender equality and empowering women". Gender equality is enshrined in the Constitution, in the GE Law and in the DV Law⁵⁴. Gender-based violence is recognized as a serious gender problem in the draft National Strategy for Gender Equality 2011-2020.

Despite several legal and policy frameworks in place to address violence, challenges exist in relation to implementation, enforcement, monitoring and evaluation, availability of services and support and coordination.

1.2 Establish, implement and monitor a "minimum comprehensive package" of GBV prevention, treatment, protection and support services that is available, accessible and affordable to everyone in Viet Nam

The report shows that women keep silent about their experience of violence. They rarely seek help for various reasons, including stigma, social norms about family harmony that pressure women to give in and accept the violence, limited awareness of services and support networks and a lack of gender-sensitive treatment, protection and support services. The research also shows that if an intervention is effective or support is available, women will disclose the violence. However, precautions must be taken to assure their safety after disclosing their situation.

The high levels of suffering and the impact that violence has on women, children, family, society and the nation make it urgent that women should be able to access a "minimum comprehensive package" of services and responses to ensure that their rights are protected and realized. Services should include safety and security, emergency shelter, counseling services and self-help groups, medical treatments and referral services and economic and legal support. These services need to be available, accessible and affordable to all groups of the population.

There are a number of pilot intervention models about GBV in Viet Nam. Lessons learnt from these models should be documented and shared and good practices should be replicated nationwide. To

⁵³ For details please see Section 1.2 on international legal and policy framework.

⁵⁴ It should be noted that these legal documents currently lack concrete regulations on mechanisms to ensure the rights of women who are victims of domestic violence. In particular the current regulation on State legal services which are implemented in Centers for State legal aid in the whole country is resulting in women victims of domestic violence to be victimized twice because they are not entitled to free State legal aid (which is only provided to those who fall under the regulations in the Law on legal aid and Decree No. 07/2007/ND-CP).

provide essential services to violence survivors nationally, the report calls for increased political and financial commitments from the central and local levels.

1.3 Increase the engagement and mobilization of community leaders and local authorities to address violence against women and promote gender equality

The findings showed that in the worst experiences of domestic violence, when a woman feels that it is impossible for her to endure any longer or she feels that she or her child are in immediate danger, she tends to seek help from local authorities. However, research results indicate that often women do not feel adequately helped or supported by these authorities. Many times women are asked to stay silent and endure continued violence and abuse in order to keep family harmony.

Community leaders and local authorities play a significant role in raising awareness about gender-based violence issues and legal frameworks, challenging norms and stereotypes, providing counseling support, preventing violence through various interventions and handling perpetrators. Interventions and activities at the community level should seek to engage local leaders and have the authority to mobilize their support. They should be sensitized and provided with information about policies and legal frameworks on gender-based violence. Leaders from different sectors also should work collaboratively to provide holistic and sensitive responses to gender-based violence issues.

2. Promoting primary prevention

2.1 Develop, implement and monitor programmes aimed at the primary prevention of domestic violence and promotion of gender equality, in particular through public awareness and by involving communities

Some salient research findings were that a majority of women believe that their husbands' violent behaviors are "normal" and also that it is "normal" to discipline children with violence. National efforts to challenge widespread tolerance and acceptance of many forms of violence against women and children are essential to address these deeply-held beliefs about violent behavior in the family. Awareness about gender equality and gender-based violence, related laws and policies, available services and support needs to be raised at the national level and, in particular, at community the level.

There have been many initiatives to promote gender equality and women's rights through communication and media initiatives in Viet Nam. At the policy level, a Plan on Communications of Laws on Gender Equality was issued by the government in May 2010 with an objective of raising the awareness of civil servants and the public on gender-related issues. The draft Communication Strategy for the Family also has a specific focus on domestic violence prevention.

Many behavioral change communication activities and campaigns to promote gender equality and to end violence have been initiated. Mass organizations such as the Women's Union, Farmers' Union and Youth Union have started to integrate GE and GBV messages in some of their communications clubs at the provincial and community levels. A five-year national Joint Communication Campaign for Prevention of Domestic Violence was launched in 2008 to raise

awareness among Vietnamese men to promote their positive involvement in domestic violence prevention. These efforts should be strengthened, expanded and extended since awareness-raising and behavioral changes require long-term investment to be successful.

It should be stressed that preventing violence against women requires changing the gender-related attitudes, beliefs, norms, stereotypes and values of both men and women. Specifically, prevention efforts should include multimedia and other public awareness activities to challenge women's subordination and men's attitudes and behaviors; to counter the attitudes and beliefs that condone male partner violence against women as normal and acceptable; and to reduce the stigma, shame and denial about partner violence.

These public awareness activities also should include a discussion of the impact of domestic violence on children, family, society and the country. Mass communication strategies and community-based approaches should be explored (e.g. legal literacy programmes, local media initiatives) as well as activities to target specific risk factors for violence such as alcohol use. It is most effective to use various types of communication and awareness-raising strategies such as community outreach, mobilization, mass media campaigns and face-to-face and peer education.

There is also the need to strengthen the involvement of men and boys in primary prevention activities. Men can be peer agents of change and can help other men understand the impact of violence to their families and loved ones as well as to their own lives and well-being. Media strategies that encourage men who are not violent to speak out against violence and challenge its acceptability will help counter notions that all men condone violence.

In addition to sustained and integrated campaigns at the national and community levels to raise awareness about gender equality and GBV, it is also crucial to integrate changed norms into structures and institutions that will reach the individual, family and community levels. These include integrating gender equity norms into clan regulations, village regulations, People's Committees' structures and practices and ensuring representation of women in local decision-making positions.

Finally, specialized capacity-building training and technical assistance for GBV-related mass communication activities and for media also will be vital.

2.2 Integrate GBV into the education system to transform young people's understanding of gender equality, domestic violence and to make schools safer places

The results show that violence is learnt behavior. To interrupt the cycle of intergenerational violence, young people will need to be sensitized early. This could be taught at schools. Sustainable prevention of GBV/VAW will rely on transforming young people's understandings of gender roles and teaching young people how to communicate about problems and how to resolve conflicts without violence. The education sector provides key opportunities to sensitize students and teachers on issues that promote gender equity and GBV/VAW prevention.

The education system in Viet Nam has begun to implement projects to integrate gender equality and GBV/VAW prevention into curricula. These efforts should be scaled up, provided support and evaluated while additional new promising practices are also introduced. In addition, other forms of GBV that affect students (including child sexual abuse, sexual harassment, dating violence, etc.) should be addressed. Teaching and administrative school staff and children should be trained about how to prevent and respond to sexual harassment at schools. Finally, there should be school-based and community-based services for youth relating to GBV, i.e. trained school health providers or other staff who are able to identify and provide intervention services for child abuse, child sexual abuse, date rape and other forms of violence.

2.3 Empower women to address violence in their lives through life skills training, self-help groups, education, job training and legal and financial support

Empowering women and girls to exercise control over their own decision-making is a significant aspect of violence prevention and response. Activities that support women's empowerment include self-help and support groups, life skills training, education and vocational training and legal and financial support that enable women to take desired actions.

In addition, capacity-building for women and girls to understand their rights and to have skills in addressing violence is important. All of these should go hand-in-hand with efforts to enhance the participation of women and girls in decision-making processes both in the public and private spheres.

Viet Nam has a strong record in narrowing gender parity in education and increasing women's participation in the labor force. Women's double role – as caregivers and workers – can constrain women's ability to participate in formal employment and in decision-making at all levels. Greater efforts need to focus on tackling gender-based discrimination, increasing women's participation in decision-making, ensuring equitable access to income-generating opportunities and social protection and addressing violence against women and girls.

3. Developing appropriate responses

3.1 Develop a comprehensive health sector response to the various impacts of violence against women

The results show the diverse and far-reaching impact of domestic violence on women's and children's physical and mental health and emotional well-being. Establishing comprehensive health sector responses to different forms of violence against women is of critical importance.

At the service level, responses to violence against women should be integrated into all areas of care such as emergency services, sexual and reproductive health services (antenatal care, family planning and post-abortion care), mental health services and HIV/AIDS-related services. Health care providers are in many instances the first to learn about a situation of domestic violence, although as the research showed, many women are reluctant to speak about what is happening to them, even if they access health services for health problems due to violence.

So health care providers need to be trained about how to screen adequately for and sensitively provide services and information to violence survivors. Medical treatment also should be complemented by counseling and referral services. Health care providers should be equipped with skills and knowledge about how to work collaboratively with other sectors such as the police, judges and social workers to address violence holistically against women.

The resources and infrastructure must be in place to handle appropriately and sensitively health facilities patients who are experiencing violence. Health care providers should be trained properly about providing GBV-related treatments, counseling and follow-ups. Procedures and protocols should be developed to ensure confidentiality and safety of abused women and girls. Violence-related data collection, monitoring and a reporting system should be integrated into the greater Health Management Information System (HMIS). (See below.) Health facilities also have to reach out to the community to raise awareness of their services.

At the policy level, the Ministry of Health issued a circular in September 2009 on “guidance on the admission and provision of health care and reporting on patients who are victims of domestic violence at public and private health facilities”, known as Circular 16⁵⁵. This was a significant initiative by the health sector in responding to women and other users of health services who experienced violence. Although efforts have been made to promote the distribution of this circular, its implementation still remains a challenge, especially since it needs adequate financial and human resources and commitments at all levels.

3.2 Strengthen the capacity of the police and judicial system to implement GBV policies and legislation

Results show that police and the formal legal system – the judiciary and the courts -- are not usually approached by abused women. Besides the stigma and shame, the combination of low levels of awareness among women about the availability and procedures to access legal aid services and the lack of knowledge about GBV by the justice system gatekeepers creates significant barriers for women accessing justice.

Because of the insufficient capacity of the police and judicial systems to meet the needs of those who experience GBV, legal aid officers, legal aid centres, police and judges should be equipped with skills and knowledge about policies and legal frameworks about GBV, about how to provide gender-sensitive services to survivors and about how to approach and handle perpetrators appropriately.

In Viet Nam, there are a number of successful pilot models to sensitize and strengthen the capacity of legal aid centres and police to provide support sensitively to women experiencing violence. Legal aid service centres and the police should not play a passive role in combating violence. These institutions should reach out to the communities to advertise their services, improve awareness and increase the accessibility and availability of legal aid services for violence survivors.

⁵⁵ Circular 16/2009/TT-BYT (2009)

4. Supporting research, data collection and collaboration

4.1 Build an evidence base to address GBV that is relevant to Viet Nam

Further research projects and activities are needed to provide relevant statistics and current understanding about gender attitudes and other drivers of GBV among majority and minority populations and among marginalized groups who were not included in this research project. There is still a big gap of knowledge and evidence in the area of gender-based violence in Viet Nam.

Data and information from all relevant sectors can build a strong foundation for evidence for awareness-raising, advocacy, programme development, policy interventions and monitoring and evaluation.

4.2 Strengthen and/or establish a unified data-collection system and a planning, monitoring and evaluation framework

It is of paramount importance to have a single national GBV planning, monitoring and evaluation framework that harmonizes all relevant ministerial and related agencies and data-collection systems to include monitoring for GBV. For instance, it is crucial to have periodic and reliable data about the prevalence, access to justice, number of survivors and perpetrators who seek support (health care, police, legal advice or protection and counseling) and public expenditure on prevention and response, etc. A harmonized system will ensure that data collected nationwide is comparable and therefore useful, that it is used to promote accountability and that data serve the purpose of directing planning relating to services provided and quality improvement.

The Ministry of Culture, Sports and Tourism has initiated a ministerial-level database about domestic violence that might be expanded to become a national data base. The establishment of a monitoring and evaluation framework for the DV Law and a multiagency collaboration guideline is under way. This will provide a good foundation for establishing a unified data-collection system about GBV. Other ministries and relevant agencies should be able to collect, monitor and report data related to GBV in their lines of work or mandate such data from the grass roots.

Capacity-building on monitoring and evaluation, data management, data analysis and quality improvement to strengthen capacity for quality data collection, analysis and use is needed for all relevant sectors such as health, justice and social services. National data-collection systems to include indicators relating to GBV should be revised, improved and harmonized.

It is also significantly important to conduct this national survey regularly -- for example, every five years.