

“Keeping silent is dying”

**RESULTS FROM THE NATIONAL STUDY ON
DOMESTIC VIOLENCE AGAINST WOMEN IN VIET NAM**

Summary Report

2010

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

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

Keeping silent is dying”.

(Woman 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.



Dr. Do Thuc
Acting Director General
General Statistics Office
Ministry of Planning and Investment
Viet Nam



John Hendra
United Nations Resident Coordinator
Viet Nam

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A core research team was established to undertake the study, consisting of Dr. Henrica A.F.M. Jansen, Dr. Nguyen Dang Vung, Ms. Hoang Tu Anh, Ms. Quach Thu Trang, Ms. Nguyen Thi Viet Nga, Mr. Do Anh Kiem, and Ms. Marta Arranz Calamita (who succeeded Ms. Sarah De Hovre after the interviewer training and just before the field work began). This core team was also responsible for the data analysis and the writing of this report.

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:

First and foremost, we want to acknowledge the 4,838 women who generously agreed to be interviewed for the survey and who shared their personal experiences. We also want to thank the nearly 180 participants in the focus groups and in-depth interviews, who gave their time to answer questions and shared their, often painful, life experiences.

We gratefully acknowledge the excellent work of the 71 field interviewers and other office and field staff, as well as the five interviewers from the qualitative research team, who collectively carried out thousands of interviews with an incredible sense of professionalism and responsibility to assure that the women interviewed were treated according to the highest safety and ethical standards.

We would also like to acknowledge the positive support of local authorities in 460 communes, especially the active support from the local members of the Women's Union in these communes. Likewise we gratefully acknowledge the district and provincial level staff in the 63 Provincial Statistics Offices for their smooth collaboration with the 14 survey teams during the quantitative fieldwork. We also thank the Hanoi Provincial Health Bureau and Gia Lam District Hospital, Nordic Assistance to Vietnam (NAV), Hue City and the Hue City office of the Women's Union, the Ben Tre Department of Population and Family Planning, as well as the local authorities and health staff of six communes – two in Hanoi, two in Hue and two in Ben Tre – for their support to the qualitative research work.

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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.

The national study would not have been possible without the financial support of the Spanish-funded Millennium Development Goals Achievement Fund (MDG-F), and additional financial support for the quantitative survey from the office of the Spanish Agency for International Development Cooperation (AECID) in Viet Nam.

1. Introduction

Background

Domestic violence against women (VAW) has been recognized as a serious problem by the government in Viet Nam, as it is all over the world. 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).

Traditionally, domestic violence (DV) and intimate partner violence are considered sensitive and private issues in Viet Nam. 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.

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 other forms of violence.

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 put forth by the draft National Strategy on Gender Equality 2011-2020.

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 behaviour.

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. 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 General Statistics Office (GSO), UNICEF and the Institute for Family and Gender Studies (IFGS), 2008) 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 Survey 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 VAW to obtain a comprehensive picture about domestic VAW in the country. There was a real need for more sound evidence for policy recommendations and for baseline data against which the impact of the 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.

Objectives

The National Study on Domestic Violence against Women in Viet Nam sought for the first time to obtain detailed information nationwide about:

- (1) The prevalence, frequency and types of the following forms of violence against women and children:
 - Physical and sexual violence, emotional and economic abuse and controlling behaviours by husbands against their wives.
 - Physical and sexual violence against women since 15 years old, by any perpetrator, and sexual abuse before 15 years old by any perpetrator.¹
 - Domestic violence against male and female children under 15 years old, in particular emotional abuse and physical and sexual violence perpetrated by their fathers, as reported by mothers of children in this age group.
- (2) The extent to which domestic VAW is associated with a range of health and other outcomes.
- (3) Factors that may either protect or put women at risk of domestic VAW.
- (4) Coping strategies and services that women use to deal with domestic VAW, perceptions about domestic VAW and how much women knew about their legal rights.

Indirect objectives include the following:

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

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 VAW.

¹ Exploring violence by perpetrators other than husbands enables identifying forms of domestic VAW by other family members and provides an opportunity to determine how important DV and partner VAW is in comparison with other experiences of interpersonal violence in a woman's life.

2. Organization and methodology

This study was implemented and managed by the 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 study in Viet Nam replicated the methodology that was developed for the WHO Multi-country Study on Women’s Health and Domestic Violence, which is of enormous value because it uses a well-tested standard questionnaire and methodology ensuring comparability of data between settings.

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

Quantitative component

For the quantitative component, 4838 women between 18 years old and 60 years old, representing the general population of women of these ages 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.

Operational definitions

The word “violence” was not used in the interviews. When a woman confirmed she had experienced at least one of the acts noted below, it was considered in the analysis that she had experienced the indicated form of violence:

Physical violence by husband or partner

- (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 person.²

² This act was not in the original WHO questionnaire but was added in the Viet Nam questionnaire.

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.
- (d) Threatened to hurt someone she cared about.
- (e) Threatened to throw her out of the house or actually threw her out.¹

Controlling behaviours 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 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.

Acts by husband against a child asked of women with children under 15 years old

- (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 a 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.

Interviewer selection and training

As many as 71 female fieldworkers had been selected carefully from among the GSO and the Provincial Statistics Office (PSO) staffs according to criteria such as emotional maturity and the ability to engage with people of different backgrounds and skills in dealing with sensitive issues. They were trained, using a two-week curriculum, to collect information in a safe and sensitive way. For example, they were trained to terminate the interview or change the subject if an interview was interrupted by anyone, and they had practiced dealing with distress.

Qualitative component

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.

Ethical and safety considerations

The study adhered to ethical and safety recommendations formulated by WHO for research on violence against women. For example, 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. Only one woman per selected household could be interviewed. Women received a letter of invitation in advance and were interviewed in a central neutral location, usually the commune centre. The idea was that it would be safer and more private because women would not be surrounded or overheard by family members, including a husband. Information on existing support services was provided to all respondents at the end of the interview.

Response rates and data analysis

The survey achieved a relatively high response rate: 78% of invited women came to the location of the interview and completed it.

In the survey, 91% of the interviewed women were ever-partnered. Almost all (99%) of ever-partnered women were "ever-married" and only 1% reported other partners (dating, cohabiting). Prevalence rates for domestic partner violence against women were calculated for ever-partnered women. Since these were almost 100% ever-married, we use in this report the terms "ever-married" and "violence by husbands" interchangeably with ever-partnered and partner violence.

For the analysis of the quantitative data univariate, exploratory and descriptive analysis was performed using Stata statistical software. All results in this report reflect weighted analysis. The weights correct for the effects of selection probability in the settlements, the households within these settlements and the women within the households.

3. 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 major 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.

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 from one of the interviewers in her feedback 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 responses to a question about satisfaction with the interview were 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 also were 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”.

The 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.

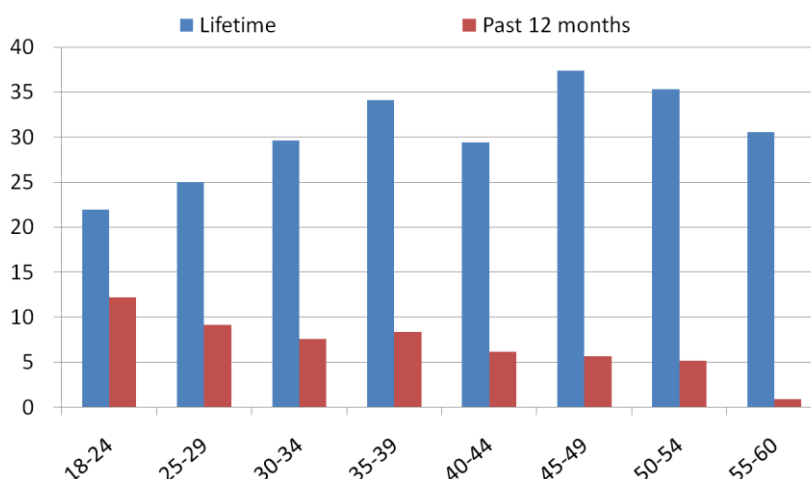
4. Violence against women by husbands

All women who ever had a partner were asked whether they had experienced specific acts of physical, sexual, emotional or economic violence by their husbands. 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”).

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 (Figure 1).

Figure1 - Prevalence of physical violence by husband, among ever-married women, by age, Viet Nam 2010 (N=4561)

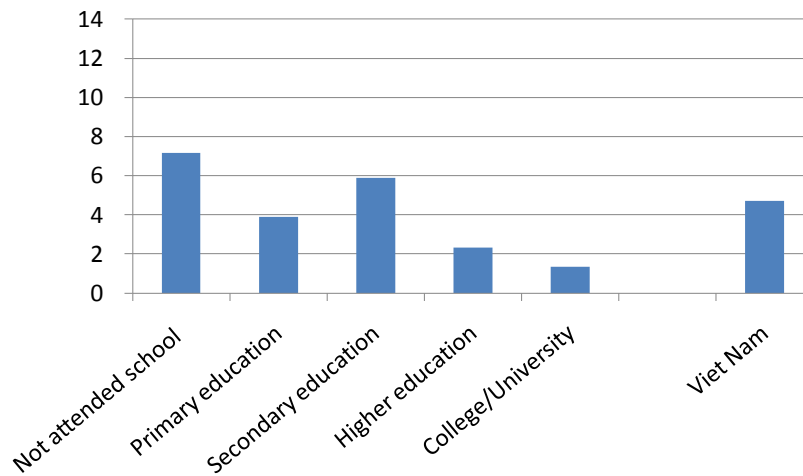


There is variation among regions and by educational level. Women with less education were more likely to report physical violence compared with more educated women. Subgroups of women who reported higher prevalence rates also reported higher proportions of severe acts of violence.

“He beat me, then he pulled me like a dog from the gate to inside the house, my hair was messed up. ... My god, he took the small chair from the dining table, he took a brick to beat me. ... He took off his shoes and threw them at my face, that was painful. I ran away but I could not run fast enough, he took the chair and threw it towards me. (Woman in Ha Noi.)

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 (Figure 2).

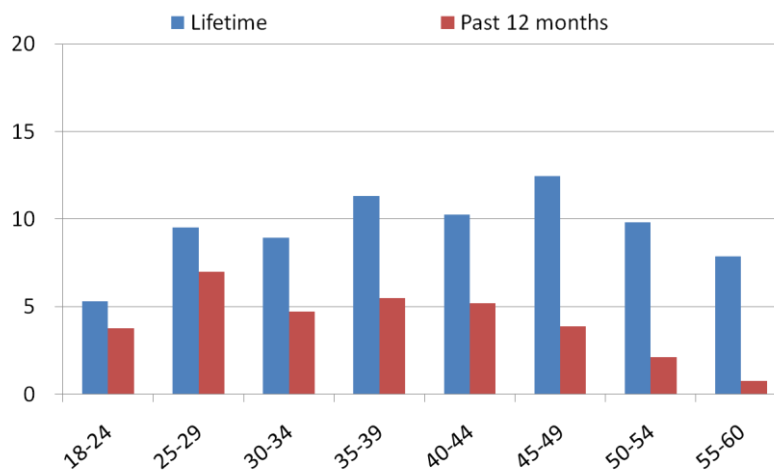
Figure 2 - Prevalence of violence in pregnancy, among ever-pregnant women, by educational level, Viet Nam 2010 (N=4474)



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; see Figure 3) and the educational level of women.

Figure 3 - Prevalence of sexual violence by husband, among ever-married women, by age, 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.)

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 economic abuse is 9%.³

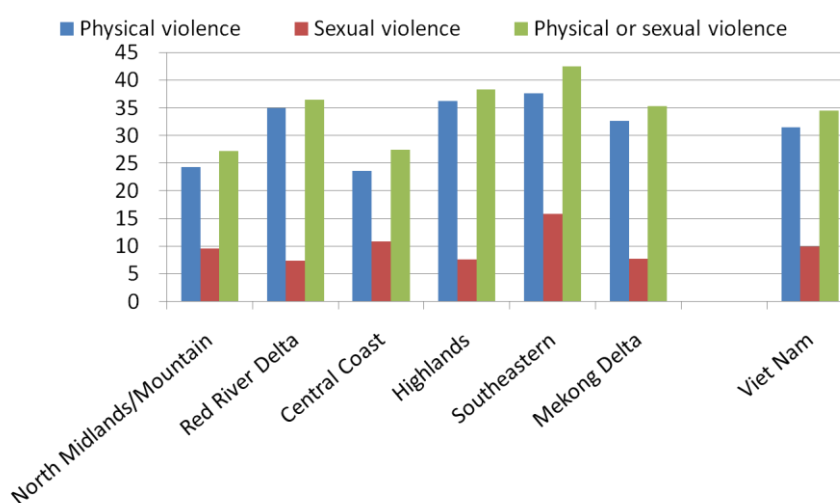
“He asked me to note down all expenses for food and he even did not believe that note. For example, I noted that 500 dong was for onions. He asked me why I did not ask for onions from the neighbours”. (Violence survivor in Ha Noi.)

Combining physical, sexual and emotional abuse by husbands

The prevalence of “physical and/or sexual violence” is a significant indicator of partner violence that – if measured in the same way -- can be used for international comparisons.

In Viet Nam, as in many other countries, women who report sexual violence almost always also report physical violence. The lifetime and current prevalence rates for either physical or sexual partner violence, or both, nationwide are 34% (see Figure 4) and 9%, respectively.

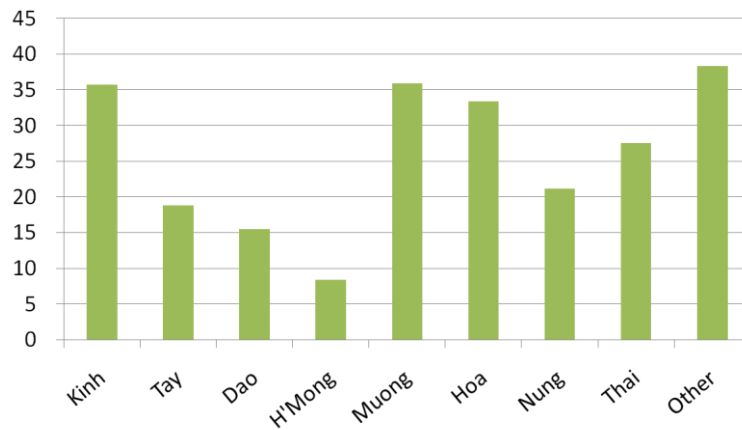
Figure 4 - Prevalence of ever-physical or sexual violence by husband, among ever-married women, by region, Viet Nam 2010 (N=4561)



³ Data on economic violence, as with other types of controlling behaviours, have not been broken down by time period and frequency because they reflect a course of conduct which cannot be captured in the same way as concrete acts.

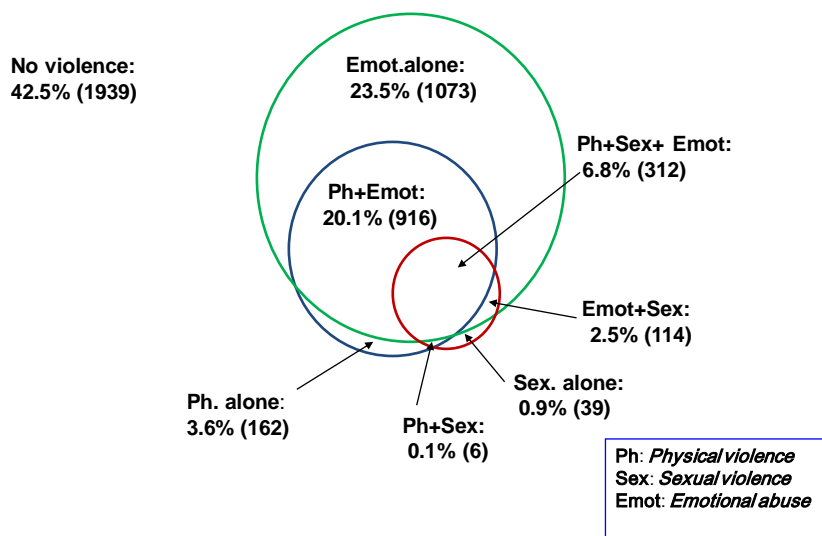
While there is regional variation, more variation is noted between the different ethnic groups, with lifetime prevalence rates ranging from 8%-38% (Figure 5).

Figure 5 - Prevalence of ever-physical or sexual violence by husband, among ever-married women, by ethnic group, Viet Nam 2010 (N=4561)



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 any of these three types was 27% for the past 12 months. There is a strong association between the three types of violence and the assessment of the overlap shows that a woman who has experienced physical or sexual violence almost always also has experienced emotional abuse (Figure 6).

Figure 6 - Overlap of lifetime prevalence of physical and sexual violence and emotional abuse by husbands, among ever-married women, Viet Nam 2010 (N=4561)



5. 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 (Figure 7) 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.

“... 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”. (Woman in Ben Tre.)

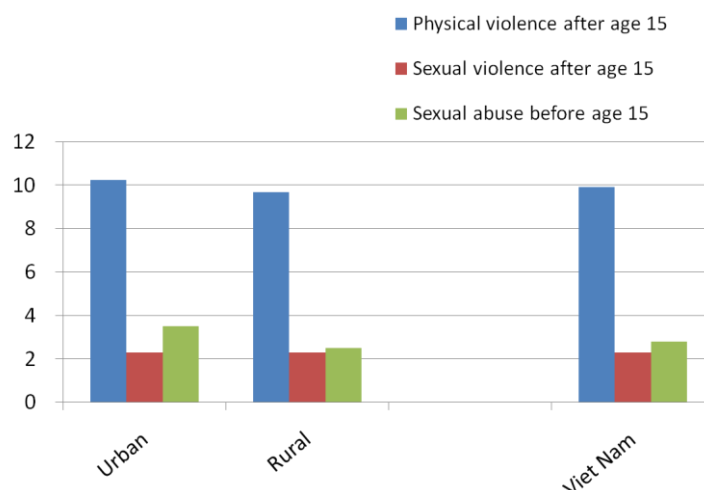
Sexual violence against women after 15 years old from perpetrators other than husbands

About 2% of all women reported sexual violence since they were 15 years old (Figure 7). Most women reported that the perpetrators were strangers and boyfriends and only rarely were family members.

Sexual abuse before 15 years old

Fully 3% of all women reported sexual abuse before they were 15 years old (Figure 7). Most women said that the perpetrators were strangers, and some mentioned family members and “others”.

Figure 7 - Prevalence of violence by persons other than husband, among all interviewed women, Viet Nam 2010 (N=4836)



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.

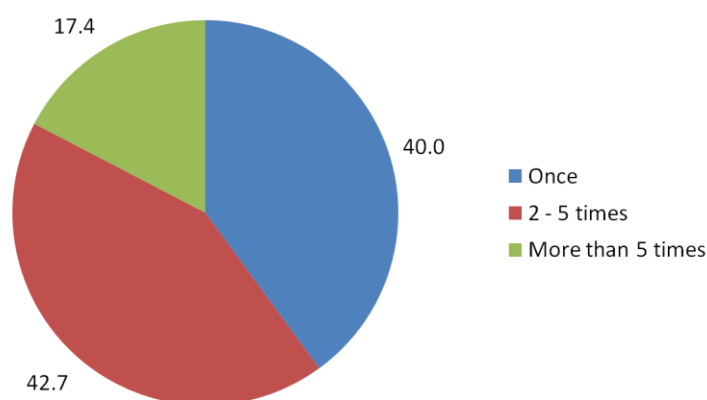
6. Consequences of violence against women

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 (Figure 8).

“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 in Ha Noi.)

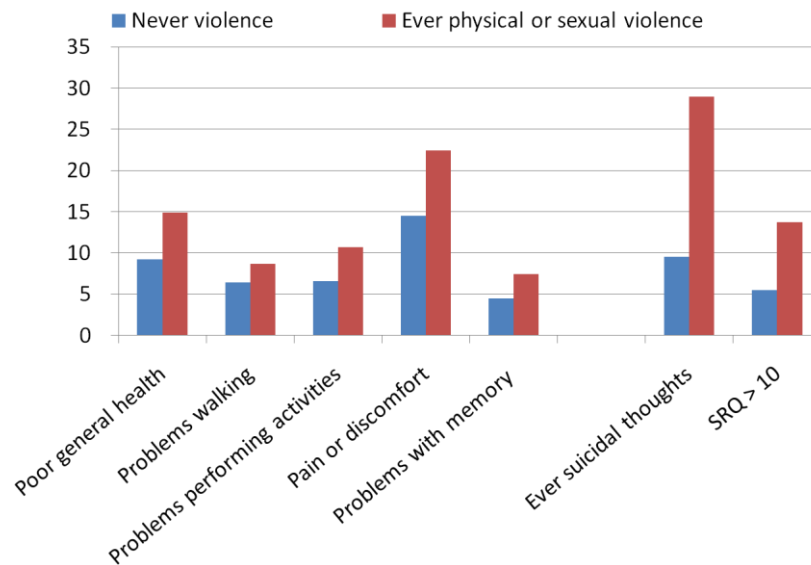
Figure 8 - Frequency of injuries among women who were ever injured due to physical or sexual violence by husbands, Viet Nam 2010 (N=419)



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, the health outcomes of women who ever experienced physical or sexual partner violence were compared with those who never experienced it. Women who have experienced partner violence consistently were 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 (as measured by a score on a self-reported questionnaire of 20 questions: SRQ20) and suicidal thoughts (Figure 9). Similar differences were found for reproductive health outcomes such as miscarriages, abortions and stillbirths.

Figure 9 - Percentage of women who self-reported physical and mental health symptoms, according to experience of violence by husband, Viet Nam 2010 (N=4561)



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

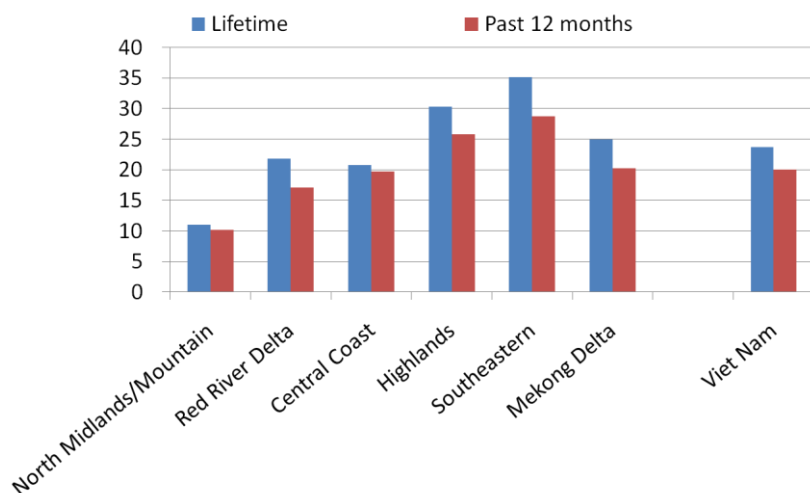
Associations between partner violence and children's wellbeing

Women who had children between 6 years old and 11 years old and who had experienced partner violence were consistently more likely to report that these children had behavioural problems (such as nightmares, bedwetting, aggressive behaviours and low performance at school) compared with women who had not experienced violence.

7. Violence against children, intergenerational aspects of violence

Almost one in four women with children under 15 years old report that these children have been abused physically by their husbands (Figure 10). 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.

Figure 10 - Prevalence of child abuse by husband, among women with children under 15 years old, by region, Viet Nam 2010 (N=2857)

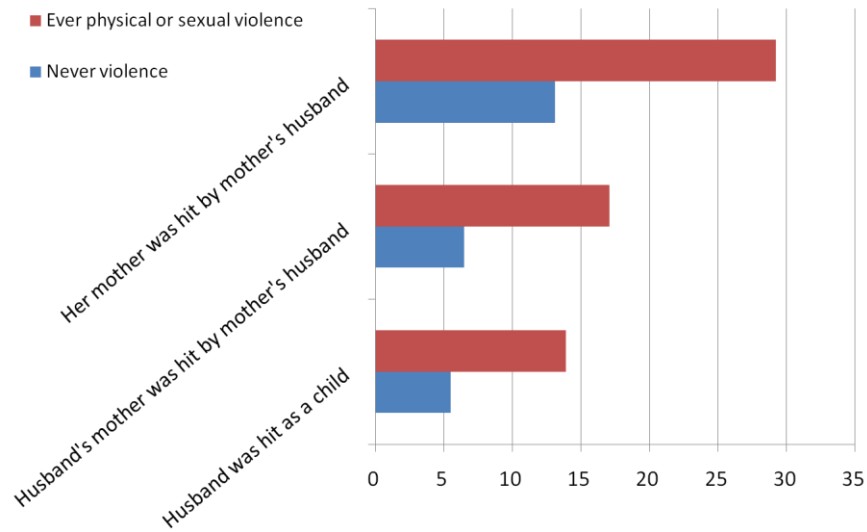


More than half of the women who experienced physical violence by husbands also report that their children witnessed it at least once.

“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 sat 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. ... It happened every day”. (Woman in Ha Noi.)

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 (Figure 11).

Figure 11 -Violence in family home of respondent and husband, according to whether women reported violence by husband, Viet Nam 2010 (N=4561)



“[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 poison 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 in Ha Noi.)

8. Women’s coping strategies and response to partner violence

Half of all women who ever had been physically or sexually abused by their husbands never told anybody about the violence before the interview.

“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 in Ha Noi.)

Besides the stigma and shame that cause women to remain silent, 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.

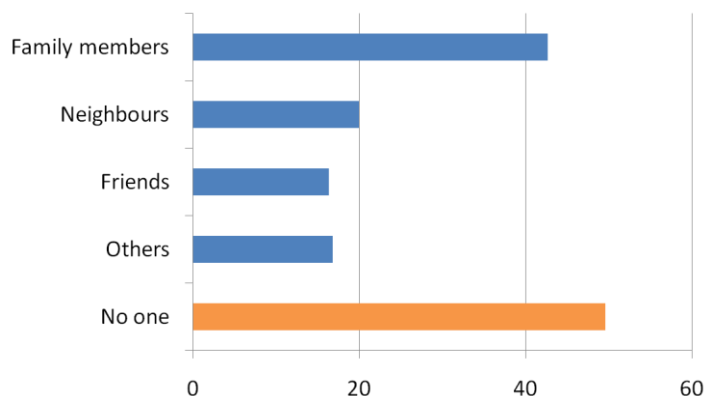
“I did not ask for help because even if I asked, no one would come. People there hated me, they harmed me. They just left me for my husband to beat me. They did not pay attention to me”. (Woman in Ben Tre.)

If women had told anyone, it was usually a family member (Figure 12). Unfortunately, often their close social network would reinforce the stigma and shame by blaming the women or encouraging them to endure it. Moreover, telling others could increase the risk of more violence.

“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 nỏ mồm thì về với cha”.) (Woman in Ha Noi.)

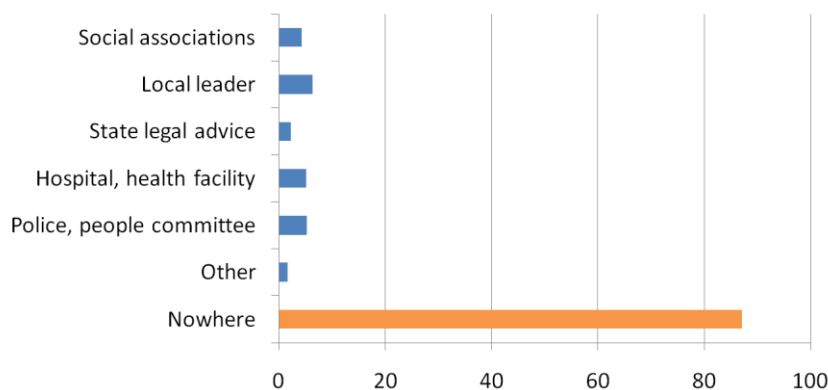
“When the neighbours came, he said this was an issue between husband and wife, they should leave it for him to deal with and no one should intervene. Thus, no one dared to intervene. They used to call the police but now they did not dare. He drank and he could do whatever he wanted, no one would intervene.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

Figure 12 - Proportion of women who told someone, among women who experienced physical or sexual violence by husband, Viet Nam 2010 (N=1546)



Most abused women (87%) never sought help from formal services or people in authority (Figure 13).

Figure 13 -Proportion of women who sought help from official agencies, among women who experienced physical or sexual violence by husband, Viet Nam 2010 (N=1546)



If they sought help, usually when the violence was severe, it was most commonly from local leaders. Often they did not feel supported because local officers still hold the perception that domestic violence is a family issue.

“When he threatened me too much, I went to the village headman to ask for support. However, he did not listen to me. He said, ‘This is your family matter. You can do what you want’”. (Woman in Ha Noi.)

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 violence by husbands 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.

9. Conclusions and recommendations

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

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 national tragedy and should be recognized as such.

The results illustrate the urgency of the need to break the silence to increase the 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 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 Create, 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, 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 Formulate 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.

ANNEX I -- RESEARCH TEAM AND OTHER COLLABORATORS

National Survey Steering Committee

Dr. Do Thuc, General Deputy Director, General Statistics Office of Viet Nam, Chairman

Mr. Nguyen Phong, Director of Social and Environmental Statistics Department, GSO

Director of GSO component project in Joint Program on Gender, Standing member

Mr. Tran Duy Phu, Director of personnel and training department, GSO, member

Mr. Tran Dang Long, Head of the Cabinet, General Statistics Office of Viet Nam, member

Mr. Do Anh Kiem, Deputy Director of Social and Environmental Statistics Department, GSO

Deputy Director of GSO component project in Joint Program on Gender, member

Mr. Nguyen Van Phap, Deputy General Director Communist Party activities and masses activities,

Ministry of Police and Security, member.

Mr. Nguyen Hoang Long, Deputy Director of Planning and Financial Department, MOH, member

Ms. Vu Ngoc Thuy, Deputy Director of Gender Equality Department, MOLISA, member

Ms. Nguyen Thu Ha, Expert of Family Department, MOCST, member.

Ms. Nguyen Thi Viet Nga, expert of Social and Environmental Statistics Department, GSO

Coordinator of GSO component project in Joint Program on Gender Equality, member

Core research team

Dr. Henrica A.F.M. (Henriette) Jansen, International Consultant on Violence against Women Research; formerly core research team member and epidemiologist to the WHO Multi-country Study on Women's Health and Domestic Violence against Women

Ms. Marta Arranz Calamita, Technical Officer Gender and Human Rights, WHO Viet Nam

Dr. Nguyen Dang Vung, National consultant, Senior Programme Officer, Health Policy Unit, Planning and Finance Department, MOH and Hanoi Medical University (HMU)

Ms. Hoang Tu Anh, Director, Center for Creative Initiatives in Health and Population (CCIHP), Consultation of Investment in Health Promotion (CIHP)

Ms. Quach Thu Trang, Program officers, Center for Creative Initiatives in Health and Population (CCIHP), Consultation of Investment in Health Promotion (CIHP)

Ms. Nguyen Thi Viet Nga, Expert, Social and Environmental Statistics Department,

Coordinator of GSO component project in Joint Program on Gender Equality, GSO.

Mr. Do Anh Kiem, Deputy Director of Social and Environmental Statistics Department, GSO.

Advisory group

Ms. Sarah De Hovre, formerly Technical Officer Gender and Human Rights, WHO Viet Nam

Mr. Khamsavath Chanthavysouk, Gender Officer, UNFPA Viet Nam and Chair of the UN Sub-working Group on Gender-Based Violence

Ms. Ingrid Fitzgerald, UN Gender Advisor, UN RCO

Ms. Aya Matsuura, Gender Specialist, the UN-Government Joint Programme on Gender Equality

Ms. Nguyen Thi Dieu Hong, Expert, Department of Gender Equality, Ministry of Labour, Invalids, and Social Affairs (MOLISA)

Ms. Do Hoang Du, Acting Director, Department of Family, Ministry of Culture, Sports, and Tourism (MOCST)

Ms. Nguyen Thu Ha, Expert, Department of Family, Ministry of Culture, Sports, and Tourism (MOCST)

Dr. Vu Manh Loi, Vietnam Academy of Social Sciences (VASS)

Other GSO staff and consultants

Ms. Doan Thuan Hoa, survey tools adaptation, training fieldworkers, fieldwork supervision

Ms. Nguyen Thi Loan, survey tools adaptation, training fieldworkers, fieldwork supervision

Ms. To Thuy Hanh, survey tools adaptation, fieldwork supervision

Ms. Nguyen Thanh Tu, sampling selection, fieldwork supervision

Ms. Nguyen Thanh Tam, sampling selection, fieldwork supervision

Mr. Le Van Duy, sampling designer

Mr. Ngo Doan Gac, sampling weight calculation

Mr. Nguyen Van Thuy, sampling selection, fieldwork supervision

Ms. Pham Thi Minh Thu, designing data entry program, processing data

Ms. Nguyen Thi Hon, fieldwork supervision

Mr. Pham Xuan Luong, fieldwork supervision

Mr. Than Viet Dung, fieldwork supervision

Other UN Staff

Dr. Jean-Marc Olivé, Representative, WHO Viet Nam

Mr. Bruce Campbell, Representative, UNFPA Viet Nam

Ms. Do Thi Minh Chau, National Program officer, UNFPA Viet Nam

Ms. Caroline den Dulk, Manager, UN Communications Team Viet Nam

Ms. Maria F.R. Larringa, Communication Officer, UN Communications Team Viet Nam

Field workers of qualitative component

Ms. Hoang Tu Anh, Director, Center for Creative Initiatives in Health and Population (CCIHP), Consultation of Investment in Health Promotion (CIHP)

Ms. Quach Thu Trang, Program officers, Center for Creative Initiatives in Health and Population (CCIHP), Consultation of Investment in Health Promotion (CIHP)

Ms. Vu Song Ha – Founder, Vice Director, CCIHP/CIHP

Ms. Bui Thi Thanh Mai – Founder, Head of Training Department, CCIHP/CIHP

Ms. Dang Huyen Trang – Project officer, CCIHP/CIHP

Ms. Nguyen Thi Vinh – Project officer, CCIHP/CIHP

Ms. Dinh Thi Phuong Nga – Project assistant, CCIHP/CIHP

Dr. Nguyen Dang Vung – National consultant/MoH and HMU

Field workers of quantitative component

Nguyễn Thị Nhung

Nguyễn Thị Lệ Hoài

Nguyễn Thị Thuý

Phan Kim Dạ Thảo

Phùng Thị Thủy

Lê Thị An

Nguyễn Thị Bình

Lê Thị Kim Lan

Quách Thị Mùi

Đỗ Thị Thuý Linh

Vũ Thị Thành

Nguyễn Thị Kim Thúy

Hoàng Thị Nhung

Hoàng Thị Hương

Phạm Thanh Huyền

Nguyễn Thị Lan

Hoàng Thị Trang

Phạm Thị Thuý

Nguyễn Thị Thu Hằng

Trần Bích Huệ

Trịnh Thị Mai

Lê Thị Nhàn

Trần Thị Thuý

Nguyễn Thị Bình

Nguyễn Thị Xuyên

Nguyễn Thị Thương

TRẦN Thị Thảo

Đào Thị Thanh Chi

Nguyễn Thị Diệu Hương

Dương Thị Lam

Nguyễn Thị Đào

Nguyễn Thị Khúc

Vũ Thị Nguyệt

Lê Thị Hồng Loan

Vi Thị Lan Hương	Ngô Thị Thuý Kỳ
Hoàng Thị Chít	Nguyễn Thị Khanh
Lưu Thị Kim Dung	Nguyễn Thị Hồng Gấm
Nguyễn Thị Thảo	Hà Thị Ngọc Thanh
Tô Thị Chanh	Nguyễn Thị Duyên
Lê Thị Ngọc	Nguyễn Thị Hồng
Bùi Thị Chăng	Nguyễn Thị Khiêm
Bùi Thị Mươi	Văn Thị Ngọc Hân
Nguyễn Thị Loan	Nguyễn Thị Gái
Bùi Thị Ngọc Thuý	Nguyễn Thị Ngộ
Hà Thị Hoa	Hoàng Thị Lại
Phạm Thị Thuận	Bùi Thị Thông
Vũ Thị Xuân	Trịnh Thị Mươi
Trần Quỳnh Châu	Nguyễn Bích Thuận
Phan Thị Xuân Hoà	Triệu Thị Anh Đào
Đặng Thị Bích Hoa	Lê Thị Hoàng Oanh
Võ Thị Hồng	Vũ Thị Thảo
Lâm Thị Yến	Trần Thị Bình
Nguyễn Thị Quế	

Assistants

Ms. Ngo Doan Thang, Project Accountant

Ms. Tran Thi Tuyen Chinh, Secretary, WHO Viet Nam

Translator

Mr. Vu Giang Nam

Editor

Richard C. Gross