

WHY DO SOME WOMEN EXPERIENCE MORE VIOLENCE BY HUSBANDS THAN OTHERS?

SUMMARY REPORT
Results of the analysis of risk
factors for violence by husbands



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FOREWORD

iolence against women (VAW) is symptomatic for deep-rooted gender inequality that is prevalent in most societies, including Viet Nam. Violence against women jeopardizes the autonomy of women to claim and to enjoy their human rights. It also severely impacts upon women's health, in particular women's reproductive health, and often results in physical and psychological trauma, including unwanted pregnancies and HIV/AIDS. According to the 2010 national study on domestic violence in Viet Nam, 58% of ever-married women experienced at least one form of physical, sexual and emotional violence from their husbands at some point in their lifetime (GSO, 2010). However, 87% of victims did not seek help from public services. The effects of gender-based violence (GBV) in Viet Nam are not limited to individuals and families. GBV is also negatively affecting Viet Nam's economic development. The cost of GBV in the form of domestic violence (DV) against women in Viet Nam, in out-of-pocket expenditures and lost earnings, represents nearly 1.4% of national gross domestic product (UN, 2012).

Viet Nam has a quite advanced legal framework, which includes the Gender Equality Law, the Law on Domestic Violence Prevention and Control and related policies to promote gender equality and address domestic violence. However, the traditional patriarchal system remains powerful and strongly impacts on women's lives. Women are expected to be subordinate and "belong" to their husbands and in-laws after marriage. Women are frequently subjected to physical, psychological and emotional threats, but within marriage, violence is rarely recognized because of culturally-defined gender expectations, gender norms, moral standards related to gender issues, as well as patriarchal ideology; all this makes violence against women in their homes 'invisible'. Therefore, while having an equal de jure protection, women's defacto status is lower than that of men, reinforced by dominant societal expectations. All of the above factors have contributed to a situation in which domination of men and violence against women seem natural and inevitable to women.

In 2013, the UNFPA, in partnership with GSO and MOLISA, commissioned a secondary analysis of data from the National Study on Domestic Violence, which was conducted by GSO in 2010. This report should be seen as a supplement, or 'Part 2', of the report "Keeping silent is dying - Results from the National Study on Domestic Violence against Women in Viet Nam". The study intends to shed some more light on the reasons why in the same cultural context, some women experience more violence by their husbands than do others. This understanding should help the government design more effective interventions and develop necessary policies to address VAW in a more comprehensive manner.

As VAW is one of the key national indicators to monitor the implementation of the Convention on the Elimination of All Forms of Discrimination against Women, the UNFPA in Viet Nam commits to continue supporting the Government of Viet Nam in its efforts to address VAW, in close partnership with development and civil society partners. We hope this paper will contribute to improved policies, programmes and support systems to help women who are experiencing violence or are at risk of being exposed to violence. Indeed, we need more of this type of evidence to fully understand the root causes of VAW and devise the ways to stop this severe form of human rights violation and gender-based discrimination. With the evidence in our hands, we must work together to realize a society where no woman has to live in the fear of violence.

Arthur Erken

UNFPA Representative in Viet Nam



iolence against women is the most common manifestation of gender-based violence. Although men and boys can also be victims, it is predominantly women and girls who suffer from violence by their husbands or male partners. The fundamental cause of violence against women is gender inequality which translates in unequal power and control over resources between men and women.

In 2010, the *National Study on Domestic Violence against Women in Viet Nam* was undertaken as part of the United Nations - Government of Viet Nam Joint Programme on Gender Equality as a joint endeavour between the General Statistics Office (GSO), the Ministry of Health, WHO, UNFPA and the Centre for Creative Initiatives in Health and Population. The study was conducted by the General Statistics Office (GSO), with technical assistance from the World Health Organization (WHO), overall support from the United Nations Population Fund (UNFPA) and the participation of national consultants from the Centre for Creative Initiatives in Health and Population (CCIHP), the Ministry of Health and an international consultant.

The research in this study consisted of a population-based survey of 4,838 women between 18 and 60 years old representing the general population of women of these ages in Viet Nam. These women were interviewed by specially-trained interviewers. In addition, 30 in-depth interviews and four focus group discussions were conducted in Ha Noi and in Hue and Ben Tre provinces.

The quantitative research component replicated the methodology of the *World Health Organization Multi-country Study on Women's Health and Domestic Violence.* The standardized questionnaire and methodology, fully complying with ethical and safety recommendations, ensures comparability of data with other settings.

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

- (1) the prevalence, frequency and types of the different forms of violence against women and children;
- (2) the extent to which domestic violence by husbands is associated with a range of health and other outcomes;
- (3) factors that may either protect or put women at risk of domestic violence by husbands; and
- (4) strategies and services that women use to cope with domestic violence by husbands, perceptions about this violence and how much women know about their legal rights.

The findings of objectives (1), (2) and (4) were presented in the first report "Keeping silent is dying", Results from the National Study on Domestic Violence against Women in Viet Nam (2010). The results of objective (3) are presented in the second report The hidden side of family harmony, factors associated with violence against women by husbands in Viet Nam (2013).

Analysis of factors associated with violence against women helps to understand what may either protect or put women at risk of violence. This information is essential for programming prevention and protection activities, and was lacking from the first report of the national study. Under the framework of the One Plan 2012-2016 as part of UNFPA support to the Ministry of Labour, Invalids and Social Affairs (MOLISA), the Department of Gender Equality, MOLISA, collaborated with the UNFPA office in Vietnam and the Social and Environmental Statistics Department, GSO, and an international expert to conduct this secondary analysis.

The report with the detailed analysis as well as this summary report have been written by Dr. Henrica A.F.M. (Henriette) Jansen, with Ms. Nguyen Thi Viet Nga and Ms. Hoang Tu Anh. The results of this analysis provide more evidence that can be used to respond to current gaps in the policy response to gender-based violence.

This summary report reflects the main findings of the risk factor analysis in the second report, without presenting details of the statistical techniques nor detailed statistical findings.

How was violence against women by husbands in the past 12 months measured?

A woman is considered to have experienced recent physical or sexual violence by a husband if she reported to have experienced one or more of the acts below at least once in the 12 months preceding the interview.

Physical violence by husband

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

Sexual violence by husband

- g) Physically forced her to have sexual intercourse when she did not want to.
- h) She had sexual intercourse when she did not want to because she was afraid of what her husband might do if she did not.
- i) He forced her to do something sexual that she found degrading or humiliating.

In the whole of Viet Nam, 9% of ever-married women, or almost one in ten women, reported to have experienced physical or sexual violence by a husband in the past 12 months.

What factors were considered in this analysis?

Forty factors regarding the women, their husbands, their relationship and their community were looked at. Factors include socio-demographic characteristics of women and their husbands (such as age and education), other experiences with violence, attitudes, husband's behaviours, couple characteristics and support from family and close network.

The proportions of women who reported violence by husbands in the past 12 months for each of these characteristics are given in Figures 1 to 12.

The risk factor analysis looks at the interplay of all factors and suggests with statistical precision which characteristics of a woman, her husband, her relationship and her community put her at a higher risk of violence by the husband in the past 12 months. When a characteristic (or factor) is associated with violence, it does not necessarily mean that it causes violence, but rather implies an increased risk of violence when the factor is present.

Figure 1. Prevalence of physical or sexual violence by husband in past 12 months, by women's age and level of education

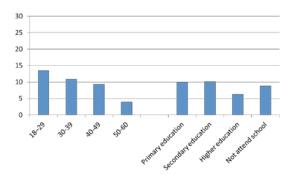


Figure 2. Prevalence of physical or sexual violence by husband in past 12 months, by women's ethnic group, religion, earning cash and household assets index

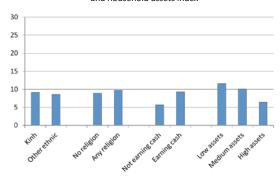


Figure 3. Prevalence of physical or sexual violence by husband in past 12 months, by women's age of marriage and current marital status

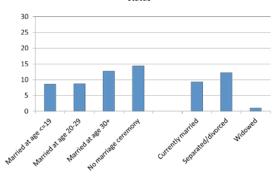


Figure 4. Prevalence of physical or sexual violence by husband in past 12 months, by women's attitudes to wife beating, and experience of non-partner physical and sexual violence

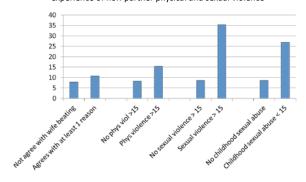


Figure 5. Prevalence of physical or sexual violence by husband in past 12 months, by women's age of first sex, nature of first sex and by her mother's experience with violence by husband(s)

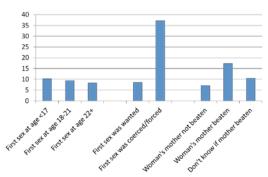


Figure 6. Prevalence of physical or sexual violence by husband in past 12 months, by women's number of children and the sex of her children

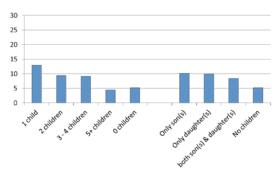


Figure 7. Prevalence of physical or sexual violence by husband in past 12 months, by husband's age, level of education and employment status

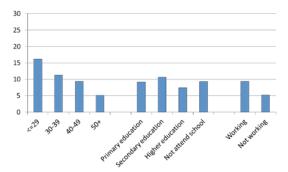


Figure 8. Prevalence of physical or sexual violence by husband in past 12 months, by husband's frequency of drinking, drug use and whether he ever has fights with other men

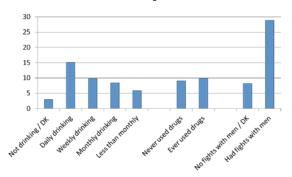


Figure 9. Prevalence of physical or sexual violence by husband in past 12 months, by husband's extramarital relationships and according to whether husband's mother has been abused or husband has been abused as a child

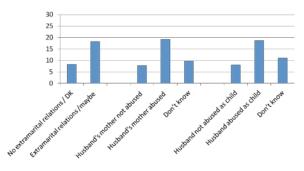


Figure 10. Prevalence of physical or sexual violence by husband in past 12 months, by the couple's differences in age, education, financial contribution to the household, and according to who participated in the partner choice

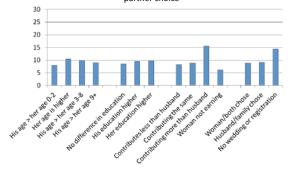


Figure 11. Prevalence of physical or sexual violence by husband in past 12 months, by proximity and supportiveness of family of birth, husband's family, community/neighbours and woman's group membership

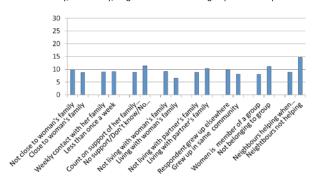
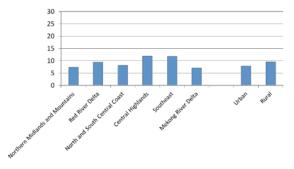


Figure 12. Prevalence of physical or sexual violence by husband in past 12 months, by geographical region and urban/rural location



FINDINGS



Violence by husbands is associated with a complex interplay of factors at different levels

Overall, the study findings support existing theories on how underlying gender inequalities and power imbalance between women and men are fundamental causes of violence against women. The findings go further to show that no single structural underlying factor at individual, relationship or community level explains most of the violence, because looking at all the factors at the same time shows that a good number remain strongly associated with violence. This suggests that although stopping one factor, such as alcohol abuse, will reduce the amount of violence, it likely will not stop the problem altogether.

Figure 13 summarizes the factors that remain associated with violence by husbands when considering the whole 'interplay of factors' described in the previous section.

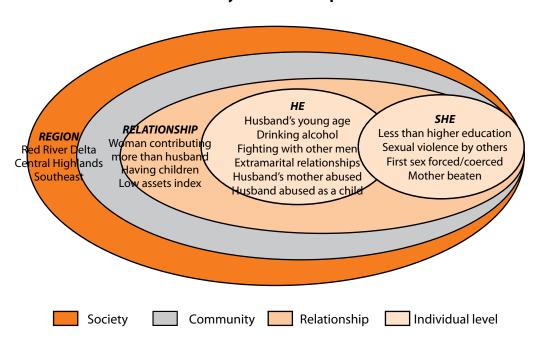


Figure 13: Risk factors identified for experiencing physical and/or sexual violence by a husband in past 12 months-

Violence by husbands is most strongly associated with male behaviour that could be considered harmful forms of expressing manhood

Women whose husbands drink every day are seven times more likely to suffer violence compared to women whose husbands never drink. If a husband drinks alcohol about once a month, the risk of violence for his wife is three times higher. Women whose husbands fight with other men have a more than five times higher risk of violence and if their husbands have extramarital relationships their risk of violence is about 3.4 times higher than for other women.

"From that time [since suffering from violence] I only have negative thoughts about men. I really don't like men. Thus, I have been practicing religion for the the last two years. Men who are religious are very decent. They have to restrain themselves as they follow Jesus. They do not drink alcohol. They do not have any addictions. They do not have any woman except their wife. It is so pleasant to be living in such a chaste environment." (Woman in Ha Noi)

Violence by husbands is strongly associated with victimization of the woman and her husband before their marriage and with the victimization of their respective mothers

Women who have experienced sexual violence at the hands of people other than their husbands in their lifetime are more likely to also experience violence by their husbands. In particular, women who experience sexual violence after the age of 15 have a 5.5 times higher risk, while those who had experienced sexual abuse as a child (under the age of 15) have a 2.8 times higher risk of violence by husbands compared to women who had never experienced such sexual abuse by others. Women whose first sexual experience was forced have a 4.2 times higher risk. If a woman reported that her mother had been beaten by her husband, she has a 2.3 times higher risk to experience violence by her husband compared to other women, and if her mother-in-law had been beaten she has a slightly higher risk of 2.8 times. If the woman reported that her husband had been beaten as a child, her risk is elevated almost 2 times.

"My mother was beaten so much that she became dull. I cannot accept it for my life. It forced me to go out [to a counselling center]. I told her that I could not give in like her as it was too miserable. When I was small I could not stand up to protect her. Now I have my strength and knowledge but my mother is already old. When I was small, I had to witness my father grabbing my mom's hair at the back while holding a bottle of wine. My mom had to tighten her lips. I could not stop it. I felt so frustrated." (Woman in Ha Noi)

A woman's education level, economic level, children, husband's age and location impact her risk of violence

Women who have attained higher than a secondary level of education are less at risk of violence than women with less education. Women with children (compared to those without children) and women from poorer households are at higher risk of violence. Further, women with a young husband are at higher risk than women with older husbands, which is consistent with the finding of the first report that violence starts early in a relationship or marriage and may reduce over time.

Finally, the study showed that women in certain geographical regions are at higher risk of violence by their husbands than those in other regions, even when accounting for poverty, urban/rural and all other factors. The women in the Central Highlands, Southeast and Red River Delta experience the highest risk of violence.

"We women are under the men and we cannot be higher than men are. We get married and follow our husband to any place he goes [she quoted words from a traditional song]. So I got married and I left my parents to follow my husband. I am a woman so I follow my husband. I go to the place he wants to go. I cannot fight back against him."

(Woman in Hue)

Most factors related to the relationship, support network and community are not strongly associated with violence by husbands

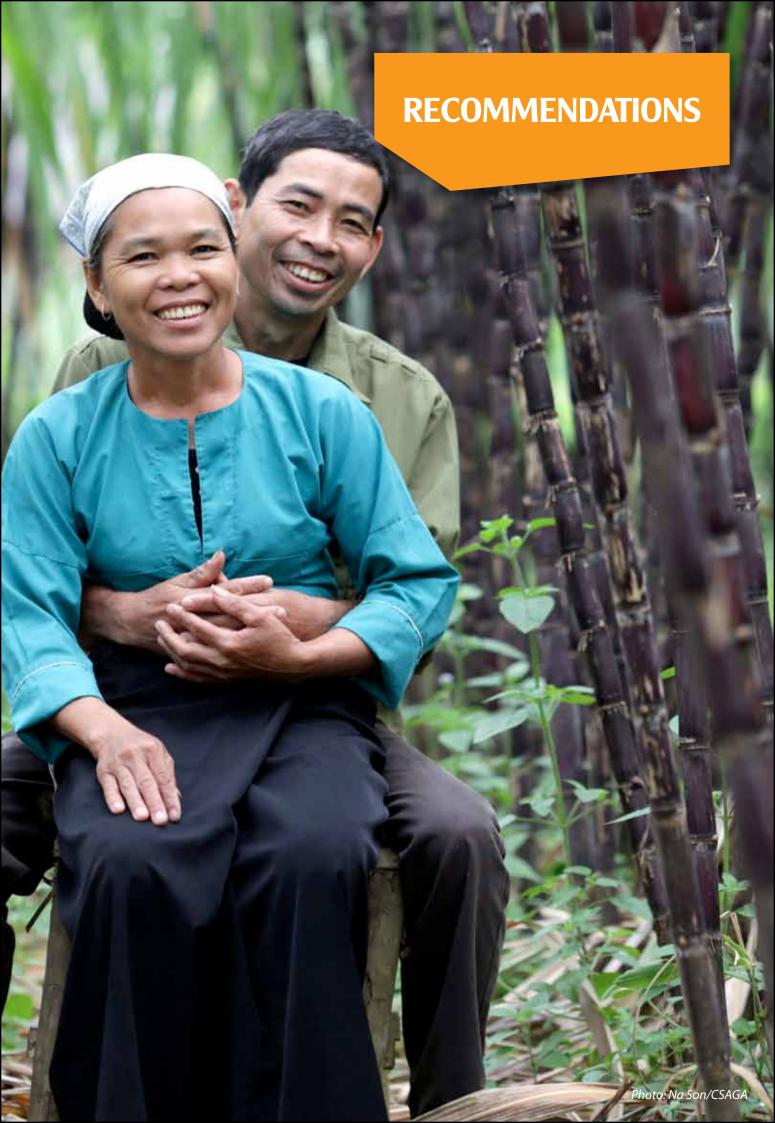
Other characteristics looked at included women's attitudes on violence, relationship factors and their support network. When accounting for all other factors, these are only weak or not associated with the experience of violence by husbands.

Whether son preference has an influence on violence was also considered. However, this study showed that women with only daughters have the same risk of violence as women with only sons.

The one exception worth mentioning is the woman's relative financial contribution to the household compared to the husband's. In the study, 14% of women contribute more than their husbands. These women have a 2.4 times higher risk of violence compared to women who contribute less than their husband to the household. The women who contribute the same as their husband or those who do not contribute financially do not have an elevated risk. This may be explained by the fact that when women have a better financial status than their husband, in a society where men traditionally are used to having a better status than women, this may cause stress in the relationship and thus provoke more violence. It may also be that violence is used as a way for the husband to reassert some level of power and control to compensate for his relatively lower financial contribution to the household.

"If in life, the wife is the breadwinner for the family, the wife is the one who earns money for the whole family, while husband cannot do this, he would feel he has nothing to show off. We are strongly influenced by the cultural perception that men are the heads of households, so men would feel that their position is lower in the family, so they use violence to reaffirm their power and show their wives that money cannot control all things in the family. When men cannot earn money they find another way to show their power, they use violence as a way to take back their power."

(Man in Ha Noi)



What do the findings mean for possible interventions?

A number of factors associated with violence by husbands are related to behaviour that supports male power and gender inequalities, such as having extra-marital relationships and fighting with other men. Alcohol use by the husband also greatly increases a woman's risk of violence.

The findings also strongly suggest how violence 'runs in families', or that it is learned across generations, as the results show that having experienced violence in the childhood home has a long-term effect on relationships later in life, making women more at risk of violence by husbands and men more at risk of becoming wife abusers.

All of this suggests that interventions are necessary with families (especially those with young children), schools and communities, with the inclusion of men and boys.

Recommendations

Specific recommendations in line with the findings are the following:

1. Focus on prevention as one of the principles of addressing gender-based violence.

The findings show that early experience with violence, especially in their parental homes, affects both men and women throughout their lives and increases the chances that they will also become perpetrators and victims. To break the cycle of violence and to stop gender-based violence before it starts, it is critical to start interventions early in life. Prevention programmes should focus on the prevention of child abuse, coercive control, as well as physical and sexual violence, while actively promoting gender equality and challenging harmful male behaviours. It is important to promote sex education as an independent module or part of a life skills programme for girls and boys in or out of school. The education programme should be rights-based, affirming the sexual rights of young people in general, and of women and girls in particular, to avoid reinforcement of traditional gender roles and norms regarding sex and sexual relationships. Higher education of women and men is a protective factor and should be promoted, while gender equality and awareness on violence against women and girls should be included in the curriculum in schools and training programmes.

2. Promote advocacy for gender equality and for prevention of gender-based violence by raising awareness of risk factors for violence against women among men and women, especially for young couples.

The findings show that violence starts early in marriage and is also related to stressors such as economic situation and number of children. Therefore, prevention programmes should focus on young couples, in particular before marriage. Pre-marital training should challenge and change prevailing social norms and mindsets about traditional roles of women and their status within the family to prevent violence against women. The training should go beyond violence against women to address its root cause, which is gender inequality. Both women and men should be made aware of the factors that can increase the risk of violence and learn how to handle conflicts in a non-violent manner.

3. Work with communities to remove the stigma and silence around gender-based violence by husbands and to change social norms related to the acceptability of violence and the subordination of women.

Talking about sex, sexual abuse, rape and violence by husbands is still very much taboo in Viet Nam. Women and girls who are victims of gender-based violence are commonly blamed by society. As a consequence, these women and girls often blame and look down on themselves. Communication programmes should therefore aim to reduce stigma toward women and girls who suffer from such violence. Community-based initiatives should focus on cultivating knowledge, skills and practices for community members and local authorities to change social norms related to the acceptability of violence and the subordination of women. This is also important to improve appropriate responses when assisting women who suffer from gender-based violence, as well as secondary victims (persons who are indirectly affected) such as their children.

4. Work with men and boys to promote a model of manhood that is oriented towards equality and respect.

The findings show that there is a consistent and strong link between perpetrating violence by husband and men engaging in other harmful ways to express manhood. Men who drink alcohol, have extramarital relationships or who fight with other men are more likely to be perpetrators of violence against their wives. Men's violence is still very much socially accepted in Viet Nam due to the notion that men have "hot blood". In order to reverse these attitudes and practices, a model of "good manhood", one that upholds equality, respect and good norms of masculinity should be promoted in society. It should celebrate Vietnamese male role models who share in housework or child care responsibilities, who help their wives and who have good conflict resolution skills. Communication and education programmes should also help boys and men develop skills to control themselves and to use non-violent manners to deal with conflicts, including social and family conflicts. Education about gender-based violence should be obligatory for perpetrators.

5. Address child abuse and promote healthy families and violence-free environments for children.

When a child (girl or boy) grows up in a family with a violent environment, unequal gender relations, or with tolerance of violence, they learn that power in the family relationships is maintained by violence and that violence as part of couple relationships is normal. Violence as a means of discipline, education or problem solving has shown to contribute to gender-based violence later in life. In every act of domestic violence there are perpetrators, primary victims, and secondary victims (e.g. children or other family members). By promoting healthy families and violence-free environments for children, domestic violence can be prevented effectively and fully. Love and respect to achieve peace and happiness for each individual and each family member in Viet Nam should be promoted. Schools should be violence-free and end the currently still-accepted practice of using violence as a means of education, discipline or conflict solving.

6. Integrate combating violence against women and gender-based violence into other health and economic programmes using intersectoral approaches.

The findings show that in addition to early experiences of violence, factors such as the relative contribution to household income, socio-economic status and education are linked to violence against women. Women and men in poor economic conditions are especially at risk of becoming victims or perpetrators. The research findings thus point to the need for holistic action. To address violence against women effectively, a structured multi-sectoral approach involving all relevant agencies and organizations is needed. Thus, combatting gender-based violence should be integrated in economic development programmes for poor families. These programmes should be based on an understanding of how gender inequality and gender-based violence impact women, men and families. The health sector also has an important role to play and health workers need to be trained to recognize and appropriately respond to violence, with flexibility and respect for the local context. This should be done in coordination with other sectors and social actors, using holistic strategies and interventions at national and local levels.

7. Reproduce the 'model on prevention and mitigation of harmful effects of gender-based violence' while enhancing local capacities in communes where the model has been introduced.

The 'model of prevention and mitigation of harmful effects of gender-based violence' was piloted in 63 communes in 63 provinces throughout the country under the National Programme on Gender Equality in the period 2011-2015. Since then, this model has been evaluated and replicated in 75 communes. In each commune the model generally has 4 components: a club for prevention and mitigation of harmful effects of gender-based violence; a gender-based violence prevention group; reliable addresses; and a safe house (shelter) in the community. While it is recommended to reproduce the model, it is also important to strengthen the current activities of the model, for example through standardizing criteria for the safe house and the reliable addresses; training of staff to enhance counselling services, support and protection of survivors of violence; as well as advocacy activities in the general community to create awareness and improve communication so that people are better able to prevent and respond to gender-based violence in the community.

8. Enhance the capacities and accountability of social associations, agencies, organizations and the State for gender-based violence.

To ensure the effectiveness and sustainability of integrated and holistic strategies and programmes, the capacities and accountability of social associations, agencies, organizations and the State management for gender-based violence should be enhanced. For the State, accountability needs to be with line ministries dealing with gender equality and family. Related organizations and agencies are in particular the Women's Union, Youth Union, Farmers Union, people working in mass-media and communication agencies, police and justice, education and health sectors.

9. While prevention policies and interventions are needed nationwide, in the event of funding constraints, pilot projects/programmes should be prioritized first in the regions where women are at the highest risk of violence (the Central Highlands, the Southeast and the Red River Delta).

The findings highlight the need for inter-sectoral approaches. Such approaches should be outlined in a national strategic plan. In the event of resource constraints, pilot projects/programmes should be prioritized first in the regions where women are at the highest risk of violence, which according to this study are the Central Highlands, the Southeast and the Red River Delta.



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