

**National Study on  
Violence against Women in Viet Nam 2019**  
**SUMMARY REPORT**

**JOURNEY  
FOR CHANGE**

**MINISTRY OF LABOUR, INVALIDS AND SOCIAL AFFAIRS**

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*I say this to other women  
“If you feel like you still can endure then endure,  
otherwise find a way to live for yourself.  
We should not be so afraid of the stigma of leaving husbands  
that we bury ourselves in a prison.”*

*IDI27, Woman, aged 43, responding to qualitative survey  
as part of the National Study on Violence against Women in Viet Nam 2019*



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# FOREWORD

In 2010, the National Study on Domestic Violence against Women was the first to provide nationally representative data on this issue in Viet Nam. Its results caught the attention of the Government and the public regarding the high prevalence of violence in the most intimate part of a woman's life – the family – which is supposed to be her safe haven. Domestic violence in many forms was found to be a daily occurrence, regardless of the victim's ethnicity, socioeconomic status or place of residence. It transcended generations, and its economic costs to the family, the community and the country have proven to be immense. Deeply rooted in gender inequality, violence against women in Viet Nam, like in many other countries, is one of the most pervasive human rights violations and among the hardest to eliminate, though not impossible.

The Government of Viet Nam has taken the issue seriously. Since the 2010 study, it has put in place legislation, reinforced implementation of the Law on Domestic Violence Prevention and Control (2007) and the Law on Gender Equality (2006), carried out national-scale campaigns to raise public awareness, and introduced essential services for domestic violence survivors. In both prevention and response, the public and the civil society at large have joined such government initiatives.

In 2019, Viet Nam conducted its second National Study using the adapted *WHO Multi-country Study on Women's Health and Domestic Violence against Women*, which was also used in the 2010 study. The results allow Viet Nam to understand what has changed and what has not changed, and what needs to be in place for further change and progress. This time the scope of the study was broadened to also include girls aged 15 to 18 and women aged 60 to 64. Violence was explored beyond the family sphere to include workplace and other public spaces. Particular attention was paid to violence against vulnerable segments of Viet Nam's population, especially ethnic minorities and women and girls with disabilities. The economic cost of violence was calculated, clearly showing how much money violence against women and girls is costing the country.

The findings of the second study show the pervasive complexity of violence against women and girls. In the nine years since the initial study, the prevalence of most forms of violence by intimate partners, as reported in interviews with women, has decreased slightly in Viet Nam. Sexual violence seems to have increased, however, although this may be attributed to more women being comfortable disclosing sexual violence to interviewers in this round. Most women in Viet Nam remain at great risk of one or other forms of intimate partner violence. Variation in violence prevalence rates was noted between different geographical regions and different ethnic groups. Violence has had serious consequences for women's health, dignity, security, upward social mobility and economic productivity. Yet despite its high prevalence, violence against women continues to be very much hidden and silenced in Vietnamese society. Just like the study nine years ago, most women did not speak out or seek help, largely due to a culture of victim-blaming and impunity for perpetrators. It was also confirmed that violence was a learned behaviour: childhood experience was an important risk factor with respect to a woman being a victim as an adult or to a man being a perpetrator later in life. Thus, it is important to identify the potential consequences of the impact on children as victims when living in violent households.

Yet, there was good news too. Younger women are experiencing less physical violence by intimate partners violence than older women, and are less likely to agree that wives should obey husbands. This offers hope for change, and younger women can be great game changers if concerted efforts and investments are made in them. But to eliminate violence against women and girls effectively and holistically, a structured and multi-sectoral approach involving all relevant agencies and organizations is critically needed. This is the only way to bring about change in social norms and promote gender equality.

This report presents key findings of the second study, *“Results of a National Study on Violence against Women in Viet Nam 2019”*. It does so in an integrated fashion, based on quantitative and qualitative studies of violence as well as an economic costing of violence. Bearing in mind that the root cause of violence is gender inequality, it analyses direct causes of violence as well as risk factors. The study contributes to evidence-based advocacy to facilitate the country’s policy-making and decision-making at both national and subnational levels. If violence against women and girls is not addressed now, it will be a serious impediment for Viet Nam to achieve the Sustainable Development Goals by 2030. We must all act now for a Viet Nam which is free of violence, for the future we want in Viet Nam. We must not leave women, particularly women victims of violence, behind in the country’s sustainable development process.

We would like to extend our special appreciation to the Government of Australia for putting gender-based violence high on its development assistance programme priorities and for jointly supporting the study with the Government of Viet Nam and UNFPA. We also recognize and applaud the thousands of women and girls who shared their courage and their life stories with us. Without their stories, this research could not happen, and violence against women and girls would have remained in the shadow of their private lives.



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A core research team was established to give technical support throughout the study or to specific components, consisting of Dr. Kristin Diemer (team leader), Dr. Henrica (Henriette) Jansen, Dr. Nata Duvvury, Ms. Jessica Gardner, Dr. Seema Vyas, Ms. Phan Thi Minh Hien and Ms. Hoang Tu Anh. This core team was also responsible for the data analysis and the writing of this report. Support by Henrica Jansen and Jessica Gardner was given through the kNOwVAWdata Initiative (UNFPA Asia and the Pacific Regional Office – DFAT).

This important 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 the study and 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 **5,976** women and girls who generously agreed to be interviewed for the survey and who shared their often painful personal experiences. We also want to thank the 269 participants in the qualitative study, who gave their time to answer questions and shared their life experiences.

We gratefully acknowledge the excellent work of the 100 field enumerators and field staff, as well as the five interviewers from the qualitative research team. Collectively, they 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 the local authorities in the 500 communes of 63 provinces where the quantitative survey was conducted as well as the local leaders in the six communes of the three provinces where the qualitative component was undertaken, especially the active support from local members of the Women's Union, and officers representing the Department of Labour, Invalids and Social Affairs at provincial, district and commune levels where the study took place.

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The study was supported as a priority by dedicated staff of the UNFPA Regional Office in Bangkok and the UNFPA Country Office in Viet Nam. Commitments and passion by all UNFPA staff involved in this study are duly acknowledged, united to end violence against women in the world.

# ACRONYMS AND ABBREVIATIONS

CAP	Computer Assisted Personal Interview
CCIHP	Centre for Creative Initiatives in Health and Population
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DFAT	Australia's Department of Foreign Affairs and Trade
DV	Domestic violence
EA	Enumeration Area
FGD	Focus group discussions
GBV	Gender-based Violence
GDP	Gross Domestic Product
GE	Gender equality
GSO	General Statistics Office
HH	Households
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
IDI	In-depth interview
IPV	Intimate partner violence
K6+	Kessler Psychological Distress Scale
KI	Key informant interviews
MOLISA	Ministry of Labour, Invalids and Social Affairs
OPE	Out-of-pocket expenditures
PCA	Principle components analysis
PSM	Propensity score matching
PSU	Primary sampling unit
SDG	Sustainable Development Goals
SES	Socioeconomic Status
SSU	Second sampling unit

UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNFPA	United Nations Population Fund
VAW	Violence against women
VHLSS	Viet Nam Household Living Standards Survey
VNDs	Vietnamese Dong (national currency)
WG	Washington Group short set of disability questions
WHO	World Health Organization

# INTRODUCTION

## BACKGROUND

Violence against women (VAW) is a global problem. Eliminating it is a major priority for countries around the world as they work towards gender equality. Research shows that most violence against women is perpetrated by a husband/partner, or someone known to them. Most of this violence is not reported to formal authorities. Gender inequality is both the underlying cause and a consequence of violence against women – it is more prevalent in areas where women are less valued than men, and where VAW exists, it serves to prevent the empowerment of women and girls.

The first national survey to measure the prevalence of violence against women in Viet Nam was conducted during 2009-2010 and the second study during 2018-2019. The second study provides data comparable with the first study. This Summary Report focuses on the key results of the 2019 study and explores differences compared with the first study, almost a decade earlier. This Summary Report complements the Main Report which provides more detailed analysis and data tables.

Data on violence against women in Viet Nam and the findings from research form an essential evidence base for action. The objectives of the 2019 study were to measure and assess:

- The prevalence and frequencies of different forms of violence against women aged 15 to 64 caused by husbands/partners (including violence against women with disabilities);
- The prevalence, frequency and place of occurrence of physical and sexual violence caused by non-partners against women since the age of 15, and the prevalence of physical and sexual violence caused by any perpetrators to women during their childhood (aged under 15 years);
- Women's attitudes towards gender roles and violence;
- The extent to which violence affects women's general, mental and reproductive health;
- The impact of violence by a husband/partner on children and the intergenerational aspects of violence;
- Women's responses to violence by a husband/partner (including coping strategies);
- The direct economic cost of violence by a husband/partner and the impact on work, productivity, and the country's economy;
- Factors which put women at risk of more violence; and
- Changes between 2010 and 2019 regarding violence against women and girls.

## ORGANIZATION AND METHODOLOGY

The 2019 study consists of three parts: the quantitative study; the qualitative study; and economic costing of violence against women.

The **quantitative component** of the study (the “survey”) was conducted by the General Statistics Office at the request of the Ministry of Labour, Invalids and Social Affairs (MOLISA). This included reviewing and testing questionnaires, interviewer training, fieldwork and data processing. The quantitative study is a household survey covering all six regions of Viet Nam and is nationally representative. A multistage sample design was used to select a sample of 6,000 households. A total of 5,976 women aged between 15 and 64 completed a face-to-face interview with a trained female interviewer.

The **qualitative component** of the study was conducted by the Centre for Creative Initiatives in Health and Population (CCIHP). The qualitative study aimed to: provide a context for violence against women by intimate partners; triangulate the quantitative results; gain insights and explanations for quantitative data that are unexplained; and explore related issues that by their nature could not be studied through a quantitative survey. Data was gathered through in-depth interviews, key informant interviews and focus-group discussions. A total of 269 participants, including women with disabilities and from ethnic minorities, as well as 11 key informants, provided information and shared their experiences for the qualitative research. Qualitative results and discussion are presented in this report in [blue text](#)<sup>1</sup>.

Lastly, the study component on **economic costing of violence against women** was carried out by UNFPA Viet Nam in cooperation with several local and international consultants.

UNFPA Viet Nam managed the overall process with technical assistance from the kNOwVAWdata Initiative (a partnership between the UNFPA Asia and the Pacific Regional Office and the Australian Government). The entire study was technically and financially supported by the Government of Australia through the Department of Foreign Affairs and Trade (DFAT) and UNFPA.

## OPERATIONAL DEFINITIONS OF VIOLENCE

The United Nations (UN) defines 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 deprivations of liberty, whether occurring in public or in private life.” This includes, but is not limited to, physical, sexual, psychological (consisting of emotional abuse and controlling behaviours) and economic intimate husband/partner violence; and physical and sexual violence perpetrated by others (non-husband/partners). These forms of violence are the focus of this study. In the survey each form of violence was measured by asking about specific acts, as outlined in Table 1 below.

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1. Blue has been chosen as a colour that is less affected by visual impairments and colour blindness both on paper and on screen.



**Table 1. Operational definitions of violence used in the 2010 and 2019 studies on violence against women in Viet Nam**

(Items in *red* indicate changes between the two questionnaires)

Type of violence	2010 Study	2019 Study
<b>Physical husband/partner violence</b>	<ul style="list-style-type: none"> <li>a) Slapped her or thrown something at her that could hurt her?</li> <li>b) Pushed her or shoved her or pulled her hair?</li> <li>c) Hit her with his fist or with something else that could hurt her?</li> <li>d) Kicked her, dragged her or beat her up?</li> <li>e) Choked or burned her on purpose?</li> <li>f) Threatened with or actually used a gun, knife or other weapon against her?</li> </ul>	<ul style="list-style-type: none"> <li>a) Slapped her or thrown something at her that could hurt her?</li> <li>b) Pushed her or shoved her or pulled her hair?</li> <li>c) Hit her with his fist or with something else that could hurt her?</li> <li>d) Kicked her, dragged her or beat her up?</li> <li>e) Choked or burned her on purpose?</li> <li>f) Threatened with or actually used a gun, knife or other weapon against her?</li> </ul>
<b>Sexual husband/partner violence</b>	<ul style="list-style-type: none"> <li>a) <i>Physically</i> forced her to have sexual intercourse when she did not want to</li> <li>b) She had sexual intercourse when she did not want to because she was afraid of what her partner might do</li> <li>c) He forced her to do something sexual that she found degrading or humiliating</li> <li>d) <i>He forced her to have sex with another person</i></li> </ul>	<ul style="list-style-type: none"> <li>a) Forced her to have sexual intercourse when she did not want to</li> <li>b) She had sexual intercourse when she did not want to because she was afraid of what her partner might do</li> <li>c) He forced her to do something sexual that she found degrading or humiliating</li> </ul>
<b>Emotional violence (part of psychological violence)</b>	<ul style="list-style-type: none"> <li>a) Insulted her or made her feel bad about herself</li> <li>b) Belittled or humiliated her in front of other people</li> <li>c) Done things to scare or intimidate her on purpose, e.g. by the way he looked at her, by yelling or smashing things.</li> <li>d) Threatened to hurt her or someone she cared about</li> <li>e) <i>Threatened to throw her out of the house or actually threw her out</i></li> </ul>	<ul style="list-style-type: none"> <li>a) Insulted her or made her feel bad about herself</li> <li>b) Belittled or humiliated her in front of other people</li> <li>c) Done things to scare or intimidate her on purpose, e.g. by the way he looked at her, by yelling or smashing things</li> <li>d) Threatened to hurt her or someone she cared about.</li> </ul>

Type of violence	2010 Study	2019 Study
<b>Controlling behaviours (part of psychological violence)</b>	<ul style="list-style-type: none"> <li>a) Tried to keep her from seeing friends</li> <li>b) Tried to restrict contact with her family of birth</li> <li>c) Insisted on knowing where she was at all times</li> <li>d) Ignored her and treated her indifferently</li> <li>e) Got angry if she spoke with another man</li> <li>f) Was often suspicious that she was unfaithful</li> <li>g) Expected her to ask permission before seeking health care for herself</li> </ul>	<ul style="list-style-type: none"> <li>a) Tried to keep her from seeing friends</li> <li>b) Tried to restrict contact with her family of birth</li> <li>c) Insisted on knowing where she was at all times</li> <li>d) Got angry if she spoke with another man</li> <li>e) Was often suspicious that she was unfaithful</li> <li>e) Expected her to ask permission before seeking health care for herself</li> </ul>
<b>Economic violence</b>	<ul style="list-style-type: none"> <li>a) Took away what she earned or saved</li> <li>b) Refused to give money</li> </ul>	<ul style="list-style-type: none"> <li>a) Prohibited her from getting a job, going to work, trading, earning money or participating in income generation projects</li> <li>b) Took her earnings from her against her will</li> <li>c) Refused to give her money needed for household expenses even when he had money for other things (such as alcohol and cigarettes)</li> <li>d) Expected her to be financially responsible for his family and himself<sup>2</sup></li> <li>e) Expected her to ask his permission before buying anything for herself<sup>3</sup></li> </ul>
<b>Non-husband/partner physical violence</b>	Since she was 15 years old, someone other than her husband/partner beat or physically mistreated her	<ul style="list-style-type: none"> <li>a) Slapped, hit, beaten, kicked or done anything else to hurt her</li> <li>b) Thrown something at her, pushed her or pulled her hair</li> <li>c) Choked or burned her on purpose</li> <li>d) Threatened with or actually used a gun, knife or other weapon against her</li> </ul>

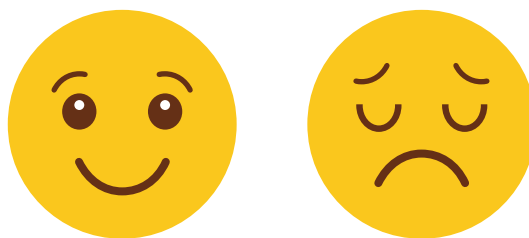
2. This act was initially not included in the WHO questionnaire but was added into the Vietnamese questionnaire  
3. This act was initially not included in the WHO questionnaire but was added into the Vietnamese questionnaire

Type of violence	2010 Study	2019 Study
<b>Non-partner sexual violence</b>	Since the age of 15 years, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than her partner/husband) ever forced her to have sex or to perform a sexual act when she did not want to?	<ul style="list-style-type: none"> <li>a) Forced her to have sexual intercourse when she did not want to.</li> <li>b) Forced to have sexual intercourse when she was too drunk or drugged to refuse.</li> <li>c) Forced or persuaded to have sex against your will with more than one man at the same time.</li> <li>d) Attempted to force her into sexual intercourse when she did not want to, for example by holding you down or putting you in a situation where you could not say no</li> <li>e) Touched her sexually against her will</li> <li>f) Made her touch their private parts against her will</li> </ul>
<b>Child physical abuse</b>	Not asked	<p>When she was a child (before age 15), did anyone in her family ever:</p> <ul style="list-style-type: none"> <li>a) Slap or spank her (with hand)?</li> <li>b) Beat or kick her or hit her with fist?</li> <li>c) Hit her with a belt, stick, broom or something else?</li> <li>d) Tie her with a rope?</li> <li>e) Insult or humiliate her regularly?</li> <li>f) Scold and curse her regularly?</li> </ul>
<b>Child sexual abuse*</b>	Before she was 15 years old, someone had touched her sexually or made her do something sexual that she did not want to.	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 shown a tablet screen by the interviewer and was asked to choose between a smiling face and a sad face. Using the same question on child sexual abuse before age 15 as in the interview the respondent was asked to click on the smiling face if it had not happened to her, and on the sad face if it had happened. She was also told that the interviewer would not know which face she had selected (see Figure 3).

**Figure 1: Illustration of the pictures used for anonymous disclosure of sexual abuse before the age of 15.**

The happy/smiling face means 'no, it had not happened';  
the sad face means 'yes, it had happened'.



## REFERENCE PERIODS

For each act of violence that the respondent said had happened to her, she was asked whether it had happened ever in her lifetime (lifetime violence), and if so if it happened in the past 12 months. Violence that has occurred in the past 12 months is also referred to as current violence by a husband/partner. Both reference periods are important because they tell us about different aspects of the issue.

## DEFINITION OF A HUSBAND/PARTNER

According to the Law on Domestic Violence Prevention and Control in Viet Nam, a woman only suffers from domestic violence caused by her current or former husband, or by her intimate partner if she lives together with him (cohabiting). In this study, women are considered to have intimate partners if they have ever been married, have ever cohabited with someone like spouses of each other, or have ever dated a male partner (boyfriend).

## INTERVIEWER SELECTION AND TRAINING

One of the steps to ensure that women disclose violence and thus to collect quality data is the careful selection of and specialized training at the national level of interviewers<sup>4</sup>. The General Statistics Office (GSO) in cooperation with the Project Management Unit of MOLISA carefully recruited and trained 100 interviewers<sup>5</sup> for the household survey.

Interviewers were all women aged between 25 and 55 and experienced in conducting surveys. Required skills were the ability to interact with all kinds of people; no prejudice; being mature and having life experience; good communication skills to build trust with respondents; experience in dealing with sensitive issues; and able to use the device for conducting a computer assisted personal interview (CAPI).

Two weeks of interviewer training were conducted from 29 October to 9 November 2018. This included sensitization on gender and violence issues, interview techniques and questionnaire discussion (explanation of each question), the CAPI system, and practice in the training room and during a pilot survey in the field.

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

5. 113 potential interviewers were trained, and 100 of them were selected

## ETHICAL AND SAFETY CONSIDERATIONS

Due to the sensitive nature of the study topic, ethical and safety recommendations developed for research on violence against women by WHO<sup>6</sup> were strictly applied in all stages of the survey. For women who have experienced violence, their participation in the survey may result in further violence, or endanger themselves or interviewers. Ethical and safety considerations included:

- Safe name: the survey was always referred to as the *Women's Health and Life Experiences Study 2019* and there was no mention of violence in fieldwork planning and implementation. This allowed the interviewers and the respondents to explain the survey to others without referring to violence.
- Information confidentiality agreement: all interviewers signed an information confidentiality agreement, which was considered as part of the employment contract.
- Consent to participate in the survey: information confidentiality, voluntary participation, the right to refuse to answer any questions or to stop the interview at any time, were clearly explained to selected women before the interview and their consent was sought before proceeding.
- Confidentiality: only team leaders knew the respondents' names. Data were transmitted to a central secure location daily and deleted from the handheld devices.
- Support for interviewers: supervision and support protocols were in place to keep interviewers physically safe and protect their mental wellbeing.
- Support for respondents: general information on domestic violence and existing services for female victims of violence in Viet Nam was developed, printed and handed out to each respondent together with information about a wide range of other unrelated services.
- Selecting only one woman from each household: for households with more than one eligible woman to participate in the survey, only one woman was randomly selected, so no other household members could know about the content of the interviews.
- Interview location: the interviews were conducted in a private and safe location. All women selected to participate in the study received an invitation to a commune office such as a Health Station or a Culture/ Communal House for interview at specific times to avoid that women needed to wait or would run into other respondents.
- Training of interviewers: interviewers were trained to create a safe, peaceful and reliable environment for the respondents to feel comfortable.
- Changing interview locations after each day: survey groups were not allowed to stay overnight in the commune where interviews had been conducted, especially in rural areas because local people could ask them many things about the scope of the study and that could create stressful situations.

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6. WHO. 2001. *Putting women first: Ethical and safety recommendations for research on domestic violence against women*. Geneva, World Health Organization. [http://whqlibdoc.who.int/hq/2001/WHO\\_FCH\\_GWH\\_01.1.pdf](http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf)



# RESULTS

## 1. VIOLENCE AGAINST WOMEN PERPETRATED BY HUSBAND/PARTNERS

In this study, women are considered to have intimate partners if they have ever been married, have ever cohabited with someone, have ever had a fiancé or dated a male partner (boyfriend). Nearly all (97 per cent) of the women who had ever been partnered had been married. Intimate partner violence in Viet Nam, therefore, mainly refers to spousal violence by a husband.

Husband/partner violence is presented for 'ever-married/partnered' women because only those women were asked about violence by a husband/partner. This group of women are referred to as 'ever-married/partnered women' – of which there were 5,553 in the survey sample.<sup>7</sup>

### Proportion of women who experienced husband/partner violence

In 2019, nearly 2 in 3 women (62.9 per cent) experienced one or more forms of physical, sexual, emotional and economic violence, and controlling behaviours by their husband in their life time, and 31.6% currently (in the last 12 months).

One in four ever-married/partnered women (26.1 per cent) in Viet Nam experienced physical violence from a husband/partner during their lifetime (lifetime violence), and one in twenty (4.6 per cent) experienced such violence currently (in the last 12 months) (Figure 2).

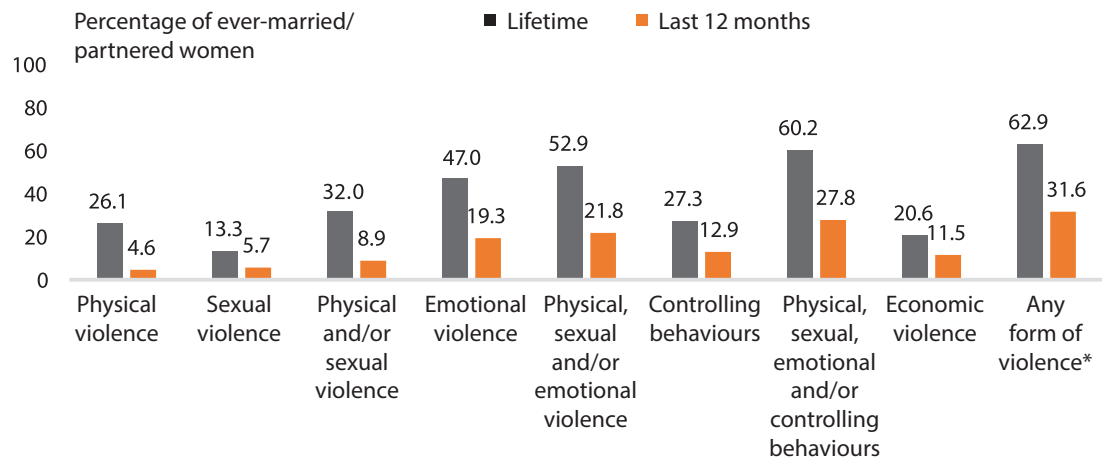
Sexual violence by a husband/partner was experienced by 13.3 per cent women in Viet Nam, and 5.7 per cent currently (in the last 12 months).

The proportion of women who experienced physical and/or sexual violence by a husband/partner is the most frequently used measure for husband/partner violence, especially for international comparison and for monitoring over time. In Viet Nam, one in three women (32.0 per cent) experienced physical and/or sexual violence in their lifetime, and 8.9 per cent currently (in the last 12 months). Prevalence rates are higher in rural than urban areas.

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7. The current survey included women in a wider age band than the 2010. Comparative analysis by different age groups is included in Chapter 13 of the main report.

**Figure 2: Prevalence of physical, sexual, emotional, and economic violence, and controlling behaviours by husband/partner during lifetime and the last 12 months among ever-married/partnered women, Viet Nam 2019 (N=5,553)**



\* 'Any form of violence' includes at least one of the following: physical, sexual, emotional, economic violence or controlling behaviours

Psychological violence includes emotional violence and controlling behaviours. Emotional violence by a husband/partner was the most common form of violence that Vietnamese women reported – nearly half (47.0 per cent) experienced such violence during their lifetime.

One in five (20.6 per cent) of women in Viet Nam experienced economic abuse by a husband/partner during their lifetime and one in ten (11.5 per cent) currently (in the last 12 months). More than one fourth (27.3 per cent) of women experienced one or more acts of controlling behaviours by a husband/ partner during their lifetime and 12.9 per cent currently (in the last 12 months).

*Qualitative findings tell the story behind these numbers. Mai<sup>8</sup> had previously been a commune officer and a member of a commune reconciliation group. She told her story while pointing to various scars on her body including a big one on her face.*

*This scar was when he cut me with a bush-hook (rựa). This bush-hook is for sugar-cane so it is very sharp. He cut me when I was pregnant with the second child. He cut though the tendon at my ankle so I had it sewed in the hospital. It was more than 20 years ago. This scar on my back was when he hit me while I was sleeping. It broke my bone. I took medicine by myself. I still went to school to teach that afternoon. I biked with only one foot. It took me three months to heal that injury. In general, the traces of his violence were all over on my body. My face has been like the map with many lines and paths. He cut and broke my legs and hands many times (tay, chân gãy từng lúm). - Mai, woman aged 54.*

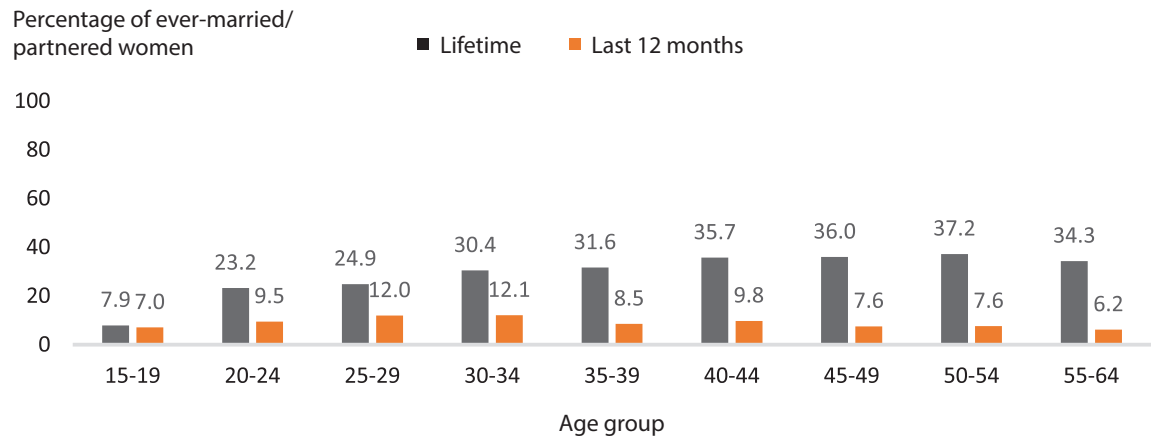
### Differences by age group and disability status

The overall experience of physical and/or sexual violence across the life course can be seen among the different age groupings in Figure 3. This shows that younger women, aged between 20-44 years, are more likely to experience current violence (last 12 months) which cumulates into higher rates of lifetime experience above the age of 40. More than one third of Vietnamese women in all age groups from 40 years onwards reported physical and/or sexual violence from a husband/partner during their lifetime.

8. All names used in the report are pseudonyms to protect the victims/survivors.



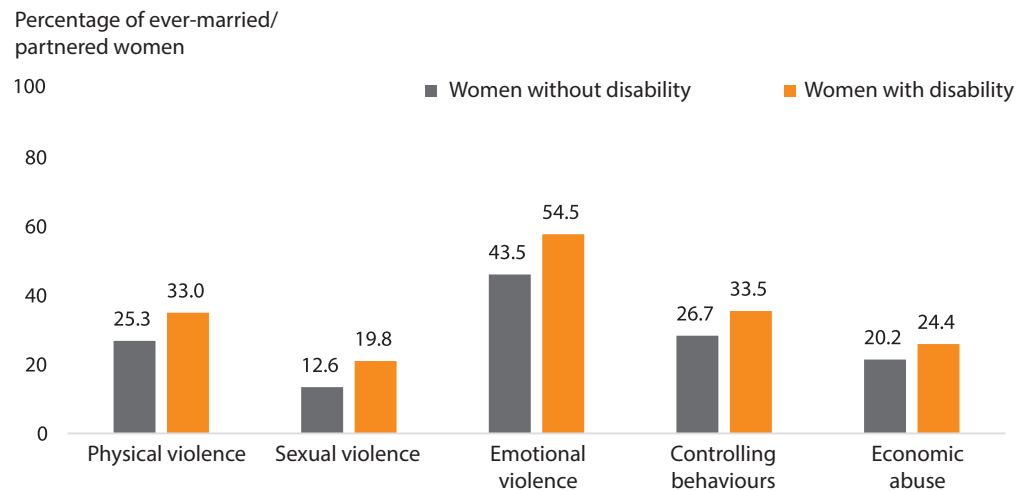
**Figure 3: Prevalence of physical and/or sexual violence by husband/partner during lifetime and in the last 12 months among ever-married/partnered women by age group, Viet Nam 2019 (N=5,553)**



Nine percent of women in the sample had a functional disability as defined by the Washington Group short set of disability questions. Women were identified as having a disability if they self-disclosed “a lot of difficulty” or “cannot do at all”<sup>9</sup> in one of the areas seeing, hearing, walking, remembering, self-care or communicating.

All forms of husband/partner violence were higher among women with a disability compared with women without disability (Figure 4). A third (33.0 per cent) of women with a disability experienced physical husband/partner violence compared with a quarter (25.3 per cent) of women without a disability.

**Figure 4: Prevalence of husband/partner violence during lifetime among ever-married/partnered women, by disability status, Viet Nam 2019 (N=5,553)**



*Hoa runs a small shop. Her husband is blind and from Tay ethnicity. Although Hoa is the one who earns the income in her family, her husband controls the money and beats her. Hoa could not report the violence as no one believed her. Other people did not believe that Hoa – a woman in wheelchair – could be beaten by a blind man.*

*Hoa also suffers from sexual partner violence. She could not move very well and she feels inferior in sex. Thus, this increases her embarrassment when talking about sex. As a result, Hoa has never talked about her suffering with anyone. IDI1, woman aged 37, Nung ethnicity*

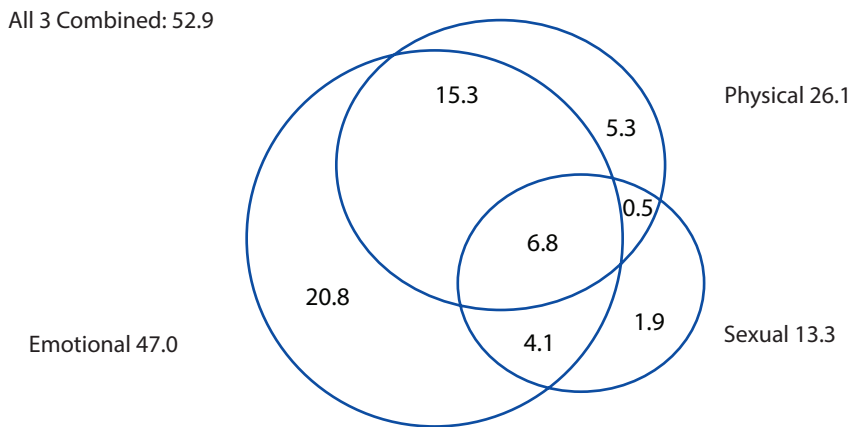
9. As measured on a 4 point scale.

## Overlap of physical, sexual and emotional violence by husband/partner

Plotting the overlap between different forms of husband/partner violence shows which kinds of abuse are typically occurring at the same time. For the most commonly measured forms of violence – physical, sexual and emotional violence – in Viet Nam the study confirms that they do overlap.

Overall, more than half of ever-married/partnered women (52.9 per cent) have experienced physical, sexual and/or emotional abuse by a current or former husband/partner. As shown in Figure 5, there is a large overlap between physical and emotional violence, with almost a quarter of women (22.1 per cent) experiencing both forms. More women experience sexual violence with emotional abuse (10.9 per cent of women) than sexual violence with physical violence (7.3 per cent of women).

**Figure 5: Overlap of the prevalence of physical, sexual and/or emotional violence by husband/partner among ever-married/partnered women, Viet Nam 2019 (N=5,553)**



## 2. VIOLENCE AGAINST WOMEN BY OTHERS (NON-HUSBAND/PARTNERS)

The survey also asked about a woman's experience of physical and sexual violence by perpetrators other than a husband/partner, here referred to as "non-husband/partners" and including both male and female perpetrators. These questions were asked of all 5,976 women interviewed regardless of whether they had ever been married/partnered.

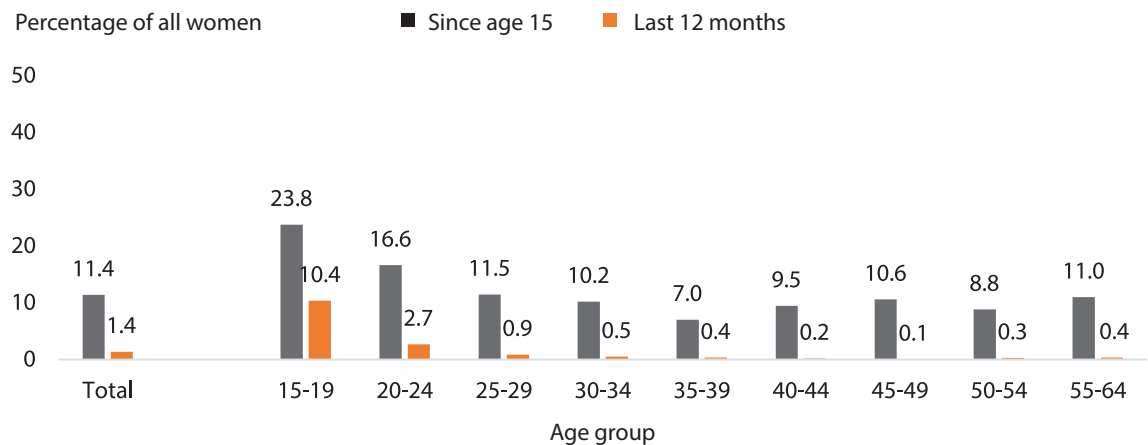
### Physical violence by non-partners since age 15

One in ten (11 per cent) women had experienced non-partner physical violence since the age of 15. The proportion of women who experienced physical violence by non-partners in the last twelve months was 1.4 per cent.

The majority of non-partner violence was perpetrated by a male (60.6 per cent), and more than one third of women (35.4 per cent) who experienced non-partner violence identified a male family member as the perpetrator.

Young women aged 15-19 years experienced the highest levels of non-partner physical violence. Nearly one quarter (23.8 per cent) said this happened to them since age 15 and one in ten experienced it within the last 12 months (10.4 per cent). This appears to be a form of violence that particularly affects younger women (Figure 6).

**Figure 6: Prevalence of physical violence by a non-partner since age 15 and in the last 12 months among all women, by age, Viet Nam 2019 (N=5,976)**



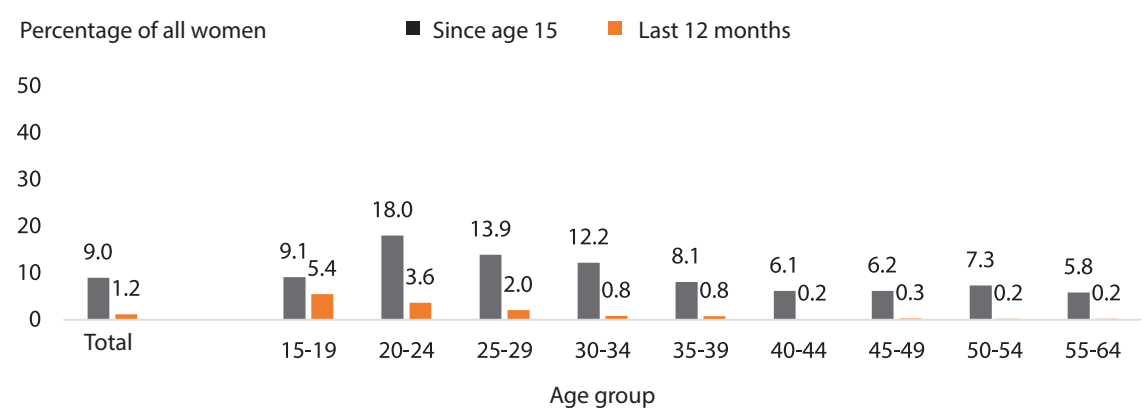
**Sexual violence by non-partners since age 15**

Sexual violence includes being forced by any non-partner to have sexual intercourse when a woman did not want to, being forced to have sex when she was too drunk or drugged to refuse, and/or being forced or persuaded to have sex with more than one man at a time. Sexual violence also includes *attempts* at forced sex, being touched sexually against her will, and/or being made to touch his private parts against her will.

Overall, 9.0 per cent of women have experienced such violence in their lifetime and 1.2 per cent currently (in the last 12 months). Perpetrators were predominantly male friends and acquaintances.

Women between 20-24 years old experienced the highest rates of sexual violence by a non-partner since age 15 (18.0 per cent) and those even younger (aged 15-19) have the highest rates in the last 12 months (5.4 per cent) (Figure 7). The trend in current rates of non-husband/partner sexual violence suggests youngest women are most at risk.

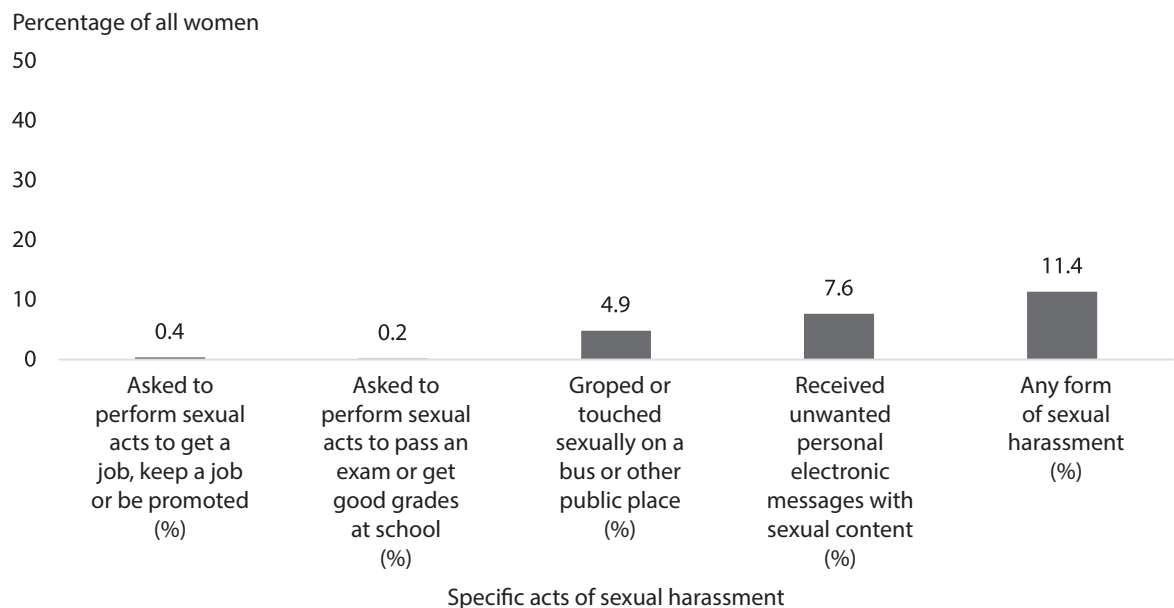
**Figure 7: Prevalence of sexual violence by a non-partner since age 15 and in the last 12 months among all women, by age, Viet Nam 2019 (N=5,976)**



**Other forms of sexual harassment and abuse**

The survey asked women if they had experienced sexual harassment and abuse in their workplace, schools or public places. More than one in ten women (11.4 per cent) experienced one or more kinds of harassment and abuse (Figure 8). The most mentioned form was receiving unwanted personal electronic messages with sexual content (mentioned by 7.6 per cent of women), followed by being groped or touched sexually on a bus or other public place (4.9 per cent).

**Figure 8: Prevalence of sexual harassment, among all women, Viet Nam 2019 (N=5,976)**



**Sexual abuse when the woman was a child (before age 15)**

Women were asked to recall any experiences of sexual abuse as a child (before the age of 15). This included whether anyone had ever touched them sexually or made them do something sexual that they did not want to do. As this is a particularly sensitive topic, women are asked about it twice during the interview: once at a point during the interview, as well as a second opportunity to anonymously disclose it at the end of the interview. The second opportunity to disclose involved showing the respondent an image of a happy face and a sad face and asked them to mark the sad face if someone had ever touched them sexually or made them do something sexual they did not want to do, before they were 15 years old. They were to mark the happy face if it had not happened.

Overall, 4.4 per cent of women disclosed that they experienced child sexual abuse based on the results of both methods combined – 4.0 per cent using the face card at the end of the interview and 1.6 per cent when asked the question during the interview. Women in younger age groups disclosed the highest rates of child sexual abuse peaking for women aged 30-34 of which 6.5 per cent had experienced such abuse (higher than the national average of 4.4 per cent). Rates were at or below the national average for women aged 35 and above.

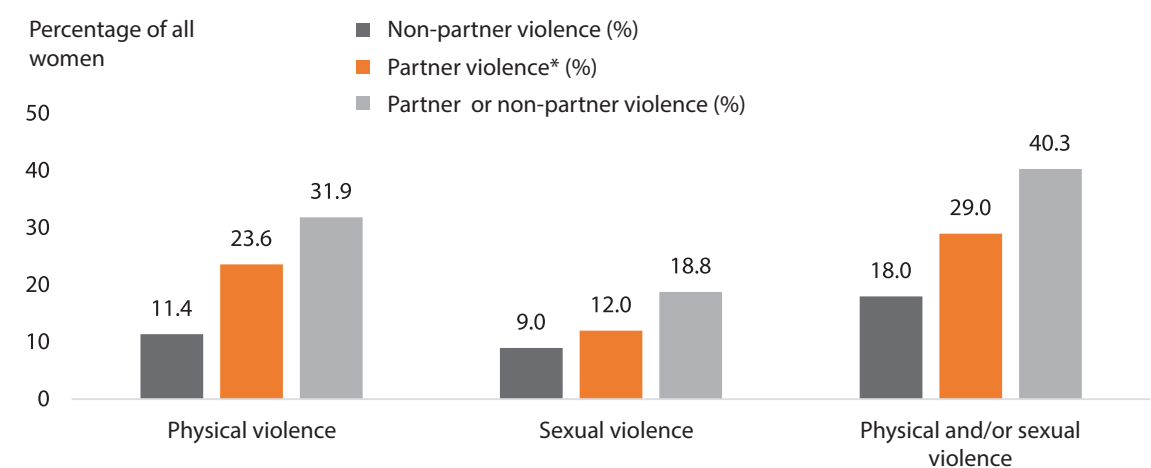
The experience of childhood sexual abuse was higher among women with a disability (6.4 per cent) compared with all women (4.4 per cent).

**Comparing husband/partner and non-husband/partner violence**

A common misconception worldwide is that women are most at risk of violence from people they hardly know rather than from people they know well. To explore this, a measure of prevalence of physical and/or sexual violence, regardless of perpetrator, was compiled for all respondents in the study, whether they ever had been married/partnered or not.

For both physical and sexual violence against women, husbands/partners were the most likely perpetrators. Overall, 40.3 per cent (Figure 9) of women in Viet Nam experienced physical and/or sexual violence since age 15 by a husband/partner or non-husband/partner. When comparing between the two, women in Viet Nam were more than twice as likely to have experienced physical violence by husbands/partners rather than non-husbands/partners. Husband/partner sexual violence was also more prevalent than non-husband/partner sexual violence.

**Figure 9: Comparison of non-partner violence and violence by a husband/partner, since age 15, among all women, Viet Nam 2019 (N=5,976)**

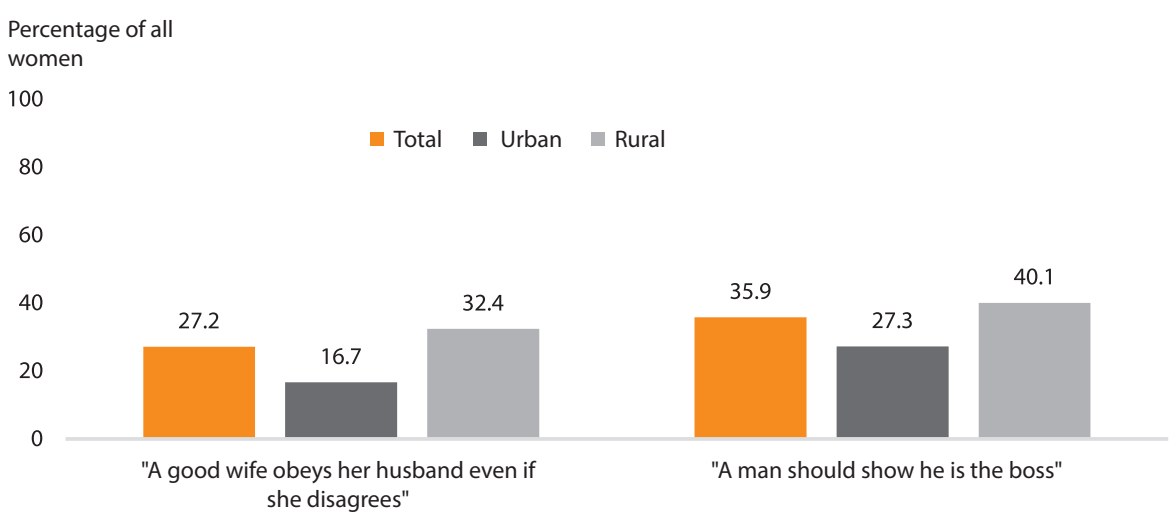


\* The prevalence rates for violence by a husband/partner are slightly lower here compared with earlier figures because the denominator in this figure includes all women, not just those who have ever had a partner or been married.

**3. ATTITUDES AND PERCEPTIONS ABOUT GENDER AND HUSBAND/PARTNER VIOLENCE**

Over one third of women in Viet Nam held attitudes supporting men as decision-makers and the head of the household (35.9 per cent). Women in rural areas as compared with urban areas more strongly held these views (Figure 10). Agreement with harmful gender norms was more likely among women with low or no formal education. This connection between attitudes and education suggests that harmful attitudes may be mitigated by increased education levels.

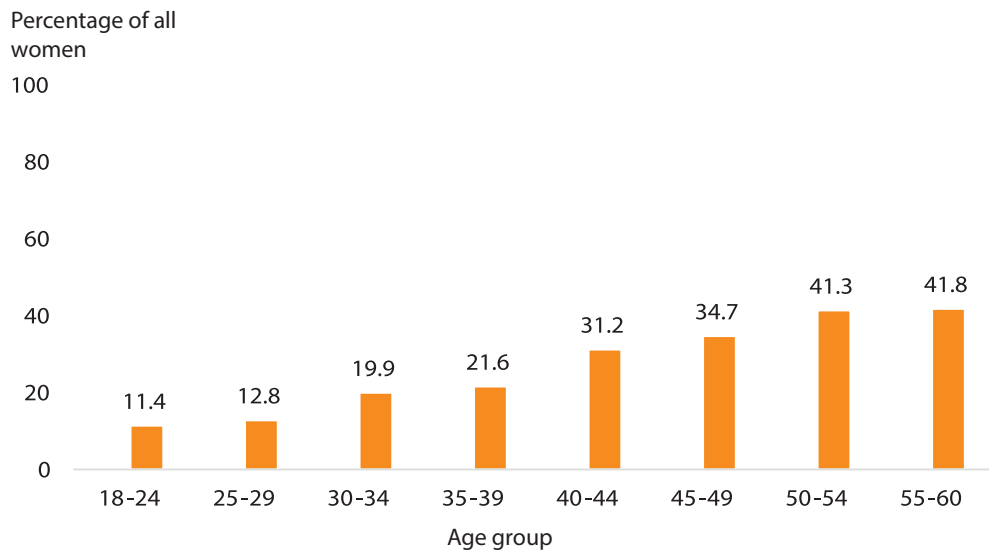
**Figure 10: Proportion of all women who said they agree with specific statements on gender roles, by location, Viet Nam 2019 (N=5,976)**



Qualitative data found overall consensus that women should obey their husbands. They used the term ‘đón ý’ (respond to the opinion) of the husband. This means that though women do not have to follow their husbands all of the time, they are not free. Women disclosed they would consult with their husband and listen to his preferences to ensure that they make their husband happy, or at least do not upset them. Even in matrilineal ethnicities women said they would not upset their husbands by disobeying them - unless he was a ‘bad’ husband.

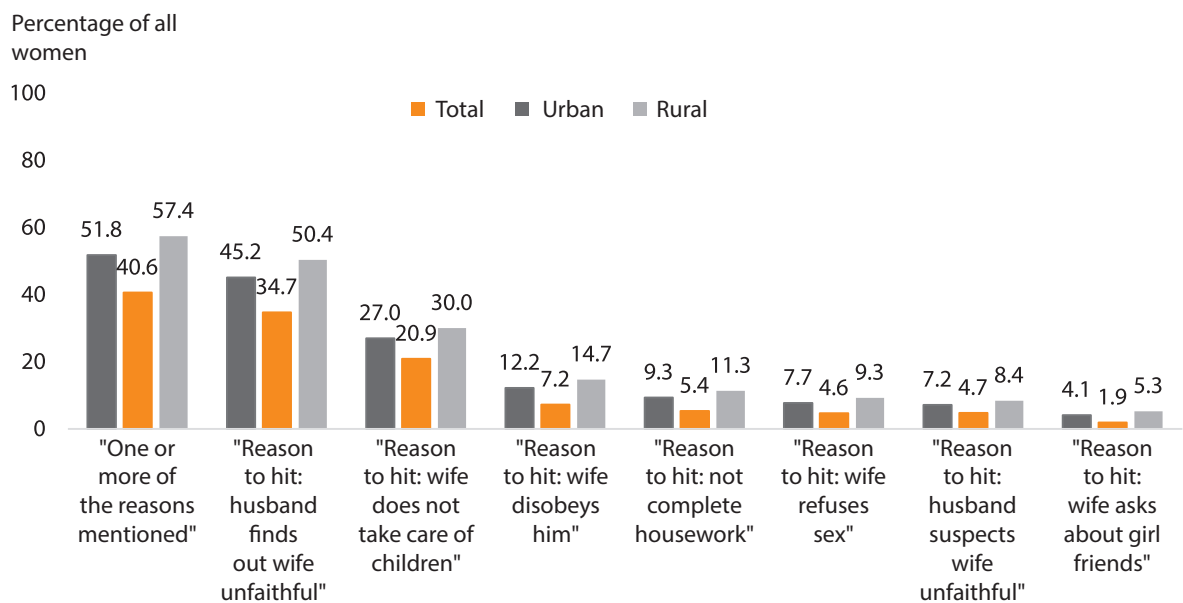
Shifts in harmful gender attitudes were evident among younger women and women with higher levels of education as they were less likely to hold these views (Figure 11). Disaggregating the findings by age group showed only one in ten (11.4 per cent) women aged 18-24 agreed with the statement ‘a good wife should obey her husband,’ compared with four in ten women aged 50 or older (41.3 per cent, Figure 11).

**Figure 11: Proportion of all women who said they agree with the statement “a good wife obeys her husband even if she disagrees”, among all women by age group, Viet Nam 2019 (N=5,976)**



More than half of the women interviewed (51.8 per cent) held one or more beliefs that justified or condoned a man being violent toward his wife/partner, such as if she were unfaithful (45.2 per cent) or did not take “care of children” (27.0 per cent) (Figure 12). These beliefs were also more strongly supported by people living in rural areas than in urban areas, and among women with lower levels of education. Women who were victims of violence were also more likely to justify and excuse perpetration of husband/partner violence as compared with women who have not experienced violence.

**Figure 12: Proportion of all women who said they agree with specific “good reasons” for a man to hit his wife/partner, Viet Nam 2019 (N=5,976)**

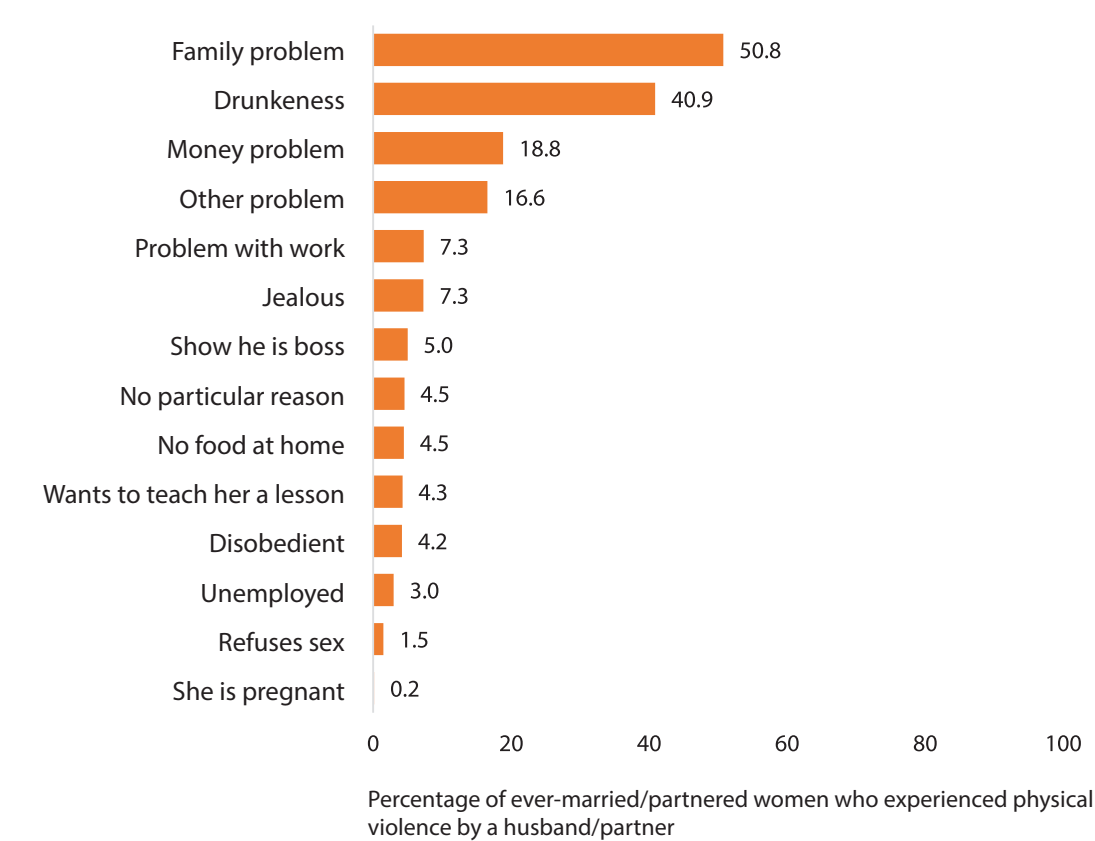


These reasons justifying violence were explored in the qualitative focus group discussions. Almost all participants agreed that violence was justified if the wife was unfaithful. They even use the language of ‘she should be beaten’ (phải đánh). According to them being unfaithful is the most serious transgression a woman can make.

Descriptions of an unfaithful woman included being a ‘spoiled woman’ (hư), ‘rubbish’ (đồ bỏ đi), ‘no one can tolerate’ (không thể tha thứ). They expressed that they thought unfaithful women should be ‘punished’ (trừng phạt). Some participants showed very strong reaction towards an unfaithful woman and insisted that ‘if the husband did not beat her, I would tell him to beat her or even beat her myself’.

Women who experienced physical violence by a husband/partner were asked if there were situations that led to, or triggered their husband/partner’s violent behaviour (Figure 13). Multiple triggers could be mentioned. The most mentioned triggers were ‘family problem’ (50.8 per cent) and ‘drunkenness’ (40.9 per cent), or ‘money problems’ (18.8 per cent).

**Figure 13: Perceived triggers of physical husband/partner violence among ever-married/partnered women who experienced such violence, Viet Nam 2019 (N=1,471)**



The triggers for violence were explored in the qualitative study. Drinking alcohol and economic challenges were listed as the most common triggers of violence in the qualitative study. Jealousy and having out-of-marriage relationships were other common triggers.

#### 4. CONSEQUENCES OF HUSBAND/PARTNER VIOLENCE AGAINST WOMEN

The effects of violence on women can manifest in many ways. It can impact her health, her children and, other aspects of daily life. Women can experience direct physical injuries, but negative effects are also observed on mental health and income earning potential.

## Injuries due to violence

Nearly one-quarter (23.3 per cent) of women who experienced physical and/or sexual violence by a husband/partner said they were injured as a result of that violence. A majority of these women were injured more than once and one in five women (21.8 per cent) were injured many times in their life.

For almost one in ten women (8.0 per cent) who experienced physical and/or sexual violence by a husband/partner the violence resulted in being hurt enough to require health care. Of those women who needed health care for the injuries, two thirds (66.3 per cent) actually did receive health care. Among those who received health care nearly one in ten (9.2 per cent) required hospitalisation due to the injury.

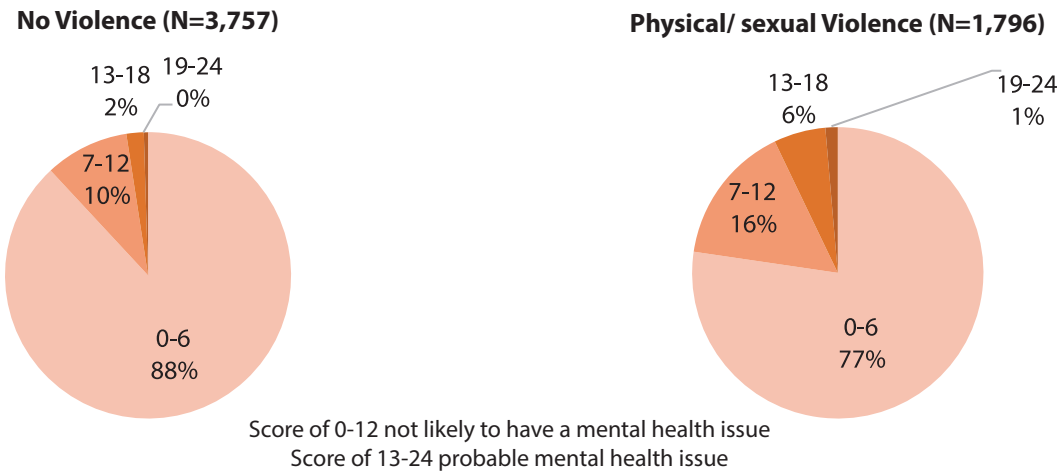
Less than half (44.6 per cent) of the Vietnamese women who sought health care for their injuries told their health care worker the reason for their injury.

## Impact on mental health

In the 2019 survey the Kessler Psychological Distress Scale (K6+) was introduced to measure the association between husband/partner violence and psychological distress. Respondents receive a score between 0 and 24. Those with scores of 13 to 24 are classified as having a probable serious mental illness and those with scores of 0 to 12 as probably not having a serious mental illness.<sup>10</sup>

Women who experienced physical and/or sexual violence by a husband/partner were more than three times as likely to score as having a probable mental illness as compared with women who have not experienced husband/partner violence. Comparing scores on the K6+ scale (Figure 14) showed that a greater proportion of women who have experienced physical and/or sexual violence by a husband/partner scored high on the K6+ scale (7 per cent) compared with only 2 per cent of women who have not experienced husband/partner violence.

**Figure 14: Mental health problems based on the Kessler scale, according to women's experience of physical and/or sexual violence by husband/partner, Viet Nam 2019 (N=5,553)**



10. Kessler RC, Green JG, Gruber MJ, Sampson NA, Bromet E, Cuitan M, Furukawa TA, Gureje O, Hinkov H, Hu CY, Lara C, Lee S, Mneimneh Z, Myer L, Oakley-Browne M, Posada-Villa J, Sagar R, Viana MC & Zaslavsky AM. 2010. Screening for Serious Mental Illness in the General Population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative, *International Journal of Methods in Psychiatric Research*, Vol 19: 4-22.



## Impact on sexual and reproductive health

All women were asked questions about sexual and reproductive health, such as whether they had ever lost a pregnancy. Women who had ever been pregnant were asked if they had experienced violence during pregnancy.

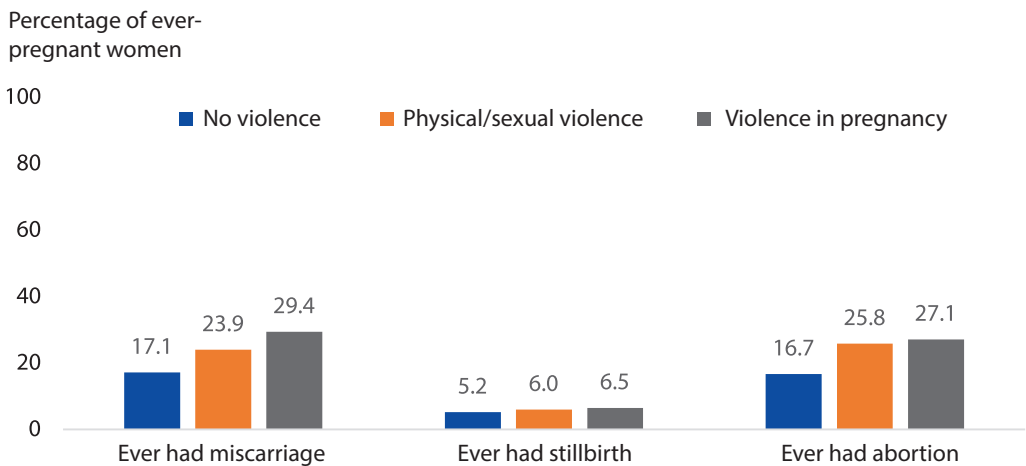
Women who experienced husband/partner violence consistently had higher rates of miscarriage, stillbirths and abortions as compared with women who had not experienced husband/partner violence.

3.4 per cent of the women who had ever been pregnant had been beaten during at least one pregnancy.<sup>11</sup> In the last pregnancy in which these women were beaten, nearly all were beaten by the father of the child (97.9 per cent). Almost one in five of these women (18.2 per cent) were kicked or punched in the stomach, thereby posing a risk to the unborn child.

Rates of miscarriage were significantly higher among women who had experienced husband/partner violence (23.9 per cent) compared with those who had not (17.1 per cent), and highest among those who had previously experienced violence during pregnancy (29.4 per cent) (Figure 15). Patterns for abortion rates were similar to those of miscarriage. Rates of stillbirth, while small, were also higher among women who experienced husband/partner violence and violence during pregnancy.

During the qualitative research, an example of the impact of violence on sexual and reproductive health was given by a woman who had her ovary damaged after being kicked in the stomach by her husband. She had serious vaginal bleeding and was admitted to the hospital for in emergency surgery.

**Figure 15: Reproductive health outcomes disclosed by women, according to their experience of physical and/or sexual violence by husband/partner among those ever pregnant, Viet Nam 2019 (N=5,239)**



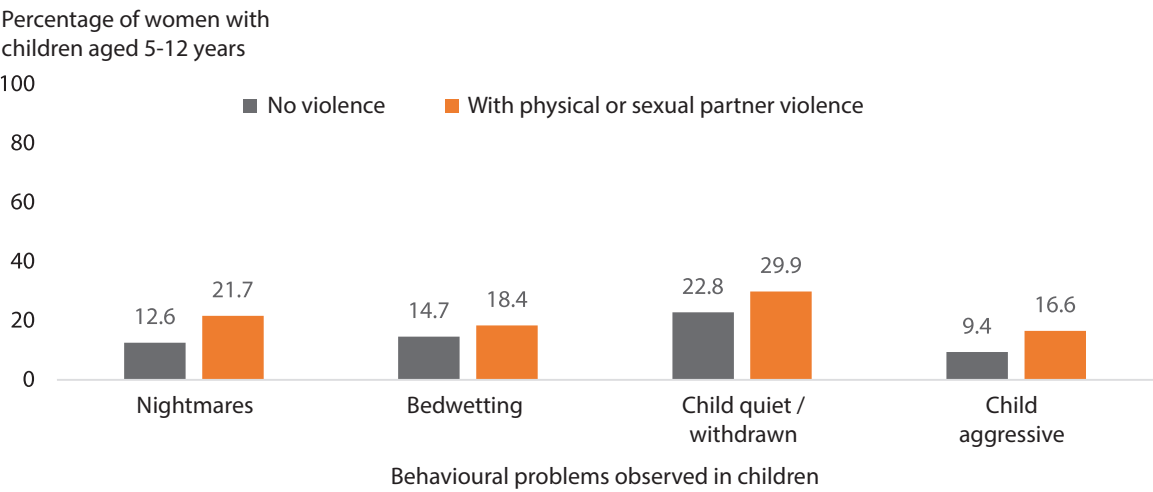
11. While the number of women who disclosed violence during pregnancy was small (n=178), all faced increased risk of injury to both herself and the unborn child.

# 5. VIOLENCE AGAINST CHILDREN, INTERGENERATIONAL ASPECTS OF VIOLENCE

In the survey, all women with children aged between 5 and 12, were asked questions about the health and well-being of their children, before any questions were asked about the experience of violence.

Women who experienced physical and/or sexual violence by a husband/partner were more likely to disclose behavioural issues among their children such as having frequent nightmares and being unusually quiet or withdrawn (Figure 16).

**Figure 16: Well-being of children aged 5 -12 years, as disclosed by women with children in this age group, according to their experience of physical and/or sexual violence by husband/partner, Viet Nam 2019 (N=2,338)**

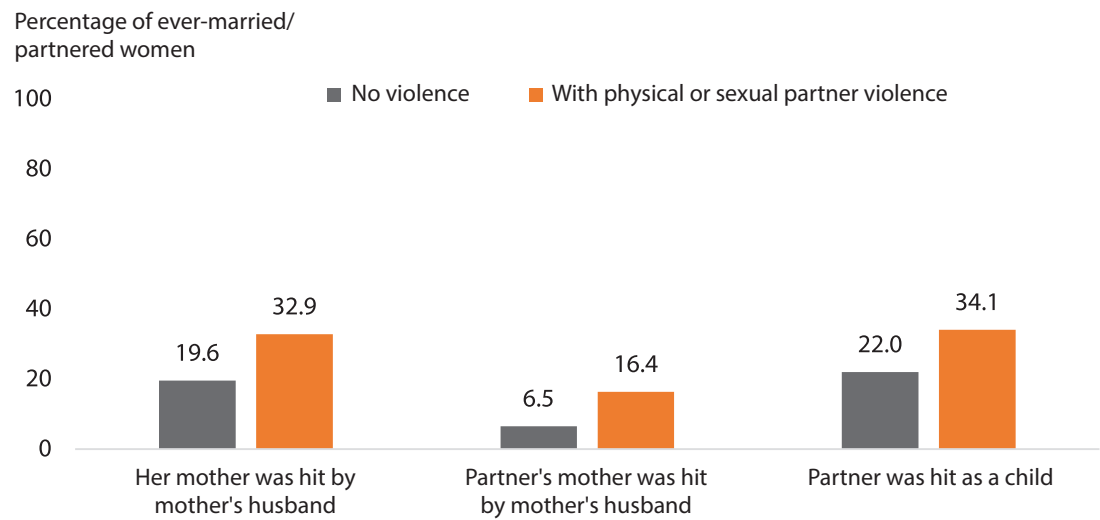


Of the women who experienced physical violence by a husband/partner, a majority disclosed that their children witnessed or overheard the violence (61.4 per cent).

In the qualitative study with victims/survivors of violence, women did recognise that their children had witnessed the violence. Though the qualitative study did not focus on measuring the impact of violence on the health of children, comments made suggested that the participants suspected that witnessing the violence had a negative impact on the children.

Vietnamese women who experienced husband/partner violence were more likely to have been brought up in a violent home or have a husband/partner who witnessed violence and/or experienced violence as a child from his father (Figure 17).

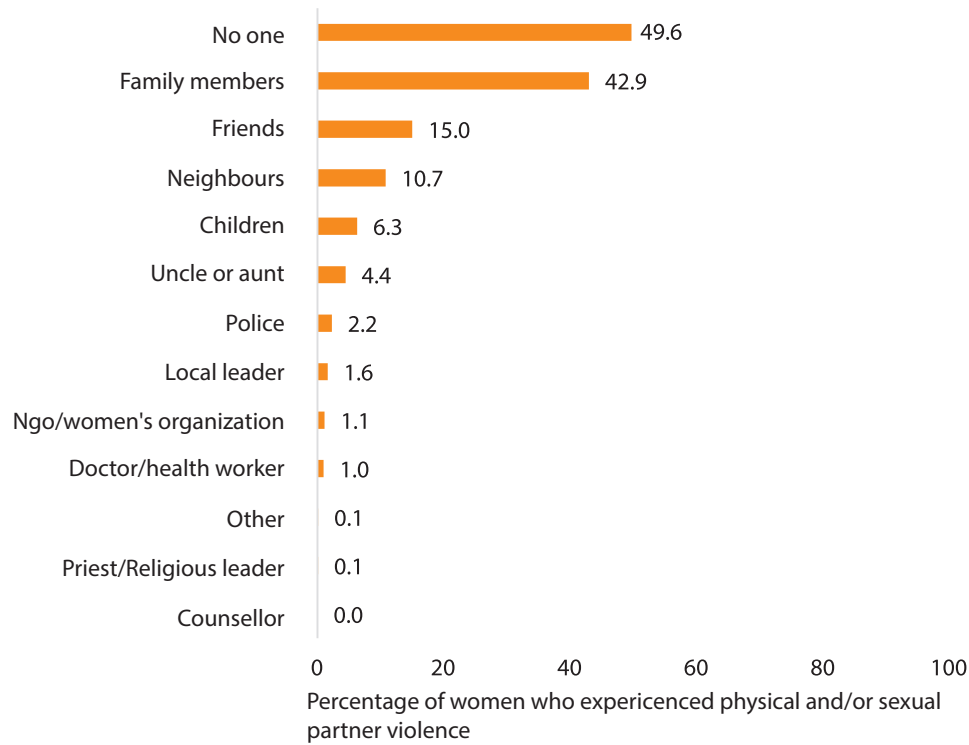
**Figure 17: Ever-married/partnered women disclosing violence against her mother, against her husband/partner’s mother, and against her husband/partner when he was a child, according to experience of physical and/or sexual husband/partner violence, Viet Nam 2019 (N=5,553)**



## 6. WOMEN’S COPING STRATEGIES AND RESPONSE TO HUSBAND/ PARTNER VIOLENCE

Half (49.6 per cent) of the women who experienced physical and/or sexual violence by a husband/partner had never told anyone about it (before being interviewed). If women did speak to someone about their husband/partner’s violence, it was most often to family members (Figure 18).

**Figure 18: Percentage of women who were physically and/or sexually abused by a husband/partner in their lifetime who told no one, someone and/or a service about their experience of violence, Viet Nam 2019 (N=1,791)**



*Note: Respondents who did talk about the violence could have told more than one person and so the total value may exceed 100 per cent.*

The qualitative study explored women's help-seeking behaviour. It was frequently mentioned that when victim/survivors of violence did speak to someone about the violence, they most often spoke to people in their husband's family such as his parents, his brothers or his sisters rather than her own family members. According to these women, she spoke to her husband's family with the hope that they could intervene and stop the violence. However, if she believed his family would side with her husband and blame her, then she would not talk with the husband's family.

Women did not want to inform people in her own family, especially her own parents, because they often live too far away to intervene. They also reinforced the perception that married women belong to the husband's family. Women would tell their parents only when the problem was very serious and she would like to leave her husband and stay with her parents, or to divorce.

Another barrier to involving her own family was that they wanted to 'save face' for her husband. Women in both IDI and FGDs shared that they were afraid that if they told their parents or other members in her family about the violence, people in her family would 'hate' or 'dislike' her husband. This notion may derive from the traditional perception that the wife should make her husband proud as in Vietnamese folklore "A man gets rich by his friend and gets pride by his wife" (Giàu vì bạn, Sang vì vợ).

*You know what, my family is far away. Everyone here already knew my case so I am fed up of hiding and continuing to endure. However, I covered up from my brothers and sisters. – IDI22, woman aged 47*

Most women (90.4 per cent) who experienced physical and/or sexual violence by a husband/partner did not seek help from formal services or authorities. Those who did seek help most often went to the police (4.8 per cent among all women who experienced physical and/or sexual violence by a husband/partner), local leaders (3.6 per cent), hospital or health professional (2.3 per cent), court or legal centre (2.3 per cent), or a women's organisation (2.3 per cent). Less than 1.0 per cent mentioned seeking help from a shelter.

The main reason women gave for not seeking help was they believed the "violence was normal or not serious" (among 49.7 per cent of women who did not seek help). Women generally sought help when they could not endure the violence anymore (69.7 per cent of women who sought help gave this as a reason).

The qualitative research supported the quantitative results and provided examples to explain why women did not seek help. Women who were violence survivors were not in favour of reporting violence to formal agencies in the local area. Women who took part in the study, both those with known and unknown violence status, criticized women survivors who reported violence. They believe that reporting violence is possible but under certain conditions. For example, they believe a woman should report only in serious violence situations or when she cannot endure the violence any longer. A woman who reported every time she suffered from violence would not be considered a good woman. This point of view was explained in relation to the notion that women should "give in" and endure (nhịn) violence by her husband or long-term partner. Women, including violence survivors, saw "enduring" (nhịn) an important quality of women. They believed a good woman should endure for the sake of the family and the reputation of her husband.

When women decide to report violence and ask for support, they would be more likely to turn to police. One reason for reporting to police was if she knew that husband/partner violence violated the law and therefore reporting to police would help to claim justice for her.

Some women sought help from the police when they could not stop the violence and also saw that there was no one in his family that she could rely on for support. They would report to the local authority if they decided to get divorced or if the violence was very serious.

Just under one in five (19.3 per cent) women who experienced husband/partner violence left home at least once due to that violence. Women who left home stayed 20 days away on average. In most cases they stayed with their own relatives. No woman had mentioned that she had stayed overnight in a shelter.

Women who returned home after leaving did so because they didn't want to leave their children (50.4 per cent), her husband/partner asked her to go back (26.0 per cent), and/or she forgave him (25.5 per cent).

Most women (80.8 per cent) who experienced physical violence by a husband/partner never fought back.

## **7. ECONOMIC COSTS OF VIOLENCE AGAINST WOMEN**

There are three types of costs estimated based on survey data:

1. Out of pocket expenses such as costs associated with hospital stays or damaged/destroyed assets in the home;
2. Opportunity costs from missing paid or unpaid work, and for husband/partner missing work; and
3. Productivity loss for the Vietnamese economy.

Women experiencing physical and/or sexual violence in the past 12 months spent, on average, 9,426.5 (000 VNDs) as a direct result of the violence, which is equivalent to a quarter of their annual income.

Women experiencing physical and sexual violence are likely to have a 30.8 per cent reduction in their annual income compared with women not experiencing violence.

Viet Nam experiences a productivity loss equivalent to 100,507 billion VNDs, which is equivalent to 1.81 per cent of 2018 GDP, due to life-time experience of physical and/or sexual violence among ever-married/partnered women aged 15 to 64.

The productivity loss is at the same level as estimated in the 2012 study on the costs of domestic violence in Vietnam – about 1.91 per cent of 2010 GDP.

## **8. RISK FACTORS ASSOCIATED WITH HUSBAND/PARTNER VIOLENCE**

Risk factors – characteristics related to the woman and her husband/partner that may result in experiencing husband/partner violence in the last 12 months – were analysed. A multivariate logistic regression analysis was utilised to identify the risk characteristics using data from a subsample of 4,240 women who participated in the household survey. Only those women whose current or most recent husband/partner was violent were chosen (and not those who disclosed violence by a previous husband/partner only). This was because data on husband/partner characteristics were collected for the current or most recent husband/partner only.

At the individual level, women's higher age and engagement in employment were associated with lower risk of violence. Women were significantly at higher risk of violence if they were educated at primary school level only, even higher than women with no schooling. Risks were also higher for women who already experienced other forms of violence, including non-husband/partner physical violence, non-husband/partner sexual violence, unwanted, forced or coerced first sex and witnessing mother being beaten. Also when women are more tolerant towards wife beating itself, risks of violence were higher.

Among husband/partner socio-demographic characteristics, only educational attainment was found to be significantly associated with husband/partner violence — the higher the husband/partner’s educational attainment, the lower the risk of husband/partner violence.

The strongest associations with husband/partner violence were found with the husband/partner’s behavioural characteristics and with experiences of violence. Husband/partner alcohol use, fighting with other men, extramarital relationships, and expressions of harmful masculine behaviour were significantly associated with higher risks of violence. In addition, intergenerational exposure to violence, such as when husband/partner’s mother was abused, and when husbands/partners were abused as child, was linked to significantly higher risks of violence. These findings were similar to the study in 2010.

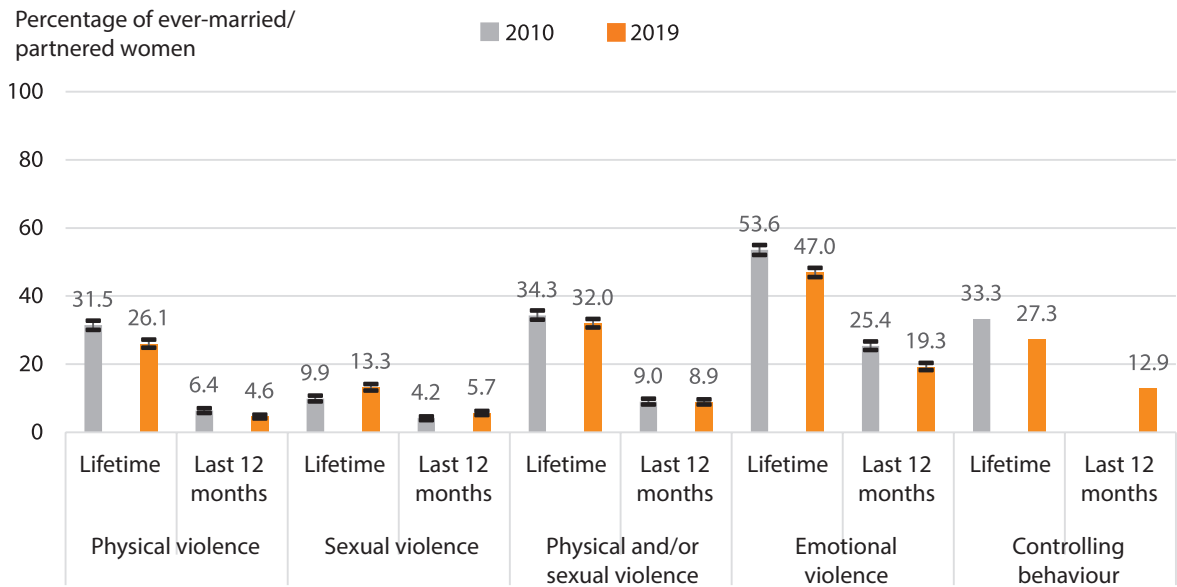
## 9. COMPARISON BETWEEN 2010 AND 2019

As mentioned above, the economic cost of violence has slightly increased, and the risk factors for experiencing partner violence have hardly changed in 2019 compared to 2010. But has the prevalence of violence changed?

### Prevalence rates<sup>12</sup>

Comparing the results of the two studies, the prevalence rates of all forms of violence, except sexual violence, were lower in 2019 as compared with 2010 (Figure 19); these forms are: physical, emotional violence and controlling behaviour (these last two are components of psychological violence), as well as the combined measure for physical and/or sexual partner violence. The prevalence of husband/partner sexual violence was higher in 2019 as compared with 2010 (13 per cent compared with 10 per cent respectively across the lifetime).

**Figure 19: Prevalence of physical, sexual, physical and/or sexual, emotional violence and controlling behaviour by husband/partner during lifetime and the last 12 months among ever-married/partnered women, with upper and lower 95% confidence intervals, Viet Nam 2010 (N=4,561, aged 18-60) and 2019 (N=5,553, aged 15-64)**

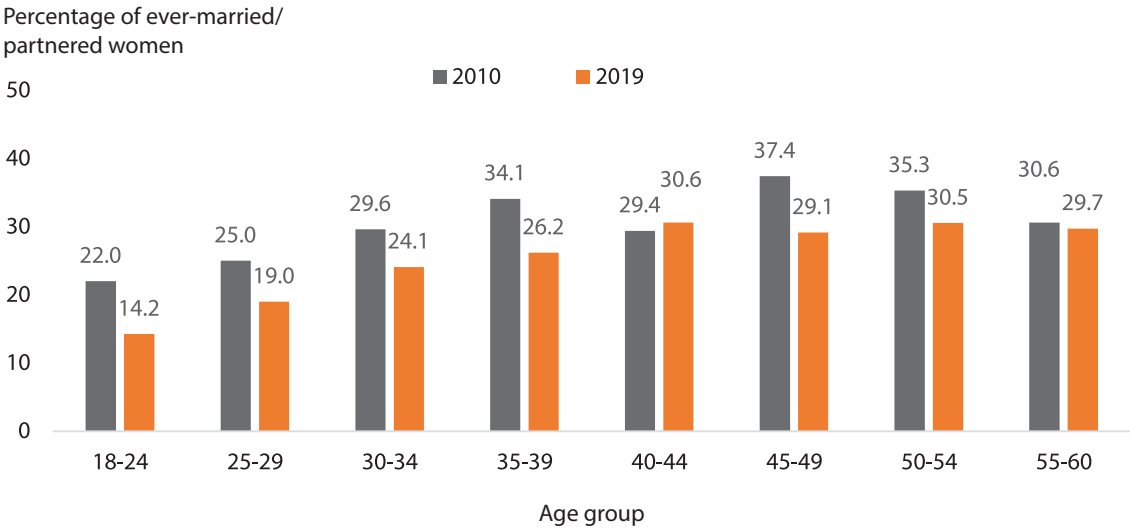


*Note: Information on controlling behaviours ‘in the last 12 months’ was not collected in the 2010 survey. A confidence interval was not calculated on controlling behaviour in either 2010 or 2019.*

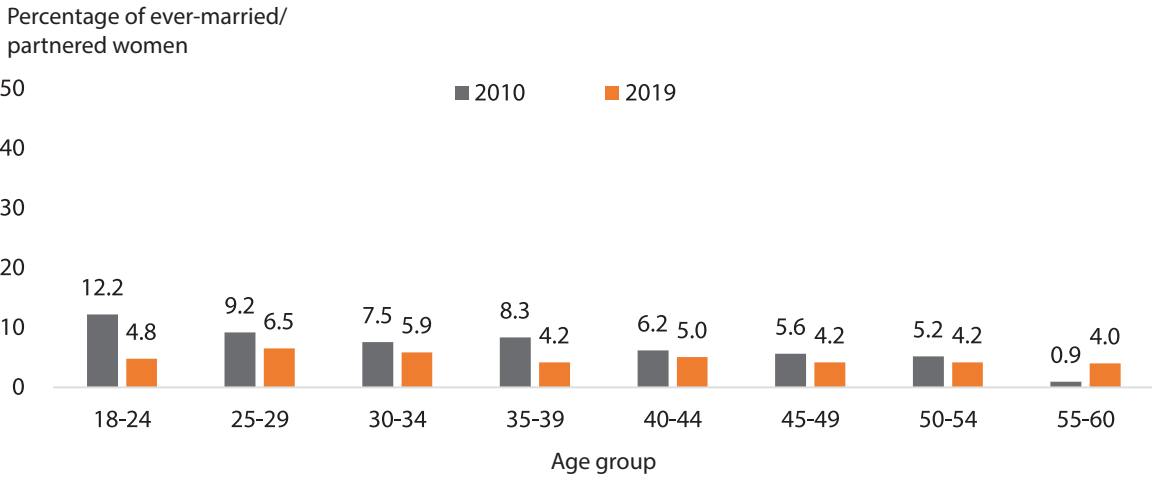
12. Economic abuse questions in 2018 were different from those in 2010 and therefore, unable to be compared (See Table 1).

When looking at prevalence by age groups: younger women in 2019 were experiencing relatively less husband/partner physical violence than older women, suggesting that change may be happening for the better (Figure 18 and Figure 19). A future third data point will be important to establish whether there is a trend in reducing violence.

**Figure 20: Prevalence of physical violence by a husband/partner during lifetime, among ever-married/partnered women by age group, Viet Nam 2010 (N=4,561) and 2019 (N=5,553)**

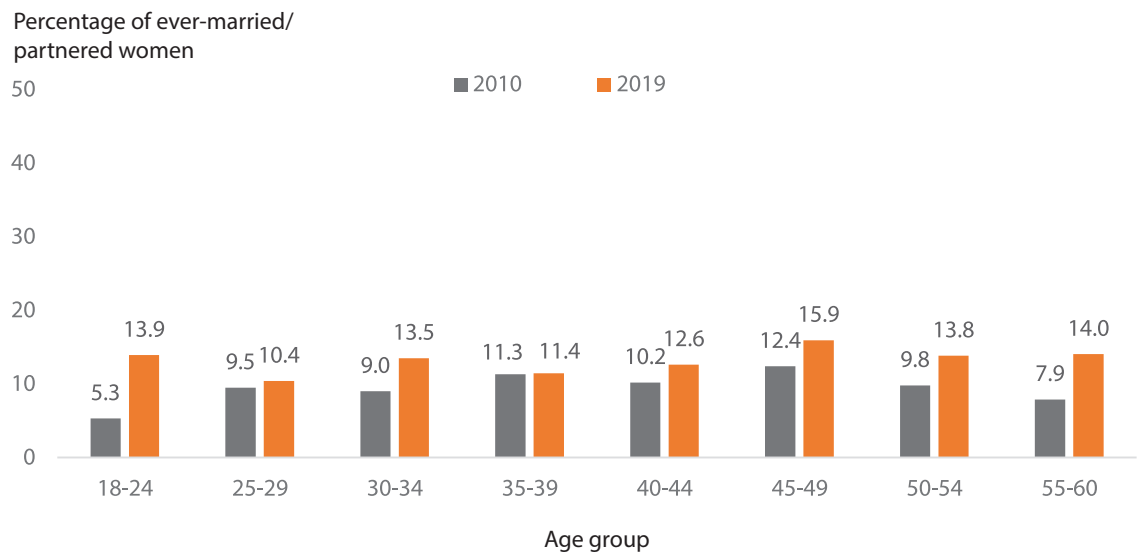


**Figure 21: Prevalence of physical violence by husband/partner during last 12 months, among ever-married/partnered women by age group, Viet Nam 2010 (N=4,561) and 2019 (N=5,553)**

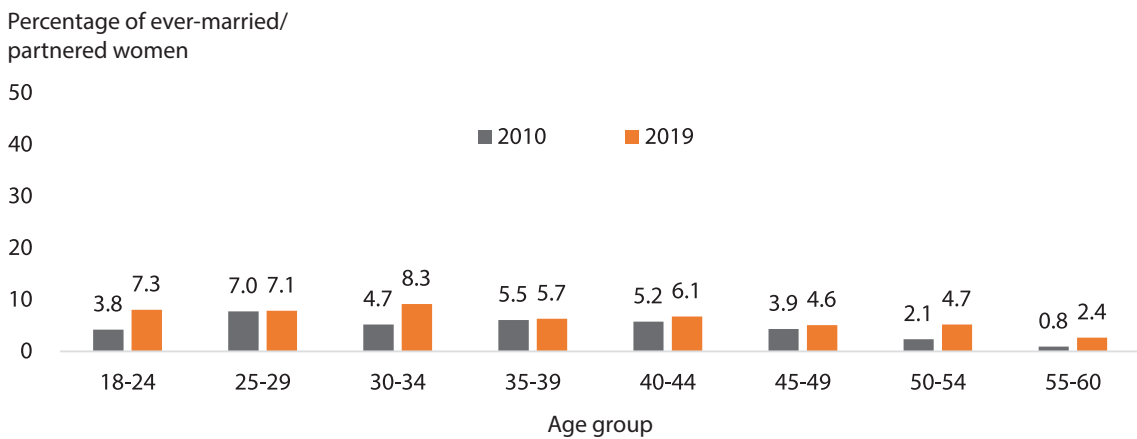


However, it should be noted that an opposite pattern is seen for sexual violence where younger women experienced sexual violence at a relatively higher rate. This could be a sign that the society has become more open to talking about sex and sexual violence compared with 10 years ago, but this should be explored further for better understanding.

**Figure 22: Prevalence of sexual violence by a husband/partner during lifetime, among ever-married/partnered women by age group, Viet Nam 2010 (N=4,561) and 2019 (N=5,553)**



**Figure 23: Prevalence of sexual violence by a husband/partner during last 12 months, among ever-married/partnered women by age group, Viet Nam 2010 (N=4,561) and 2019 (N=5,553)**



### Help-seeking for husband/partner violence

In 2019, most women (90.4 per cent) who experienced physical and/or sexual violence by a husband/partner did not seek help. A few (4.8 per cent) went to the police. This is very similar to the findings in 2010, or slightly worse, when 87.1 per cent of women mentioned they had not sought help from authorities and only 5.2 per cent had gone to the police or People’s Committee for assistance.

It should be noted that policies and interventions responding to violence have been in place for only a relatively short period of time. This survey may not have been able to categorically pick recent changes in help-seeking behaviours, since it asked about questions for help-seeking that happened during any time in a woman’s lifetime. This is further compounded by the fact that still only a very few women seek help for services in Viet Nam.

### Violence by perpetrators other than husbands/partners (non-partners)

Figure 24 shows comparative prevalence rates of violence by non-partners in 2019 and 2010. Prevalence of all forms of non-partner violence since age 15 was higher in 2019 as compared with 2010. Non-partner physical violence was slightly higher (11.4 per cent of all women) than in 2010

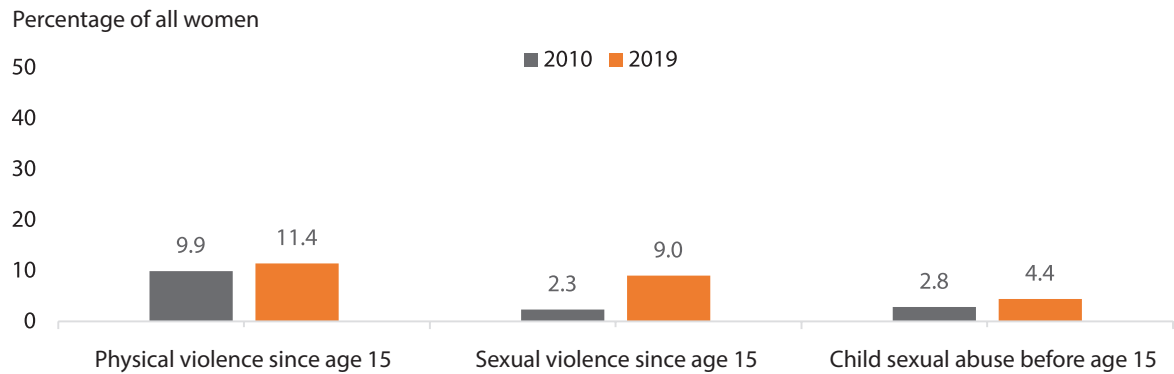


(9.9 per cent). Remarkably, non-partner sexual violence since age 15 was considerably higher at 9.0 per cent in 2019 compared with 2.3 per cent in 2010. Rates of child sexual abuse before age 15 were almost twice as high in 2019 (4.4 per cent) than in 2010 (2.8 per cent).

As discussed in relation to the prevalence of husband/partner violence, variation between the two surveys might be due to a change in methodology (for sexual violence in 2019 more acts were included in the questions) and/or real increases. Differences can also be attributed to an increase in awareness and recognition, as well as willingness to disclose (sexual) violence to the interviewer.

It should be noted that in 2010, experiences of non-partner physical and sexual violence were only measured since age 15 and not for the last 12 months.

**Figure 24: Prevalence of non-partner physical and sexual violence since age 15 and child sexual abuse (before age 15) among all women, Viet Nam 2010 (N=4,836) and 2019 (N=5,976)**

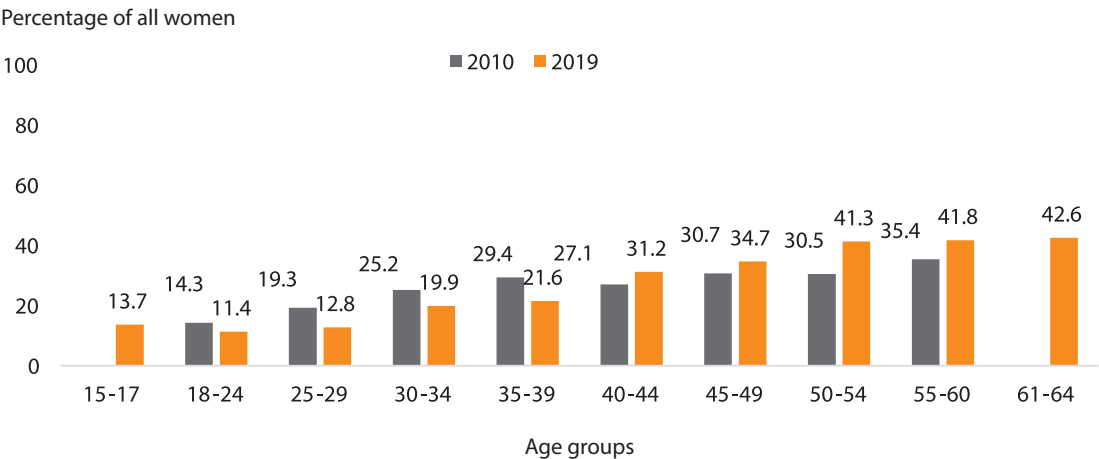


### Attitudes towards violence

Attitudes are slow to change. This was evident in the percentage of women who agreed with the statement that “a good wife obeys her husband even if she disagrees”, which was the same in 2019 as it was in 2010 (27.0 per cent of women agree).

It should be noted that when exploring attitude by age group, the difference in women’s attitudes showed a strong and consistent intergenerational shift. While the overall percentage of women agreeing that wives should obey husbands may not be different from a decade ago, exploring the data by age showed that younger women had more positive views of their empowerment than older women. Fewer younger women agreed that women should obey their husbands (11.4 per cent of women aged 18 to 24 compared with 14.3 per cent in 2010). Data in 2019 also showed a greater difference between young women in support for this statement and older women, thereby suggesting that attitudinal change might be happening among younger women, possibly because they were more exposed to positive gender equality messages (Figure 25). Examining these results by age group suggest that attitudes continue to change over time.

**Figure 25. Proportion of all women who said they agree that “a good wife obeys her husband even if she disagrees”, by age group, Viet Nam 2010 (N=4,836) and 2019 (N=5,976)**

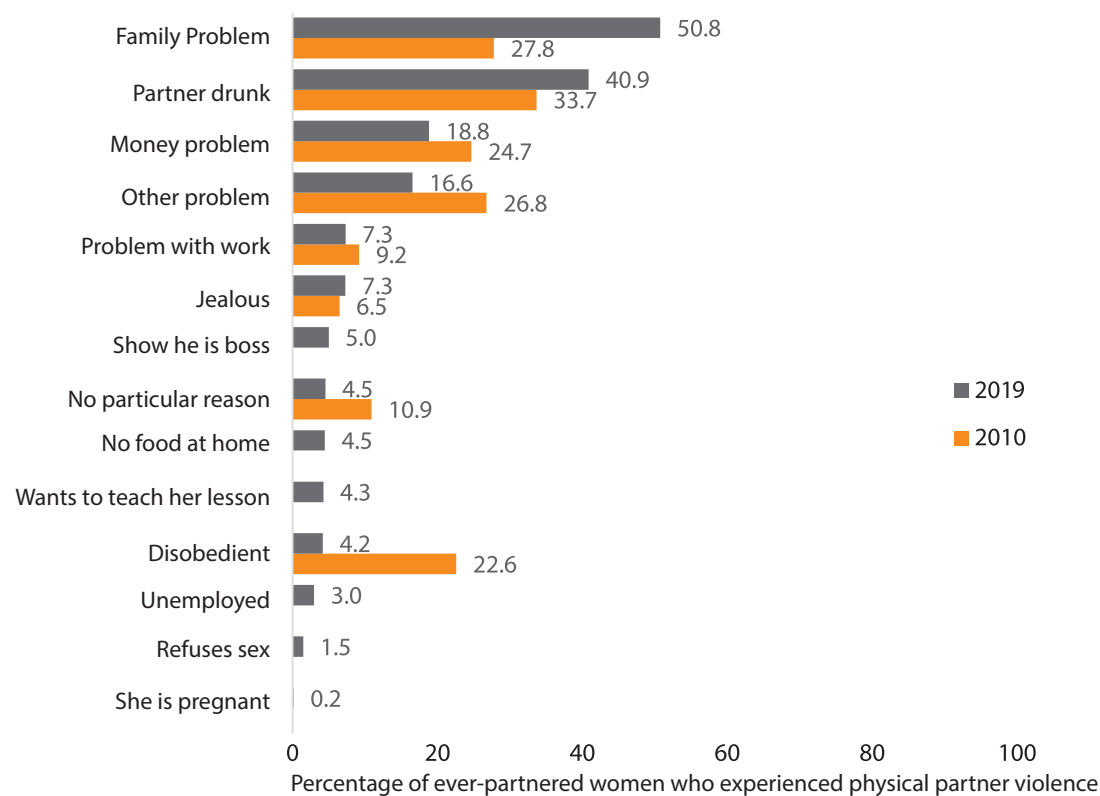


### Perceived triggers of husband/partner violence

Perceptions of the triggers for husband/partner violence have changed between the two studies (Figure 26). While the top four triggers named were the same in both 2010 and 2019, the proportions of women mentioning them has changed.

In 2010, drunkenness was the most frequently mentioned (33.7 per cent), followed closely by “family problem/conflict” (27.8 per cent) and “money problems” (24.7 per cent). In 2019, “family problem” (50.8 per cent) was by far most often mentioned. It should be noted that in 2010 “disobedience” was mentioned by a much larger proportion of women (22.6 per cent) than in 2019 (4.2 per cent). This is a positive finding showing that in 2019 women are less likely to blame themselves for the violence that is happening to them (including thinking that they deserve it).

**Figure 26: Perceived triggers of physical violence by a husband/partner among ever-married/partnered women who experienced such violence, Viet Nam 2010 (N=1,393) and 2019 (N=1,471)**



## 10. CONCLUSIONS AND RECOMMENDATIONS

Domestic and other forms of violence against women affect many women in Viet Nam with grave consequences for them and their families. The prevalence of all types of violence, except sexual violence, were lower in 2019 compared with 2010, which may be evidence that policies and programmes are having affect. However, sexual violence was higher in 2019 than in 2010, and almost two thirds of women still experienced one or more forms of violence in their life time. Therefore, it should be recognised that the rate of change has been slow, showing that much more concerted efforts are needed to eliminate violence against women in Viet Nam.

At the same time, it is important to recognise the positive changes which have taken place over the past nine years since the first survey was conducted. Younger women seem to be experiencing less violence and may have more equitable attitudes towards gender norms and husband/partner violence. The gap between the experiences of older women versus younger women seems to be widening.

Key findings from the 2019 study on violence against women are summarized as follows:

- Nearly two in three (62.9 per cent) women experienced physical, sexual, psychological (emotional and controlling behaviours) and/or economic husband/partner violence at some point in their life, and 31.6% currently (in the last 12 months).
- Except for sexual violence, prevalence of violence against women was lower in 2019 than in 2010, and this is especially true for younger women. Lifetime sexual violence increased to 13.3% in 2019 from 9.9% in 2010.
- Husband/partner violence was experienced by far more women than non-partner violence with significant consequences on their health, economic productivity and well-being.

- Non-partner physical violence is mainly perpetrated by male family members and/or male or female friends/acquaintances whereas non-partner sexual violence is mainly perpetrated by recent male acquaintances, male friends/acquaintances or male strangers.
- Women with disabilities experience more violence by a husband/partner (physical, sexual, emotional, economic and controlling behaviours) than women without disabilities.
- Perceptions that a good wife should obey her husband even if she disagrees are still held by more than a quarter of women (27.2 per cent) – same as in 2010 – but attitudes are improving among younger women compared to older women.
- Women who experience husband/partner violence have poorer general health and higher probability of mental illness. They are also more likely to experience miscarriages, stillbirths and abortions than women who do not experience violence.
- The intergenerational impacts of violence are evident – more women experiencing husband/partner violence report behavioural problems among their young children, and husbands who grew up in a violent home is a risk factor both for women experiencing husband/partner violence themselves and for men growing up to become perpetrators.
- Exactly as in the first study, half of the women who had experienced physical and/or sexual violence by a husband/partner had told no one about it, and most women (90.4 per cent) experiencing husband/partner violence did not seek any help. Only one in ten (9.6 per cent) women sought help from formal services or authorities, and only 4.8 per cent from the police.
- The economic costs of violence are significant with women who experienced violence in the past 12 months spending about a quarter of their annual income on costs associated with health care and/or replacing damaged/destroyed goods. It should be highlighted that national productivity losses due to violence against women are equivalent to 1.81 per cent of 2018 GDP in Viet Nam.
- Low education (compared with no education), not working, having husband/partners with expressions of harmful masculine behaviours (such as drinking, fighting with other men, extramarital affairs), and experiencing or witnessing violence as a child are characteristics that put women at greater risk of husband/partner violence.
- The consistency of results between 2010 and 2019 across these different measures of violence shows how robust the study is and what a valuable evidence base Viet Nam is building for informing policies and programmes in the future.

## Recommendations

Slightly fewer women indicated they experienced husband/partner violence in the 2019 survey compared with 2010 (especially younger women), however, prevalence of sexual violence was higher in 2019. There is a need for a specialised study to better understand this finding. In Viet Nam today, however, and despite some improvement, violence against women still remains widespread, with serious impacts on the health and well-being of women and children.

To address violence against women effectively, a structured, multi-sectoral approach involving all relevant agencies and organizations is needed. The recommendations and policy implications below have been developed in collaboration with stakeholders in Viet Nam. Experts from MOLISA and the relevant sectors have guided the research team in documenting a comprehensive set of recommended actions. They are based on the evidence provided by the 2019 study findings, building on what was recommended in 2010 and responding to the national priorities and context of violence against women in Viet Nam today.

Recommendations are presented under four main strategic pillars: (1) strengthening national commitment and action; (2) promoting violence prevention; (3) developing appropriate responses (services, programmes, etc.) and (4) supporting research, data collection and collaboration.

## **1. Strengthening national commitment and action (Policy)**

- 1.1 Increase monitoring and tracking of effective implementation of national policies and laws on gender equality, prevention and response to GBV, and alignment with international commitments.
- 1.2 Review, evaluate, amend and revise existing national policies and laws in line with international commitments.
- 1.3 Review, revise and supplement current policies and laws to ensure full coverage and accessibility of support services for the most vulnerable groups and groups that experience specific patterns of violence (such as dating violence). Allocate additional resources to understand barriers to help-seeking among all women, especially vulnerable groups such as migrants, ethnic minorities, youth, elderly and women with disabilities.
- 1.4. Introduce policies to promote prevention of and responses to gender-based violence by educating both women and men, and especially young people, about women's rights, respectful relationships and social norms for achieving gender equality.
- 1.5. Ensure adequate and sustained resource allocations are incorporated in government budgets for effective implementation of interventions to prevent gender-based violence, mitigate its impacts on women and promote robust prosecution to signal no impunity for perpetrators of GBV.
- 1.6. Convene a state management agency on gender equality to lead coordination of work on prevention and response to gender-based violence, and violence against women and girls.

## **2. Promoting violence prevention (early prevention before violence happens as well as stopping violence)**

- 2.1. Recognise the links between GBV and gender equality; develop, implement and monitor programmes aimed at the prevention of gender-based violence by promoting gender equality, in particular through public awareness and by involving local communities.
- 2.2. Maximize inter-sectoral coordination and collaboration to continue to substantially empower women to address violence in their lives through life skills training, self-help groups, education, job training and legal and financial support.

## **3. Developing and deploying appropriate, effective and high-quality response and intervention solutions**

- 3.1. Increase and coordinate multi-sector engagement and mobilization of community leaders and local authorities to address violence against women, promote gender equality, in particular through ensuring accountability of the functioning agencies working on responses to perpetration of GBV and support for victims/survivors.
- 3.2. Review current intervention models.
- 3.3. Strengthen implementation of an essential services package of GBV prevention and response, treatment and support, accessible and affordable to everyone in Viet Nam.
- 3.4. Evaluate progress and continue to improve the health sector and other related sectors' response to the various impacts of violence against women.
- 3.5. Strengthen capacity of relevant officers of MOLISA to increase effective coordination of prevention and response to GBV.
- 3.6. Continue to strengthen the capacity of the police and judicial system to implement policies and legislation related to GBV/DV through sensitization training, standard operating procedures and accountability mechanisms.

## **4. Supporting research, data collection and collaboration to address GBV**

- 4.1 Invest in a review of international best practice bystander and perpetrator programmes for intervening and stopping violence with a view to adapting and trialling programmes in Viet Nam.
- 4.2 Promote availability of the study to the research community in Viet Nam and beyond to encourage use of the data for further research.
- 4.3 Strengthen the evidence base to improve policies, laws and quality services on prevention and response to GBV that is relevant to Viet Nam through further in depth research on this area.



