

VIOLENCE AGAINST WOMEN IN VIET NAM:

TRENDS AND LESSONS FROM THE NATIONAL STUDY ON VIOLENCE AGAINST WOMEN IN VIET NAM 2019

Violence against women is a global problem. Eliminating it is a major priority for countries worldwide as they work towards gender equality. Research shows that most violence against women is perpetrated by their husband 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 most violence against women.

The second national survey to measure the prevalence of violence against women in Viet Nam was conducted in 2019 and provides comparable data to the first study conducted in 2010, and evidence for a call for further action.

The results of this study can inform policymakers, civil society, United Nations agencies, and donors as they identify and develop programs that will effectively prevent and respond to violence against women in Viet Nam.

THE RESEARCH

The 2019 research is composed 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. The survey used the questionnaire and methodology developed for the WHO Multi-Country Study on Women's Health and Domestic Violence against Women (adapted for the Viet Nam context). It consisted of a household survey covering all six regions of Viet Nam. A multistage

sample design was used to select 6,000 households. A total of 5,976 women aged between 15 and 64 years completed a face-to-face interview in a private setting with a specially trained female interviewer.

The qualitative component of the study was conducted by the Centre for Creative Initiatives in Health and Population (CCIHP). 269 participants including women with disabilities and of ethnic minority, as well as 11 key informants, were interviewed and this information was used to supplement the quantitative data.

The component on **economic costing of violence** was carried out by international experts commissioned by UNFPA.

UNFPA Viet Nam coordinated all three components of the research, with technical and financial support by Australia's Department of Foreign Affairs and Trade (DFAT), and UNFPA including the regional kNOwVAWdata initiative.

KEY FINDINGS

In 2019, nearly two in three women (63 per cent) in Viet Nam experienced one or more of the following forms of violence by a husband¹ in their life time, and 32 per cent currently (in the past 12 months): physical, sexual, psychological (consisting of emotional violence and controlling behaviours) and economic violence.

One in three women (32 per cent) experienced physical and/or sexual violence from a husband in their lifetime and one in ten during the last 12 months. Younger women, aged between 20 and 44 years, were more likely to experience physical and/or sexual violence in the last 12 months than women in other age groups. Women were more likely to be abused by their husband than by any other perpetrator.

These findings showed that violence by husbands is common, and it tends to start early and extend throughout women's life. Starting in adolescence (ages 15-19), 8 per cent of women/girls were already experiencing physical and/or sexual violence from their husband or boyfriend. Women of child-bearing age (20-44) experienced the highest rates of current physical and/or sexual violence (last 12 months). Results also showed significant associations with health and well-being of both women and their children. Women were at risk of violence during pregnancy, which can harm an unborn child, and children living in violent households were likely to witness violence and be at risk of injuries themselves.

Overall, women were more likely to be abused by their husband than by any other perpetrator. Comparatively, one in ten women had experienced physical violence from a person who was not their husband. Perpetrators other than a husband were most commonly male family members.

Policies and programs for prevention of, and response to violence against women, need to provide options for women throughout the life course.

Except for sexual violence, prevalence of violence by a husband was lower in 2019 than in 2010, and this is especially true for younger women.

The rates for lifetime and current physical and emotional violence, as well as controlling behaviour were all lower in 2019 as compared with 2010. Physical violence both over a woman's lifetime and in the last 12 months was lower in 2019 than in 2010 among most age groups, and the difference was relatively larger among younger women under age 40. These differences suggest that younger women are experiencing less physical violence by husbands now than in 2010.

On the other hand, it should be noted that the lifetime prevalence of husband sexual violence was higher in 2019 (13 per cent) as compared with 2010 (10 per cent), with last 12 month prevalence rates for sexual violence being almost the same in both surveys. The findings for sexual violence stand out as they contrast to the findings for the other types of violence. The reason for the increase in experience of sexual violence by a husband is not known, and requires further research and analysis. While there may have been a real increase in sexual violence, it is also possible that raised awareness and understanding of sexual abuse may have led women to be more willing to disclose their experience of sexual violence. This could be actually a positive impact of the 2010 study, which made the problem of sexual partner violence for the first time visible and discussable at national and local levels.

Change takes time. Persistent and coordinated multi-sectoral action is needed to make further progress.

Women with disabilities have higher rates of all forms of violence by a husband (physical, sexual, emotional, economic and controlling behaviours) than women without disabilities.

Women's experience of violence often leads them to be isolated and excluded from different parts of their community. Functional disabilities can compound this isolation and place women at greater risk of harm.

In this study, all forms of violence by a husband were higher among women with a disability compared with women without a disability, both in terms of lifetime prevalence and violence within the last 12 months. The results suggest a strong association between disability and violence by husbands, however, we cannot say from this data that violence has caused a disability, or if women with a disability have been targeted because of their disability. What we can say is that women with disabilities need specialised responses and support for violence in order to meet their special needs.

1. The use of the term 'husband' or 'ever-married' includes current or former husbands as well as other male intimate partners with whom a woman has a couple relationship without being married. Nearly all (97 per cent) women in this survey who had a current or former intimate partner had been married.

Perceptions and attitudes that promote inequality between women and men still exist and are prevalent in Viet Nam in 2019. However, when exploring responses by age groups we can see that fewer young women held those beliefs in 2019 than in 2010. This suggests that there has been a progressive shift towards gender equality among younger women compared with older women.

The 2019 analysis identified 17 factors associated with women's experiences of violence in the 12 months prior to the interview (compared with 15 factors found in 2010). In both 2010 and 2019, the strongest associations with violence by a husband were found with his behavioural characteristics (e.g. alcohol use, fighting with other men and extramarital relationships).

Harmful gender norms are supported by attitudes and beliefs that support gender inequality such as perceiving men as better able to perform decision-making roles than women. These beliefs result in men having more power and control than women, and contribute to greater gender inequality and more exposure of women to violence if men want to exert control, or feel they are not in control.

Attitudes and beliefs become embedded in culture, and children can be socialised to believe them from a young age. They take on beliefs that are common in the society in which they grow up without consciously choosing to believe them.

More than one third of women in Viet Nam (36 per cent) held attitudes supporting "men as decision-makers and the head of the household" and 27 per cent believed that a "good wife should obey her husband, even if she disagrees".

Women in rural areas held these views more strongly than in urban areas, as well as women with low or no formal education. This connection between attitudes and education suggests that harmful attitudes may be mitigated by increased access to education.

Comparing results from 2010 with 2019, 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 2010, the data by age shows that younger women had more positive attitudes towards gender equality than older 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 also

negative effects on mental health and income earning potential.

Women who had *not experienced* violence by a husband in their lifetime were more likely to self-report they were in "good or excellent health" (42 per cent) than women who had experienced violence by a husband (31 per cent). Women who had experienced violence by a husband were three times more likely to self-report many symptoms of mental distress (7 per cent) compared with women who had not experienced violence (2 per cent).

Violence by husbands also affected women's sexual and reproductive health, which is associated with higher risks of miscarriage, stillbirths and abortions as compared with women who did not experience violence. Women who experienced physical and/or sexual partner violence also bore financial loss.

Exposure to violence as a child was a risk factor for girls becoming victims of violence by husbands as an adult, and boys becoming men who perpetrate violence.

More than half (60%) of women who experienced physical abuse by a husband also said that their children had witnessed or overheard the violence. Children who grew up in families where there was violence were more likely to display behavioural and emotional problems.

Living with violence can have an intergenerational effect on children. **Men's exposure to violence as a child was found to be a risk factor to becoming a violent husband.** This applies to men being abused as children and/or witnessing violence between their parents. These findings were similar to the study in 2010.

The economic costs of violence are significant with women spending about a quarter of their annual income on costs associated with health care and/or replacing damaged/destroyed goods. National productivity losses were equivalent to 1.8 per cent of 2018 Gross Domestic Product.

Women who experienced violence by husbands experienced a significant negative financial burden. Violence often leads to costs, such as health expenses, repairing/replacing damaged goods, and costs associated with staying away from /leaving home. On average, women who experienced physical and/or sexual violence by a husband spent about 26 per cent of the annual income on expenses related to that violence.

The impacts of violence continue to affect women over their lifetime and are often reflected in their earnings. Women who experienced violence by their

husband often experienced a loss of productivity at work due to poor concentration or disruption (time-off for related illness or injury, loss of confidence, and husband's disruption to work). Productivity loss, combined with absenteeism due to violence by a husband, was likely to result in a decline in annual earnings by 31 per cent compared with women who did not experience violence.

If we consider the visible costs (out of pocket expenditure and absenteeism) and the invisible costs (the productivity loss), the total loss to the economy stands at 1.8 per cent of GDP. The productivity loss, which is often not immediately visible, is the largest component of the total cost. Violence by husbands is having a detrimental impact on the Vietnamese economy and the economic well-being of women and their families. For the government, this cost estimate indicates the size of the fiscal space that is potentially available if violence by a husband is reduced through a comprehensive set of prevention interventions.

The consistency of results between 2010 and 2019 across the different measures shows how robust the study is². The solid results constitute a valuable evidence base for Viet Nam for informing policies and programs in the future. The results can be used with confidence.

The Viet Nam results show in detail that the prevalence rates of all forms of violence by husbands, except sexual violence, were lower in 2019 as compared with 2010. Sexual violence by husbands increased from 9.9 per cent in 2010 to 13.3 per cent in 2019 for lifetime violence, and from 4.2 per cent to 5.7 per cent for current violence (in the last 12 months). Similarly, non-partner physical violence also increased from 9.9 per cent in 2010 to 11.4 per cent in 2019, and sexual violence from 2.3 per cent in 2010 to 9 per cent in 2019. Moreover, the proportions of women who experienced sexual abuse as a child (before age 15) also increased from 2.8 per cent in 2010 to 4.4 per cent in 2019.

There are important differences when looking beyond the national averages. Younger women especially, are experiencing relatively less physical violence by a husband in 2019 than older women,

2. As in 2010, the 2019 study in Viet Nam used a survey methodology validated by the World Health Organization. This methodology has been used cross-culturally for almost two decades. However, the results will only ever reflect what women were prepared to disclose to the interviewers (who were trained to use methods to put women at ease, interview in private, and ensure safety to increase disclosure), and will not represent the most vulnerable women who may be institutionalised or prevented from responding. Therefore, results of any national prevalence surveys will always be an under-estimation of GBV.

which suggests that change may be happening for the better. At the same time, a different pattern is seen for sexual violence with younger women disclosing sexual violence at a relatively higher rate. While further research and analysis is required, this could also be interpreted as a sign that society is more open to talking about sex and sexual violence compared with 2010.

To be able to truly establish a trend over time, there needs to be a time series with at least three points. With this second survey we have two data points that allow some comparison, but there are factors, limitations and words of caution that should be taken into consideration when interpreting changes between 2010 and 2019.

POLICY AND PROGRAM RECOMMENDATIONS

These recommendations and policy implications 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 findings, building on what was recommended in 2010 and responding to the national priorities and context of today.

✓ Strengthen National Commitment and Action.

The Government of Viet Nam has a strong track record in formulating policy and legislation to promote gender equality and women's empowerment and to end violence against women. Viet Nam was one of the first countries to ratify CEDAW, is a signatory to numerous other international human rights treaties, and is now working to achieve Sustainable Development Goals including Goal 5, "achieving gender equality and empowering all women and girls". Gender equality is enshrined in the Constitution, in the Gender Equality Law and in other related laws and policies. Gender-based violence is an issue that needs to be addressed in the National Strategy for Gender Equality 2011-2020.

This study has established significant economic costs of GBV for women, households, communities and the overall economy. The gain for overall productivity in the economy by eliminating GBV is significant – equivalent to 1.8 per cent of the 2018 GDP. In fact, the various out-of-pocket expenditures and loss of income that women experience is approximately 10,267 billion VNDs in 2018, which is equivalent to 0.68 per cent of government budget expenditure in 2018. To mitigate this impact, it is imperative

that government prioritize budget allocations for prevention and response to gender based violence.

It would be timely to continue to review, monitor and evaluate the implementation of national policies for their effectiveness and to ensure full coverage for the most vulnerable groups including older people, women with disability, migrants and ethnic minorities. Integral to this strategy is ensuring adequate and sustained government resources are allocated for effective implementation of interventions to respond to and prevent GBV. A centralised and coordinated approach across all government sectors would avoid duplication of effort and mixed messages.

✓ **Increase violence prevention (early prevention before violence happens as well as stopping violence)**

Preventing violence against women requires changing the gender-related attitudes, beliefs, norms, stereotypes and values of both men, women and young people, including children. Increasing public understanding and knowledge about GBV is critical to obtaining public support for policies and programs. Public awareness campaigns can be effective in generating wide-spread messages of the links between GBV and gender equality, and the consequences if not reduced and prevented. As many information campaigns have been initiated since the 2010 study, it would be timely to conduct a review and evaluation of their impact and effectiveness to inform future awareness-raising activities. It would be prudent to include monitoring and evaluation of all initiatives going forward. It should be noted that behavioural changes require long-term investment and consistent messaging to be successful.

There is a need to strengthen the involvement of men and boys in prevention activities. Men can be peer agents of change and can help other men understand the impact of violence to their families and loved ones as well as to their own lives and well-being. Investing in bystander intervention and perpetrator programs for violence is helpful to generate support for holding perpetrators of violence to account for their behaviour.

Making change starts with supporting empowerment for women and girls to seek help in response to violence in their lives as well as increasing their access to education, and employment opportunities, as well as legal and financial support. Generational change in preventing violence before it occurs can start with school programs to educate young people on respectful relationships and GBV and programs for parents to teach young children about body safety and a “no secrets” policy can help to prevent

child sexual abuse. Investment in public campaigns to raise awareness of the unacceptability of GBV, including child sexual abuse, while ensuring that public messages shift the blame away from victims and on to perpetrators.

✓ **Developing and deploying appropriate, effective and high-quality response and interventions**

The report shows that despite a decade of campaigns, women still keep silent about their experience of violence. They rarely seek help for various reasons, including stigma, social norms about family harmony and limited awareness of services and support networks. Women usually wait to seek help until they feel that it is impossible to endure the violence any longer or when they themselves or their children are in immediate danger.

To date, Viet Nam has ample experience with several models of interventions, including support services for GBV survivors and trafficked victims. These include social work centres, shelters and safe houses, consultation rooms in schools and hospitals, as well as a telephone helpline. The implementation of mediation (as per the 2013 Law on Mediation at grassroots level) and free legal assistance have also been positive resources. It is a good time to review these models, including whom they reach and who is excluded, the barriers to access, the effectiveness and impact, and the unintended consequences. A review of the interventions would provide an opportunity to learn from the experience for future directions.

Ensure adequate and sustained resource allocations are incorporated in government budgets for effective implementation and evaluation of interventions to prevent gender-based violence, mitigate its impacts on women and promote robust prosecution to signal no impunity for perpetrators of GBV. This includes pilot programs already launched that could be expanded and scaled up.

✓ **Supporting research, data collection and collaboration to address GBV**

The 2010 and 2019 studies provide a wealth of data that can be explored further for secondary research. For this to occur a working group should be set up to develop protocols and ensure appropriate implementation. Membership of this working group should include the GSO, MOLISA and women’s support sector groups, as well as other relevant stakeholders.

Further research projects and activities are needed to provide relevant statistics and current understanding about gender attitudes and other drivers of GBV

among majority and minority populations and among marginalized groups who were not included in this research project. There is still a big gap of knowledge and evidence in the area of gender-based violence in Viet Nam such as:

- accessibility of shelters and other support networks for violence against women;
- understanding the barriers that prevent GBV detection and responses across the health sector;
- effectiveness of communication and advocacy campaigns, especially for behavioral change;
- whether the regulations in the 2013 Law on Reconciliation are sufficient;
- who has access to legal support in cases of GBV;
- ways of working collaboratively with police to understand current police practice and improve responses; and
- establishing a national data system to collate information about incidents of GBV across the service sector including health systems, service providers and legal systems.

It is also significantly important to continue to monitor the prevalence of VAW by conducting this national survey regularly - for example, every seven to ten years. The Government should consider including this survey in national survey plans, with an adequate budget allocation.

✓ **Considerations for policy and practice**

Given the higher prevalence of current physical and/or sexual violence by husbands among younger women, women with disabilities and some ethnic minority groups, service responses and care pathways need to be developed with consideration of a range of intersecting risks and vulnerability that often surrounds women's experiences of violence.

A range of response and prevention approaches should be developed. A universal approach is unlikely to work for young women, older women, women with disabilities and women of minority ethnicity. Consultation and engagement with these communities will be essential for development of successful programs

Detailed recommendations are included in the full and summary reports.

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