

GENDER-BASED VIOLENCE

Issue Paper



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Gender-Based Violence

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FOREWORD

“Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women... violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.”

-The UN Declaration on the Elimination of Violence against Women, 1993

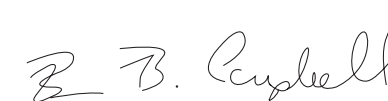
Gender-based violence is a global problem. It occurs in every society and takes many forms, such as domestic violence (DV), sexual assault and rape, trafficking and sexual harassment at school and in the workplace. Although men and boys are also affected, it is predominantly women and girls who suffer from gender-based violence. While the harm and suffering caused by violence is immeasurable, it has significant, known costs in terms of health care, damage to household property, loss of income and family breakdown. Estimates in both developing and developed countries suggest that these costs add up to several tens of millions of dollars annually at the national level and possibly more, which is ample evidence that violence acts as a break on economic as well as human development.

Gender-based violence, or “GBV”, is a complex problem with roots in attitudes and behaviours that are deeply engrained in culture and hard to change. The fundamental cause of GBV is gender inequality, the persistent attitudes and beliefs that see women as inferior to men and less deserving of rights and control over their own lives and choices. While other factors, such as alcoholism, drug abuse and economic pressure do increase incidence of violence, in the end it is these inequalities of power, voice and control

between men and women that support and perpetuate violent behaviour. Preventing and ending violence is an effort that all members of society must make together and each one of us has a responsibility to speak out.

Viet Nam has become more proactive in addressing the problem of GBV and policy frameworks are in place. But more still needs to be done to address the issue and implement the laws that exist to prevent it. It is essential to develop a broader perspective that looks beyond a focus on DV, to address GBV in all its forms. More also needs to be done to persuade men and boys to accept their role in preventing violence and in protecting and respecting women. A minimum package of services including prevention initiatives and services for survivors and perpetrators needs to be put in place, and there needs to be greater coordination among all stakeholders working to prevent and address violence.

The United Nations is committed to preventing and addressing the consequences of GBV in partnership with the Government of Viet Nam, donor countries and civil society. In 2009, the UN commissioned a review of current issues relating to gender-based violence in Viet Nam and this paper is designed to inform planning, policy and programmes to prevent it and to support survivors. While the paper reflects the views of the United Nations, Government, donors, academic and civil society stakeholders were also consulted in the development of this study as well as in refining and finalising its recommendations. We hope that this paper will help to take these efforts forward and will inform the understanding and response by the Government of Viet Nam, Viet Nam’s development partners and the United Nations.



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ACRONYMS

AED	Academy for Education and Development
CCIHP	Centre for Creative Initiatives in Health and Population
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEFACOM	Research Centre for Family Health and Community Development
CEPEW	Centre for Education, Promotion and Empowerment of Women
CEPHAD	Centre for Public Health and Community Development
CIHP	Consultation of Investment in Health Promotion
CPRGS	Comprehensive Poverty Reduction and Growth Strategy
CSAGA	Centre for Studies and Applied Sciences in Gender, Family, Women, and Adolescents
CWD	Centre for Women and Development
DSEP	Department of Social Evils Prevention
DV	Domestic Violence
DVL	Law on Domestic Violence Prevention and Control
DOVIPNET	Domestic Violence Prevention Network
FAO	Food and Agriculture Organization of the United Nations
GAP	Gender Action Partnership
GBV	Gender-based violence
GE	Gender Equality
GEL	Law on Gender Equality
Gencomnet	Gender Community Network
GSO	General Statistics Office
HHD	Hanoi Health Department
ICRW	International Centre for Research on Women
IDU	Injection Drug User
IEC	Information, Education and Communication
ILO	International Labour Organization
INGOs	International Non-Governmental Organizations
ISDS	Institute for Social Development Studies
IOM	International Organization for Migration
LMF	Counselling Centre for Psychology, Love, Marriage and Family
MDGs	Millennium Development Goals
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOJ	Ministry of Justice
MOH	Ministry of Health
MOCST	Ministry of Culture, Sports and Tourism
MOLISA	Ministry of Labour, Invalids and Social Affairs
MPI	Ministry of Planning and Investment
MPS	Ministry of Public Security
MSM	Men who have Sex with Men
NSGRHC	National Standards and Guidelines on Reproductive Health Care

NCAFW	National Committee for the Advancement of Women
NEW	Network for the Empowerment of Women
NGOs	Non-Governmental Organizations
NPA	National Plan of Action
PLHIV	People Living with HIV/AIDS
RAFH	Institute for Reproductive and Family Health
RCO	Resident Coordinator's Office
SDC	Swiss Agency for Development and Cooperation
SEDP	Socio-Economic Development Plan
SEDS	Socio-Economic Development Strategy
SIDA	Swedish International Development Agency
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
UNSW	University of New South Wales
VFU	Viet Nam Farmer's Union
VWU	Viet Nam Women's Union
VYU	Viet Nam Youth Union
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

Purpose of the paper

This paper was commissioned by the UN Gender Programme Coordination Group (Gender PCG)¹ to provide a summary of current issues relating to GBV in Viet Nam. Its purpose is to inform strategic planning, visioning and priority-setting for GBV in research, programming, planning, monitoring and evaluation. The audience is the UN system as well as the Government of Viet Nam. Over the next two years, several important strategic planning documents will be developed, providing rich opportunities to apply the lessons learned from research, policy development and programming from the past five years, to the next phase of policy development and implementation.

Types of GBV

GBV is under-reported and under-researched in Viet Nam. One national study and several small-scale studies have been conducted that provide important data. However, methodologies are not consistent. Viet Nam is currently implementing a nationally representative study on women's health and DV, and is using the "WHO Multi-country Study on Women's and Health Domestic Violence against Women" that will provide findings in late 2010.

Physical violence is the most frequently reported type of GBV in Viet Nam, with 16 to 37% of women reporting that they have experienced physical abuse (Vung et al. 2008, Luke et al. 2007; UNFPA 2007; Loi et al. 1999). However, some studies also indicate that emotional violence occurs at higher rates, with prevalence at 19 to 55% (Vung et al 2009; UNFPA 2007; Thi and Ha 2006). Sexual violence in Viet Nam includes a wide range of crimes that are barely spoken about. There is little research on rape and the concept of rape within marriage is still not largely understood in Viet Nam. Sexual harassment was often mentioned in interviews for this paper, but little research has been done on it.

Thousands of Vietnamese women and girls are

also trafficked to China and Cambodia annually for sexual exploitation, with some trafficked through Cambodia to third countries (Regional Thematic Working Group 2008:105). Yet trafficking is often addressed in Viet Nam as a social problem with more attention going to its negative effects on social morals and security rather than as a serious human rights violation (Vijeverasa 2009; Marshall 2006). This promotes stigma and discrimination and raises serious barriers for survivors seeking services and justice.

The socio-economic context for GBV in Viet Nam

Since 1930, the Vietnamese Communist Party has promoted GE and women's liberation, and indicators on GE and women's status portray a country that is well ahead of most others with similar income levels. Yet while Government policies formally advance GE and a woman's right to advancement, they still do so within the context of traditional constructs of gendered identities, including the ideal of the "happy family". In this context, preventing violence against women is largely viewed as a way of maintaining and preserving traditional roles for women as wives, mothers and custodians of family harmony.

Doi moi, or "renewal", the shift from a planned economy to a market economy that Viet Nam began in 1986, has brought many positive changes, including economic opportunities for women and men. However, it is now well-established that one negative impact of open borders is increased trafficking of women and children.

The legislative and policy context

Viet Nam is a 1982 signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and numerous other international global human rights treaties and conventions that relate to GBV as well as other commitments with the exception of those relating to trafficking in persons. GE and GBV have been

addressed in several pieces of legislation since 1992. The 2006 Law on Gender Equality (GEL), with implementation coordinated by the Ministry of Labour, Invalids and Social Affairs (MOLISA), provides for GE in all areas of life and details the responsibilities of organizations, institutions, families and individuals in ensuring these principles. The 2007 Law on Domestic Violence Prevention and Control (DVL), implementation coordinated by the Ministry of Culture, Sports and Tourism (MOCST), provides explicit protection from violence within the family and covers a wide range of acts. The 2004-2010 National Plan of Action against the Crime of Trafficking in Children and Women (NPA) also supplements earlier policy documents to strengthen efforts to combat human trafficking, although Viet Nam has yet to pass a law explicitly on trafficking.

The Government has also issued decrees, circulars and national plans of action that outline roles and responsibilities in implementation, monitoring, reporting, coordination and budgeting for GBV. However, implementation of these will require more clear monitoring and evaluation guidelines, a high-level, multi-sectoral coordination mechanism and funding allocated specifically for this.

Addressing GBV in Viet Nam: A brief analysis

According to international literature, a comprehensive approach to GBV should:

- be based on a human rights framework
- be multi-sectoral
- include strategies for making an impact at multiple levels, including individual, family, service provider/organization, community and national levels
- include multiple interventions that ensure laws and policies, that challenge gender norms and that provide for services, skills, education, training, community awareness raising and mass-media campaigns

Challenges to achieving this in Viet Nam include the typically small scale of interventions on GBV, limited multi-sectoral collaboration, the need for a legal framework that provides clearer and more effective guidance, insufficient financial resources, gender-insensitive attitudes, a tradition of "reconciliation" that often promotes family harmony over women's rights, insufficient

numbers of qualified counsellors or social workers, limited knowledge about laws and legal aid, stigma toward GBV, discrimination and stigma that leads to marginalization of sex workers and people living with HIV/AIDS, fear of corruption and male power in the courts and challenges to involving men as partners

Recommendations

A broad recommendation of this paper is for Viet Nam to develop a multi-sectoral coordination mechanism that is embedded in existing GE mechanisms with the overarching goal of achieving GE. Within this content, an additional nine recommendations are made:

1. Advocate for adequate state budget allocation to prevent GBV and offer treatment, protection, justice and support for survivors of violence.
2. Strengthen and/or establish a unified data collection system and a planning, monitoring and evaluation framework.
3. Revise or develop new policies and legislation to include types of violence currently not covered and to include support for marginalized populations.
4. Strengthen capacity among police and the judiciary to implement GBV policies and legislation.
5. Integrate GBV into the education system to transform young people's understanding of GE and ensure that teachers and administrators can support basic counselling or refer young people to services.
6. Ensure that a minimum package of GBV prevention, treatment, protection and support services is available and that these services are accessible and affordable for every person in the country through a multi-sectoral response.
7. Raise awareness and change norms to promote GE and to eliminate GBV, including establishing a national behaviour change communication strategy.
8. Empower women to address violence in their lives through life skills training, self-help groups, education and job training as well as through legal and financial support.
9. Develop a research agenda to build an evidence base for programming to address GBV that is relevant to Viet Nam.

¹ The Programme Coordination Groups (PCGs) represent the mechanism through which the Government and the UN will jointly deliver the results committed to in the Joint Government-UN One Plan. The PCGs are a modality to foster joint programming, and the objective is to facilitate the delivery of results in the Joint Government-UN One Plan in a more coordinated and effective manner.

CHAPTER I

INTRODUCTION



Purpose

This paper was commissioned by the UN Gender Programme Coordination Group to inform strategic planning, visioning and priority-setting for GBV in research, programming, planning, monitoring and evaluation in Viet Nam. The audience is the UN system as well as the Government of Viet Nam.

Given limited time and resources, the Gender PCG has decided to focus the paper on women and girls ages 15 and above, as this is the population that experiences most of the GBV occurring in Viet Nam (MOCST et al.2006:36). GBV against men, including men who have sex with men (MSM), and violence against children under age 15, are important issues but they merit consideration in a separate paper.

Over the next two years, strategic planning documents will be developed for the UN, including the Joint Country Analysis currently underway, and the UN One Plan 2012 - 2016. The Government of Viet Nam will also be developing the National Strategy on Gender Equality for 2011 - 2020, the National Targeted Programme on Gender Equality for 2011 - 2015, the Socio-economic Development Plan (SEDP) for 2011 - 2016 and the Socio-economic Development Strategy (SEDS) for 2011 - 2020. These will be rich opportunities to apply the lessons learned from research, policy development and programming over the past five years to the next phase of policy development and implementation.

Approach

Two consultants, one international and one national, developed this paper based on a review of literature from the past eight years and on five days of interviews with key stakeholders. Highlights of the findings were reviewed at a stakeholder meeting in January 2010 with Government, civil society, international donors and UN. The Gender

PCG provided a review of the paper and it was also circulated to key stakeholders for comments following the stakeholder meeting.

Why is GBV important?

Gender-based violence² is a major problem around the world. It takes many forms, including:

- sexual, physical, emotional and financial abuse
- structural discrimination (institutional structures that result in disparities or stigmatization in services)
- violence perpetrated or condoned by the state (persecution of sex workers, men who have sex with men and women living with HIV)
- trafficking of women and girls (United Nations, 2006)

GBV primarily affects women and girls (García-Moreno 2005: 12) but men, boys and minority communities are also affected. Both the causes and consequences of GBV occur at individual, family, community and national levels. A WHO multi-country study demonstrated a statistically significant connection between violence and compromised physical and mental health in women (García-Moreno 2005:95) as well as foetal (Campbell et al.2004), infant and child mortality (Åsling-Monemi et al. 2003). Research in three countries³ also went into cost analyses to demonstrate the high costs of intimate partner violence at the household and community levels (ICRW and UNFPA 2009) while other studies have highlighted the costs of GBV for both industrialized and developing countries (Duwury et al.2004). There is also evidence that GBV can impact a country's progress toward the Millennium Development Goals (Irish Joint Consortium on Gender-based Violence 2009; UNDP 2008).

Statistics

Prevalence of GBV varies considerably around the world and it is often under-reported, particularly among those who are isolated and face stigma in their community.⁴ The "WHO Multi-Country Study on Women's Health and Domestic Violence against Women", conducted among 10 countries, found that prevalence of women experiencing physical violence at some point in their lifetime ranged from 13% in Japan (city statistics) to 61% in Peru (provincial statistics) (Garcia-Moreno et al. 2005: 28-29). The same survey also showed that in Thailand, 23% of women who had ever been in

a partnership in Bangkok (city statistics) and 34% in Nakhonsawan (provincial statistics) reported physical violence by their intimate partner at some time in their life (ibid). In Cambodia, the 2005 Demographic Health Survey found that 22% of women who had ever been married experienced physical, emotional and/or sexual violence by their partner (National Institute of Public Health, National Institute of Statistics Cambodia, ORC Macro, 2006). A nationally representative sample of women and men in China aged 20 to 64 with a spouse or steady partner also showed that 34% of women had been hit during their current relationship (Parish et al, 2004).

2 While some make distinctions between terms such as gender-based violence, domestic violence, intimate partner violence and violence against women others use these interchangeably. This paper considers GBV a broad term that encompasses many types of violence based on gender; however, terminology used in the paper is consistent with the source document or informant's use of the term.

3 Bangladesh, Morocco and Uganda.

4 In Viet Nam this includes currently or formerly trafficked women, sex workers, injection drug users, women who are living with HIV, women living with physical and mental disabilities and men who have sex with men.

CHAPTER II

TYPES OF GBV IN VIET NAM



Article 1 of the UN Declaration on the Elimination of Violence against Women 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 deprivation of liberty, whether occurring in public or private life”.

Some of the many types of GBV are only just beginning to be discussed in Viet Nam and little is known about the incidence of each individual form or the intersections among these. In addition, little is known about how location (urban vs. rural), ethnicity, class, disability and income affect prevalence, attitudes and help-seeking behaviours.

Viet Nam is currently implementing a nationally representative study on women’s health and DV using the WHO Multi-country Study on Women’s Health and Domestic Violence against Women methodology with findings expected in late 2010. This will help to triangulate findings from research to date and highlight significant aspects of DV in Viet Nam.

Following is information on some of the broad categories of GBV found in Viet Nam. For each type of violence, highlights are provided of what is known, anecdotal information from interviews is provided, and gaps highlighted that are evident from either the literature or interviews held with key stakeholders.

WHERE GBV AND HIV INTERSECT

According to CSAGA, about half of the 137 female clients who have sought counselling there knew their husbands were having extra-marital sex, including with sex workers, putting them at an increased risk for HIV. But the women also reported that their husbands could also become violent if asked to use a condom (Nguyen et al. 2008:2).

Physical Violence

In Viet Nam, a national study of the family conducted in 2006 (MOCST, GSO, UNICEF, IFGS 2008) indicated that 21.2% of married couples had experienced at least one form of DV, including verbal, emotional, physical or sexual violence. Physical violence is the most frequently reported type of GBV, although it is under-reported and rarely reported outside of marriage. Estimates vary, but in small-scale quantitative studies in both rural and urban areas, from 16 to 37% of women reported they had experienced physical abuse (Vung et al.2008; Luke et al. 2007; UNFPA 2007; Loi et al. 1999). One study of 465 couples also found that 50% of men said they beat their wives while 37% women reported being abused (Mai et al. 2004:3-4), providing evidence that women under-report the violence they experience.

Research is limited on GBV within specific populations, in particular among those that are isolated or vulnerable or experience social stigma and discrimination. However, there is evidence from small qualitative studies demonstrating that sex workers frequently experience violence (UNSW, HMU 2009; Do Van Quan 2009; Rosenthal and Oanh 2006). One study of 40 female sex workers found that about one-third had been injured by their regular partners (UNSW, HMU 2009). In another study, all 30 respondents reported that they had experienced different kinds of physical abuse, from kicking, beating or threatening by knife to starving by their clients, pimps or brothel owners. This study also interviewed sex workers who described physical discipline and gruelling work hours as part of their narratives of experiences in “Social Work Education Centres” (Do Van Quan 2009).

Sexual Violence

Sexual violence in Viet Nam includes a wide range of crimes and violations that are rarely talked about. This includes rape and other forms of sexual abuse before and within marriage committed by a family member, by a heterosexual or homosexual partner or acquaintance, or by clients of sex workers (including gang rape). It also includes forced prostitution and forced marriage, child sexual assault and rape, and sexual harassment at home, school, in community institutions or in

the workplace. Globally, sexual violence is under-reported and in countries where sexuality is openly discussed only rarely, such as Viet Nam, reporting is expected to be even lower (Dovipnet 2009).

Article 111 of the Penal Code defines rape as the “use of force, threat of force, or taking advantage of the victims’ state of being unable to defend themselves, or resorting to other tricks in order to have sexual intercourse with the victim against their will”. Rape is considered a serious crime and penalties are stronger when the victim is under 13, if it involves incest, if the victim becomes pregnant or if the perpetrator knows that they are HIV-positive.

In a 2006 survey conducted in eight provinces and cities by the Parliamentary Committee for Social Affairs in Viet Nam, up to 30% of women who responded said they had been forced into unwanted sex by their husbands (Nguyen et al. 2008:2). Data from a counselling centre in Cua Lo, Nghe An Province, indicated that 42 of the 107 women reported sexual violence.

Contradictory attitudes about sexual coercion within marriage in Viet Nam contribute to these statistics. On one hand, people generally think that a man should not force his wife to have sex while on the other they believe that a wife should “please her husband’s sexual demands” (Hien 2008; Vu et al. 2009).

While there has been little research on sexual violence in Viet Nam, a booklet called “Sexual Violence and the Risks of HIV Infection: Evidence from women’s lives” details the experiences of women who have experienced sexual violence from husbands and partners as told to hotline operators at the Centre for Studies and Applied Sciences in Gender, Family, Women, and Adolescents (CSAGA) (Anh et al. 2008).

While the authors of this study were not able to meet with rape survivors about their experiences, the literature reviewed indicates that there is strong social prejudice against rape survivors because a young woman’s worth is judged by her virginity (Huong 2009). Huong also points out that the way the media in Viet Nam reports incidents of rape is often insensitive and reinforces myths and social prejudices, such as:

“Good women who do not transgress moral and social boundaries of appropriate female behaviour are safe; respectable women are expected to fight off their attacker physically to safeguard their honour; and rape and other sex crimes can only be expected from the working and low classes.”

(Huong 2009)

Social norms and public discourses that support ideal notions of “virginity” and criticize “song thu” (premarital sex) support silence about sexual violence before marriage. Although the media has started talking about date rape, there is very little information in existing research. In an interview, when asked if violence happens within relationships before marriage, a representative of the Youth Union said:

“Yes, beating, humiliating, in most cases humiliating”.

And is there rape?

“Yes, but rarely. Maybe.”

Sexual harassment in the work place and in the family setting was often mentioned in interviews for this paper. However, very little research has been published on this topic in Viet Nam. According to a report by CSAGA (2003), from 1997 to 2003 only 338 of the 231,873 calls to the CSAGA hotline related to sexual harassment.

Sexual harassment within the family is recorded in literature, the media and project reports as well, and perpetrators are usually fathers-in-law, fathers or other relatives (Vu 2009). But the fear of being criticized and judged, and the shame of being harassed, prevents most people from speaking out.

Sexual harassment in schools is, however, beginning to be explored. A study of 314 pupils at three high schools conducted jointly by CSAGA, the Institute for Social Development Studies (ISDS) and Action Aid found that:

- 15.6% of pupils were fondled, touched or kissed on parts of the body by other people, which made them feel uncomfortable and afraid.

- 4.3% of pupils, mainly girls, were forced by someone's speech or action to put their hands or some other item or body part on their vaginas or anuses, which made them feel afraid; 4.0% of them were forced to do this one to six times and 0.3% were forced to do it more than ten times.
- 4.3% of pupils were forced to have sex within the previous 12 months and perpetrators included classmates, schoolmates, strangers, neighbours and acquaintances.

Emotional/Psychological Violence

Emotional/psychological violence includes behaviours that can severely affect a woman's mental health, including using insults, using curse words, threatening or other offending behaviours, controlling her or prohibiting her from participating in social activities. Studies have shown that the prevalence of emotional violence varies from 19 to 55% (Vung et al.2009; UNFPA 2007; Thi and Ha 2006). A study of 600 women in Hai Phong indicated that 19.6% of women in the study were emotionally abused by their husbands, mostly through verbal humiliation (Thi and Ha 2006).

One study of 2000 married women conducted in 2006 revealed that 25% experienced emotional violence in their families (No. 2330 TTr/UBXH 2006 cited in UNFPA 2007: 22)⁵ and another study of 883 married women showed that the prevalence of psychological abuse was 55% (Vung et al 2009). This latter study also found that:

- 20% of women were insulted or made to feel bad about themselves
- 10.6% were belittled or humiliated
- 49.2% were intimidated or frightened on purpose
- 12.9% were threatened and told that they, or someone they cared about, would be hurt (Vung et al 2009)

Similar to sexual violence, women and service

providers feel that it is difficult to identify emotional violence because there are no outward signs of the harm it causes. In addition, studies show that there is a perception that it is acceptable and understandable if a husband swears or shouts at his wife. Data from the Viet Nam Women's Union (2001) (Nguyen Huu Minh et al 2007: 12) indicate that a high proportion of respondents find it acceptable for a husband to use curse words when his wife "does not obey his order" (51.3%), "does not take care of the husband and children" (50.2%), "is insolent to the husband" (46.0%), "is spending money extravagantly" (44.6%), "is lazy" (40.1%) or "is not good at making money" (32.8%).

Emotional abuse by in-laws, including parents-in-law, sisters-in-law and brothers-in-law, was also mentioned in interviews and data from the counselling centre at Duc Giang Hospital in Hanoi showed that 6% of DV perpetrators are in-laws (87 out of 1,484). A few survivors interviewed for this paper also reported that they had been insulted and humiliated for years by their in-laws.

Economic Violence

A number of studies include economic violence in psychological violence while others separate it as another form of violence. Many existing studies do not have data on economic violence in part because of inconsistencies in classification. However, data from the counselling centre at Duc Giang showed that 165 out of 1,884 clients (11%) had suffered from economic violence. Examples of economic violence are when a husband does not contribute to the care of the family, prohibits the wife from participating in discussion and decision-making about financial expenses or demands that his wife ask for permission to make expenditures.

Trafficking

Although there are no definitive statistics, estimates suggest that thousands of Vietnamese women and girls are trafficked annually to China

and Cambodia for sexual exploitation as well as through Cambodia to third countries (Regional Thematic Working Group 2008:105). According to the report of the five-year implementation of the National Plan of Action against the Crime of Trafficking in Children and Women from 2004 to 2010 (Programme 130/2004/QD-TTG), from 2004 to 2009, 1,586 cases of trafficking were prosecuted, 4,008 individuals were trafficked nationwide and 2,888 human traffickers were detained. Of the individuals trafficked, over 60% were trafficked to China and 11% to Cambodia.⁶ This represented an increase of 1,090 cases, 2,117 traffickers and 2,935 trafficked people over the previous five-year period (Standing Office of Steering Committee 130/CP 2009).

The trafficking recruitment process varies greatly. Some women choose to migrate through legal channels using legitimate employment or marriage brokering networks but are then deceived by corrupt brokers (Rushing 2005; State Department, 2008). Other women use illegal channels to migrate, relying on networks such as friends, family and neighbours, but which could also include law enforcement or border patrol officials (UNIFEM 2003; Mousad 2005; Action Aid 2005; IOM 2008). Some women also seek opportunities to migrate while others are approached by "recruiters" with false promises of employment, marriage or love, or are coerced with violence and threats (ibid).

The roles of a trafficked person's family range from ignoring that their daughter is being trafficked, to 'selling' her for a fee (Action Aid 2005; IOM 2008; Riemer 2006; Vijeresaya 2009). Some parents may even approve of their daughter's "migration" and receive remittances, but do not know the work she is doing (IOM 2008; Riemer 2006).⁷

Trafficked women and girls experience varying degrees of coercion and exercise different levels of self-initiated decision making prior to trafficking. Some report being raped, drugged, assaulted or threatened with assault (IOM 2008; Riemer 2006). But by far the most common are reports of migration based upon deception and migrating on the basis of false information (Ali 2005; Rushing 2006; IOM 2008).

Even though Viet Nam has devoted considerable effort to the reintegration of trafficked people, stigma in the community makes this difficult. Trafficking is not widely viewed as a violation of human rights. Rather, the Government addresses it as a social problem that has negative effects on social morals and security (Vijeverasa 2009, Marshall 2006). In addition, the approach of the Government towards sex work as a "social evil" has shaped attitudes in Vietnamese society toward sex workers and stigmatized trafficked people who were sexually exploited because of the association with sex work.

Trafficking is still not widely perceived as a violation of human rights in Viet Nam. Rather, it is considered an "urgent and pressing problem, badly affecting the society, customs, tradition, social morals and Government laws, destroying family happiness, increasing the risks of HIV/AIDS transmission and resulting in potential impacts on national and social security". (National Plan of Action, Part I 1: Government of Viet Nam 2004).

Vijeyarasa 2009: 1

This language of "social evils", and the intersection between trafficking, sex work and HIV, both work to inhibit survivors' access to social services and prevent returnees from reintegrating into the community (Vijeverasa 2009).

Vijeverasa reported that one worker in a shelter told her that she had been refused nail service "because the nail technician knew that [she] had been in Cambodia and that anyone who had come back from Cambodia must be HIV/AIDS-infected. Victims' family members have also been known to shun them and reject them upon their return according to one staff member working at a shelter in Viet Nam" (Vijeverasa 2009:5).

Trafficking survivors struggle with psychological problems, while stigma creates challenges for

⁵ The proposal for the project of development of Domestic Violence Law (document No. 2330 TTr/UBXH) sent to the National Assembly by the Committee for Social Affairs of the National Assembly dated 30 August 2006.

⁶ Data on trafficking in Viet Nam is not yet disaggregated by sex.

⁷ The following two paragraphs have been adapted from Lynn Chaitman's unpublished review completed for the International Organization on Migration, "Human Trafficking in Viet Nam: Communications as tool for prevention".

them and puts them at risk of being abused by their sexual partners and family members. As one trafficking returnee said:

“Whenever we had conflicts, my husband recalled my past and said that if he had not married me, no

one would have accepted me. Though I was not beaten, I felt that I could not live. I did not have the right to decide anything. A couple of times I was thinking of suicide. I wanted to go far away, to where nobody knew me.”

CHAPTER III

THE SOCIO-ECONOMIC CONTEXT FOR GBV IN VIET NAM



Traditional gender norms and cultural values

Vietnamese culture is rooted in Confucianism, which is characterized by patrilineal descent, patrilocal residence, male privilege and hierarchical relationships that support gender inequality (Bourke-Martignoni 2001; Mai et al. 2004; Ghuman 2005; Rydström 2006:333-336; Jonzon et al. 2007). Within Confucian tradition, a Vietnamese woman should possess four qualities, or “tu duc”. They are cong (hard-working), dung (attractive appearance), ngon (appropriate speech) and hanh (virtuous behaviour) (Binh 2004; Go et al. 2002, Hoang Tu Anh et al. 2003).

Under Confucian traditional belief systems, women’s duties are primarily associated with housework, procreation and nurturing of male offspring to perpetuate the husband’s family lineage (Barry 1996). Their central role is to maintain “family harmony”, “family values” and the reputation of the family as mothers, wives or daughters-in-law.

For men, Confucianism emphasizes the “five moral obligations” (Ngu luan). This defines the responsibilities and behaviours between people in five hierarchical relationships, including king and subject, father and children, older brother and younger brother, husband and wife, and older friend and younger friend. According to these obligations, the superior should educate the inferior and the inferior should obey the superior. The patriarchal system in Viet Nam also requires that men embody patrilineal honour across generations. Therefore, according to traditional norms, men should “teach” their wives in order to protect the honour of the family (Rydstrøm 2006). The proverb “give the stick for love, give candy for hate” (yeu cho roi cho vot, ghet cho ngot cho bui) also appears to justify violence by a husband to “teach” his wife.

The concepts of Yin and Yang are also central to gender constructs in Viet Nam. Men are perceived to embody the force of Yang, which correlates with “hot”, “sun”, “active”, “superior”, “aggressive”

and “powerful”, and can be characterized by a “hot temper” that is quick to anger. Women embody the force of Yin, which correlates with “cool”, “passive”, and “calm”. Women are meant to “endure” and “preserve harmony”. Because of their association with “hot”, men are also viewed as more able to consume alcohol, which is also considered “hot”. Alcohol and a hot temper are thus two common reasons people use to justify men’s use of violence toward women (Mai et al. 2005; Rydstrøm 2003; Loi et al. 1999).

The family has always had special significance in Vietnamese culture and marriage is practically universal, although divorce rates are rising. Women still tend to live in their parents’ house until they get married, at which point they move in with the husband’s family (Barry 1996), although this tradition is also changing. Divorced women are often stigmatized even when leaving an abusive relationship (Ha et al. 2009; IOM 2009a).

Masculinity is associated with sexual virility and femininity is associated with virginity or sexual passivity (Trang 2008; Cuong 2005; Gammeltoft 2001; Hong 1998). Men are considered the active agents in sexual relationships and women are expected to please their husbands by meeting their sexual demands (Ha 2008, Gammeltoft 2001).

Communication on matters relating to sexuality and sexual relations between husbands and wives is very limited (Hong, et al. 2009, Huong 2009). Sexual coercion within marriage is beginning to be documented (MOCST, GSO, UNICEF 2008; Hien 2008; Phong 2006) while the concept of sexual coercion within marriage is largely unknown within the larger society because both men and women believe that it is a wife’s fundamental responsibility to please her husband, including sexually (IOM 2009a; Hien 2008; Phong 2006).

Gender equality

Since 1930, the Vietnamese Communist Party has promoted the “equality of men and women” and women’s liberation has been an important theme

in the socialist agenda. The 1946 Constitution also made GE an institutional right (Drummond, Rydström 2004) and the 1960 Marriage and Family Law abolished concubinage, polygamy and forced marriages while emphasizing women’s equal rights with men. Then, during the wars of the 1960s and 1970s, women had to replace men as the heads of household, in agriculture, and in the factories. As a result, women’s roles in household decisions and society improved (Le Thi 1997).

Due also to some progressive gender policies, Viet Nam is ahead of most other countries with similar income levels in terms of GE and women’s status (CEDAW 2005). For example, the proportion of female parliamentarians in the 12th National Assembly reached 25.76%.

Gender equality in the context of the ‘Happy Family’

While Government policies formally advance GE, they typically do so within the context of traditional constructs of gendered identities within the family, as well as the ideal of the “Happy Family”. In this context, preventing violence against women is viewed as a way of maintaining traditional family roles for women as wives, mothers and custodians of family harmony, while it supports the woman’s rights to advancement and to work outside the family.

This is reflected in the Constitution, which specifies that the family is the “cell of society” with the State being the body that “protects marriage and the family” (Article 64: Socialist Republic of Viet Nam 1992; Vijayarasa 2009:2). The 1986 Law on Marriage and Family, doi moi and the first UN International Year of the Family in 1994 have all contributed to the development of State-sponsored campaigns to promote this ideal of the “Happy Family”. These include the Women’s Union campaign in 1994 to promote the “Prosperous, Egalitarian, Progressive and Happy Family”, and another campaign launched in the early 2000s, which called upon women to “Study Actively, Work Creatively, Raise Children Well and

Build Happy Families”.

On one hand, these campaigns honour women and generate respect for them, but on the other hand they also put enormous pressure on women

Setting the goal of a “happy family” as the raison d’être for preventing GBV may be a major barrier to transforming the gender norms that perpetuate violence against women.

to still comply with these traditional roles. They also reinforce stereotypes of women as the sole nurturer and caregiver in a family (Pettus 2003:79; Drummond 2004; Schuler et al 2006). As noted by Schuler et al, women have to be responsible not only for themselves but also for issues that are out of their control, such as the family economic success and their children’s or husband’s behaviour.

“Women are expected to work diligently to better themselves and their families, and to always put the family’s (and often the nation’s) interests ahead of their own. In identifying themselves so closely with their families, women often feel personally responsible when the family fails to live up to social and cultural norms.” (Schuler et al 2006:385)

These campaigns have also led to socially-constructed understandings⁸ of masculinity in contemporary Viet Nam. Men are expected to have a good career and be the breadwinners in order to achieve a modern and happy family (Gammeltoft 2001). Here, the husband’s role is to have a “good understanding of society” and he is encouraged to engage in social activities with other men or to spend more time away from the family (Phinney 2008). Several studies have indeed demonstrated that men have more opportunities to be mobile and engage in sexual relationships outside marriage than in pre-doi moi Viet Nam (Phinney 2008, Thuy 2008).

⁸ The idea that gender norms are “socially constructed” refers to the concept that gender, like many things, is defined by shared understandings of members of a society. The alternative would be to assume that gender roles are defined by “nature” - that is by one’s sex. Understanding that gender is “socially constructed” also means that gender roles and norms can change.

Thus scholars note that by promoting the ideal of the happy family, rather than individual women's rights, these policies still reinforce male privilege and power even as gender equity is being promoted (Mai et al. 2004; Ghuman 2005; Rydstrom 2006:333-336; Jonzon et al, 2007). Women's identities primarily as mothers, wives and daughters-in-law are also perpetuated.

“Natural” identities - masculinity, alcohol and violence

Based on their natural biology, men are viewed as “hot”. Alcohol is also hot and so it is expected that men will drink and, again based on their “nature”, get angry and possibly violent. At the same time, women are expected to maintain harmony. For example, in some programmes initiated by both the Government and some NGOs, women are taught through “life skills” that their role is to respond to using their “natural inclination” to create harmonious relationships.

The fact that these teachings appear to be so common is a reflection of how firmly entrenched these values are. While women do need to adopt strategies to keep themselves safe, the framing of these messages is critical in terms of whether they perpetuate gender norms or whether they play a role in transforming them. In interviews with representatives from some mass organizations, women from the Farmer's Union and Women's Union demonstrated a commitment to GE as well as to traditional norms and values that support the significance of the family. For example, the concept of the “Prosperous, Egalitarian, Progressive and Happy Family” frames the Plan of Action on the DVL for the Farmer's Union, which has been charged with generating public awareness about the law. One head from a mass organization said through an interpreter:

“In Viet Nam, if a husband gets angry, the wife should stand back a little... marriage needs cooperation between the husband and wife. For example, the man has to go out to work in society

and may get drunk. When he comes home, his wife should know how to behave. If the woman knows how to behave, they can wait until the husband recovers from being drunk and they can know how to talk with one another. That's the skill a woman must know to avoid being violated.”

From this quote, two themes around gender norms emerge that need attention:

- Purposeful or inadvertent teaching that DV is caused by alcohol, poverty or hardship rather than by the man who perpetrates violence.
- Placing responsibility and blame for potential abuse on the woman rather than the man.

A significant gap in addressing these norms is the lack of direct messaging to reinforce the well-documented fact that gender inequality, not alcohol or poverty, causes DV, coupled with a lack of information that addresses the potentially exacerbating relationships between these factors.

Son preference

Son preference lingers in Viet Nam and if a couple does not produce a son they may face economic hardship in old age, especially without a state social security system available to all. Meanwhile, strong patrilineal and patrilocal traditions mean that at marriage a daughter moves to her husband's home, where she is expected to care for her husband's parents until their death. The increased accessibility of sex selective technologies has led to a shift in Viet Nam's sex ratio at birth in favour of boys.

An analysis of GSO data demonstrates that sex-selective abortion in Viet Nam has increased rapidly over the past several years, leading to changes in the sex ratio at birth from 104 to 106 boys to every 100 girls in 2000 (normal) to approximately 111 boys to every 100 girls in 2007, to 112 to 100 in 2008 and then back to 111 to 100 in 2009 (UNFPA 2009:48; GSO 2010).

Men traditionally want sons in order to maintain the family lineage as well as to prove their masculinity. They report reluctance to use contraceptives based on the belief that this is a woman's responsibility, and they falsely believe that contraceptives reduce their masculinity (Hanh 2009). In addition, small scale research has shown that men and their families are more active in decision-making regarding having a third child and pre-natal sex selection (Hang 2009).

Revision of “Clause 10” of Viet Nam's Population Ordinance 09/2008/UBTVQH12,⁹ which states that families should have one or two children is called for as an infraction of rights under CEDAW (Chiongson 2009:83).

Doi Moi: From a planned economy to a market economy

While an in-depth analysis of the economic context of GBV is outside the scope of this paper, certain elements bear explanation to help situate parts of this study. Doi moi, or “renovation”, the reforms that shifted Viet Nam from a planned economy to a market economy, opened Viet Nam to its immediate neighbours at first and then gradually to the rest of the world in terms of open markets, information sharing and other aspects of globalization. It brought social changes that are not yet fully understood in terms of their impact on family and gender norms.

While many of these were positive changes, including economic opportunity and the freedom to move across borders, one negative impact of open borders was, and still is, increased trafficking in women and children (Vietnamese Non-Governmental Organizations 2006: 14). Some studies indicate that women have not benefitted equally from doi moi or from integration with the global economy (Bourke-Martignoni 2001). A number of studies have shown that while women's rate of participation in the labour market is high in Viet Nam, and has increased in recent years,

there continue to be significant gender disparities in income, economic opportunities and time spent working (Thuy et al. 2009:21-23). Further, in some studies that do show improvement, when the data is disaggregated by income, region and ethnicity, urban, Kinh-majority groups have benefitted more while rural, ethnic minority women benefitted less (Le Anh Tu Packard 2006:iv).

Migration, both internal and out of the country, has also escalated since doi moi, which has increased opportunities for migrants to improve their lives through economic independence, greater self-esteem and empowerment. On the other hand, it also increases women's and girls' vulnerability to abuse and exploitation at work and home (Rushing 2006). As Rushing's 2006 qualitative study of 20 girls aged 16 to 27 who were engaged in sex work stated, “...it is the gendered dimensions of migration, such as the demand for young women in the sex industry and perceived higher profit or more remittances from daughters, that makes them more vulnerable to trafficking and exploitation” (2006:474).

Publications by the International Organization for Migration (IOM) also suggest that women migrants are at a significant risk for violence (Piper 2009:339) and this has been substantiated in a qualitative study of migrant factory workers in southern Viet Nam. Of 80 women interviewed, 33 reported unwanted sexual intercourse, and of these 14 reported forced sexual intercourse. Forty-seven also reported physical violence (Piper 2009:236).

Due to their temporary status, migrants are often unable to register their households and, although the situation has improved with new regulations on household residence, enforcement of new rules remains weak. This creates barriers to migrants' accessing essential public services such as health care and education, largely because they are required to pay for them.

9 The Population Ordinance 09/2008/UBTVQH12, Clause 10 was revised on December 27, 2008.

Limited networks, and stigma from both society and government institutions, continue to limit migrants' access to information and services to protect themselves against violence (IOM 2009a).

In addition, policy makers and implementing agencies lack adequate knowledge on migrants and the scope of violence against women.

CHAPTER IV

THE LEGISLATIVE AND POLICY CONTEXT



Following a human rights framework

The Government of Viet Nam has been a leader in the region in policy and legislation to promote GE and to end violence against women. Viet Nam ratified CEDAW in 1982 and is a signatory to numerous other international human rights treaties and conventions that relate to GBV, as well as to other commitments (See box). Viet Nam's work to implement and report on CEDAW, and work to achieve the Millennium Development Goals¹⁰ has also helped to create a legal and policy framework that addresses GBV in the country.

Legal and policy framework for GBV

GE and GBV have been addressed, albeit in general terms, in several pieces of legislation since 1992. However, between 2004 and 2007 two key pieces of legislation were passed and one national plan of action was approved that specifically addressed trafficking, GE and DV, and which made significant improvements to the GBV legal and policy framework.

The 2004 - 2010 NPA against Trafficking of Women and Children supplemented earlier policy documents to strengthen efforts to combat human trafficking. Responsibility to combat trafficking is currently spread among ministries and mass organizations with coordination of repatriation efforts assigned to MOLISA's Department of Social Evils Prevention (DSEP).

Coordinated by MOLISA, the 2006 GEL provides for GE in all areas of life and details the responsibilities of organizations, institutions, families and individuals in ensuring these principles.

The 2007 DVL, with implementation led by the Ministry of Culture, Sports, and Tourism, provides explicit protection from violence within the family, covering a wide range of acts, including physical abuse, emotional and psychological abuses, infringing on custody and visitation rights, sexual abuse, forced marriage and divorce, property damage, economic abuse and forced eviction of family members. It also assigns responsibility

Human rights treaties and policy Frameworks Promoting GE to Viet Nam is a signatory

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (ratified in 1982) and General Recommendations (25)
- Covenant on Economic, Social and Cultural Rights (1982)
- Covenant on Civil and Political Rights (1982)
- Convention on the Rights of the Child (1990) and its two Optional Protocols (2000)
- International Conference on Population and Development Programme of Action (1994)
- Fourth World Conference on Women - Beijing Platform for Action (1995)
- Millennium Development Goals (2000)
- Declaration on the Elimination of Violence against Women in the ASEAN Region (2004)
- ASEAN Declaration Against Trafficking in Persons Particularly Women and Children, (2004)
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* - ILO

for the prevention and control of DV. The DVL provides for civil and administrative remedies, including protection orders, while the criminal remedies are addressed in the criminal code.

The Government has also issued decrees, circulars and national plans of action that outline the roles and responsibilities for implementation, monitoring, reporting, coordination and budgeting among line ministries, People's Committees, mass organizations, communities and individuals for the GEL, the DVL and the 2004 NPA against Trafficking of Women and Children.

	Laws	Policies	Strategy documents
Gender Equality	<ul style="list-style-type: none"> • Viet Nam Constitution, Articles 52, 63, 1992 • Civil Code, Article 5, 1995 • Law on Marriage and Family, Article 2, 2000 • Penal Code, Article 3, 1999 • Penal Code, Article 5, 2003 • Civil Procedure Code, Article 8, 2004 • Law on Gender Equality, 2006 • Reference: Chiongson 2009:3 	<ul style="list-style-type: none"> • Decree No. 70/2008/ND-CP, 2008 (stipulates enforcement of GEL) • Decree No. 48/2009/ND-CP, 2009 (stipulating measures to ensure gender equality) • Decree No. 55/2009/ND-CP, 2009 (stipulates penalties for administrative violations) • Resolution No. 57/2009/NQ-CP, implementation of resolution No. 11/2007/NQ/TW of the political bureau on the work for women in the period of accelerating industrialization and modernization of the country 	<ul style="list-style-type: none"> • National Strategy for the Advancement of Women by 2010 • National Plans of Action for the Advancement of Women by 2005, 2006-2010 National Family Strategy 2005-2010 • Strategy for Socio-economic Development 2001-2010 (mentions gender equality) • Comprehensive xPoverty Reduction and Growth Strategy (Hanoi 2003)
Domestic Violence	<ul style="list-style-type: none"> • Viet Nam Constitution, 1992 • Civil Code, 1995 • Law on Marriage and Family, 2000 • Penal Code, 2003 • Civil Procedure Code, 2004 • Law on Gender Equality, 2006 • Law on Domestic Violence Prevention and Control, 2007 • Population Ordinance 03/2003/PL-UBTVH11 	<ul style="list-style-type: none"> • Directive on the Implementation of the Law on Domestic Violence Prevention and Control No. 16/2008/CT-TTG (guides collaboration of each ministry that has responsibility for the DVL) • Decree 08/2009/ND-CP on Implementing Several Articles of the Law DV Prevention and Control (guides the implementation of a number of articles of the DVL) • Circular for DVL 16/2009/TT-BYT-2009 by MOH (guides the admission and provision of health care and reporting on patients who are victims of DV at health facilities) • Circular for DVL 02/2010/TT-BVHTTDL-2010 (provides detailed regulations on procedures relating to counselling facilities, services, and professionals) 	<ul style="list-style-type: none"> • Plan of Action on Domestic Violence Prevention and Control of the Ministry of Culture, Sports and Tourism in the 2008-2015 Period • National Plan of Action for Domestic Violence Prevention and Control, 2010-20 (draft) • National Family Strategy 2005-10
Trafficking of Women and Girls	<ul style="list-style-type: none"> • Law on Universal Primary Education, 1991 • Law on the Protection, Care and Education of Children, 2004 • Constitution, Section 65, 1992 • Penal Code, Articles 119, 120, 1999 • Labour Code, 1995 • Draft Law on Human Trafficking Prevention and Control • Reference for this section on trafficking of women and girls: www.humantrafficking.org 	<ul style="list-style-type: none"> • Directive No. 766/1997/TTg, • Resolution 09/1998/NQ-CP, 	<ul style="list-style-type: none"> • National Plan of Action Against Trafficking of Women and Children 2004-10 • National Programme of Action for Children 2001-10

10 Work on the MDGs has framed GE as a human right that is linked to poverty reduction goals.

Criminal and administrative sanctions

While the GEL and DVL expand existing definitions of violent and abusive behaviour, the penalties for actions covered in these laws are contained in the administrative and criminal legal framework. This framework is based on defined distinctions relating to the type of crime, the assumed intention of the perpetrator, the presence of aggravating factors (a weapon is used; the victim is pregnant; the perpetrator has committed the crime before) and the level of “injury” or “harm” to the victim. The law requires assessment by a medical professional of the “percentage” of harm inflicted, with 11% a minimum level of infirmity required to qualify an action as “criminal”.

Infirmity rates are defined in Inter-Circular No. 12/TTLB/1995 along with standards for medical examiners who prepare medical certificates as statements for the police and courts. The recent approval of Decree 110/2009/ND-CP on Administrative Sanctions on Domestic Violence Prevention and Control in December, 2009 provides further guidance on administrative violations that do not qualify as DV criminal acts. It will thus be important to ensure that the authorities at all levels are clear about when it is appropriate to apply the criminal versus administrative sanctions with this new decree.

The Gender Equality Law

Article 24:1 of the Gender Equality Law states that financial resources should include the state moneys, voluntary contributions of organizations and individuals, and other sources of legal income. The National Targeted Programme on Gender Equality 2011-2015 is currently being developed for submission to the National Assembly for approval and includes state budget allocation for implementation.

The Law on Domestic Violence Prevention and Control

Article 3 of Government Decree No. 8/2009/ND-CP, which provides details for implementation of the DVL, states that financial sources will include:

- annual allocations from the state in accordance with the state budget legislation

GBV HEALTH SCREENING PROGRAMME FUNDING ENDS

For the past seven years, Duc Giang Hospital, near Hanoi, has provided GBV screening services. Here, health providers are trained to screen for, and respond appropriately to, women’s needs. Women who disclose GBV are referred to a counselling centre within the hospital as a first step. They are assessed and referred to other services as needed.

The program was initially funded by the Ford Foundation with technical assistance from the Population Council and CSAGA. But funding ended in 2009 and to date hasn’t been replaced. Doctors and health care professionals connected to the program say they will continue but they are unsure how without funding for training, development of materials and operating costs.

- funds made available by ministries, ministerial-level officers, Government agencies and “political-social” organizations, for implementing their own tasks
- funds made available by provinces
- funds made available by Vietnamese and foreign organizations and individuals

The decree also notes that where there are high rates of violence - and where this has been verified by the local People’s Committee - facilities can receive state funds. According to MOCST, each of the 63 provinces in Viet Nam must develop a plan of action and allocate funding to implement the DVL.

Ministry of Health Circular No. 16/2009/TT-BYT provides guidelines on health care for people experiencing DV. It stipulates that health insurance must cover needed services. However, those

who experience violence but do not have health insurance must still pay for services themselves. Similarly, Article 23 of the DVL stipulates that expenses for medical care and treatment due to DV shall be covered by medical insurance if they hold a medical insurance card. Article 42 also states that the perpetrator, depending on the severity of the violation, shall either be fined as a civil violation, disciplined or charged under criminal law and required to compensate for any damages caused.

The National Plan of Action against the Crime of Trafficking in Children and Women

The NPA against Trafficking in Women and Children specifies that the Ministry of Planning and Investment (MPI) will coordinate with the Ministry of Finance (MOF) to allocate a budget to support anti-trafficking and include this in the annual plan submitted to the Prime Minister. Here, MOF is given the lead responsibility for this and in mobilizing funding from national and international sources.

Challenges to implementation of these policies

Budget

Major challenges to policy implementation are funding, coordination and monitoring. Guidelines in policy documents currently assign responsibility for funding of initiatives to State, provincial and local structures, and implementation of laws already in place will require significant human and financial resources. This includes: the cost of setting up systems to monitor, evaluate, report and track accountability; cost of developing, training and sustaining an inter-ministerial coordinating mechanism; training police, court personnel, health care workers, counsellors and other professionals; educating community members (mass media and face-to-face); providing services to survivors, including counselling, emergency shelter, health, legal, economic security, training and other services; conducting monitoring, evaluation and reporting; and creating the institutional changes needed to mainstream gender equity and to create safety for survivors of violence.

To date, no costing study has been carried out to identify how much is needed to implement the DVL, GEL and NPA on trafficking nationwide. This is also occurring in a climate of Government decentralization in processes, including for budget allocation, which can lead to disproportionate distribution of funds depending on the availability of money and the extent to which a provincial government prioritises GBV prevention and services. Therefore, low-income provinces often lack funds to allocate to GBV programming. It is encouraging though that all 63 provinces developed budgets to implement the DVL in 2009.

An important factor relating to the funding availability for law and policy implementation is the likely reduction of international funding as Viet Nam reaches middle-income country status in the near future. Some bilateral donors have already developed exit strategies, which may have implications on funding available for GBV programming.

International donors, such as UN agencies, donor governments and international NGOs support research, capacity building and technical assistance for community awareness raising as well as piloting of promising projects that provide services to women. The Gender Action Partnership (GAP), a quadripartite forum for advancing GE for government agencies, donors, UN and civil society, also maps programming and funding by organization¹¹ while networks of NGOs, researchers and other agencies, such as the Gender and Community Development

ACCOUNTABILITY

One strong recommendation of this paper is establishment of a high-level national committee to enhance accountability in GBV legislation, because it is still unclear how efforts are coordinated currently. At the moment, different aspects of GBV are covered by different ministries, particularly on issues relating to women’s safety and on norms that promote GE.

11 Gender Action Partnership Mapping on Gender Equality and GBV, 2009

Network (GENCOMNET), the Domestic Violence Prevention Network (DOVIPNET), the Network for the Empowerment of Women (NEW) and GAP coordinate extensive research on gender.

Yet coordination for GBV prevention and responses remains weak at the central, provincial, district and commune levels and as a result programmes tend to be fragmented. There is still neither a multi-sectoral national coordinating mechanism nor a single planning, monitoring and evaluation framework to ensure linkages and coherence between sectors providing GBV services. But as the State Managing Agency for the DVL, MOCST is the designated State Management Agency for coordination of the DVL. It is now drafting guidelines on a multi-agency collaboration mechanism that aims to unify coordination among agencies, committees, branches and mass organizations from central to local level.

Monitoring and evaluation

Monitoring and evaluation remain challenges, however. There is still no unified GBV data collection and reporting system. Currently, relevant agencies collect some data related to GBV, but there is no central agency that promotes harmonized indicators and uniform data collection systems or one that collects information at the national level. MOCST is currently developing a monitoring and evaluation framework for the DVL. However, this will need adequate resources and commitment from participating agencies.

While it is commendable to see broad allocation of responsibility for GBV from each line ministry down to the ordinary citizen, the diffuse nature of the responsibilities, in some cases without clear accountability, is still a limitation to effective implementation and must be addressed. On the other hand, if the model can be effectively executed it may transform the accepted norms on GBV in society, the role of bystander

A concern is that GBV is complex and responses to it should always consider a woman's safety. A model that empowers a broad range of people must also offer expansive training and skills building. Identifying promising practices in community responsibility for GBV is recommended. The main issues that are noted by this review as high priorities for strengthening policy include the following:

- developing a law on trafficking and signing the Palermo Protocol.¹²
- developing clear monitoring and evaluation guidelines, indicators and reporting requirements for all laws and policies.
- creating a high-level, multi-sectoral coordinating mechanism for GE and GBV comprised of Ministry and other Government agency representatives, mass organizations with participation of UN, donors and civil society.
- strengthening laws to include acts of stigma and discrimination as illegal.

CHAPTER V

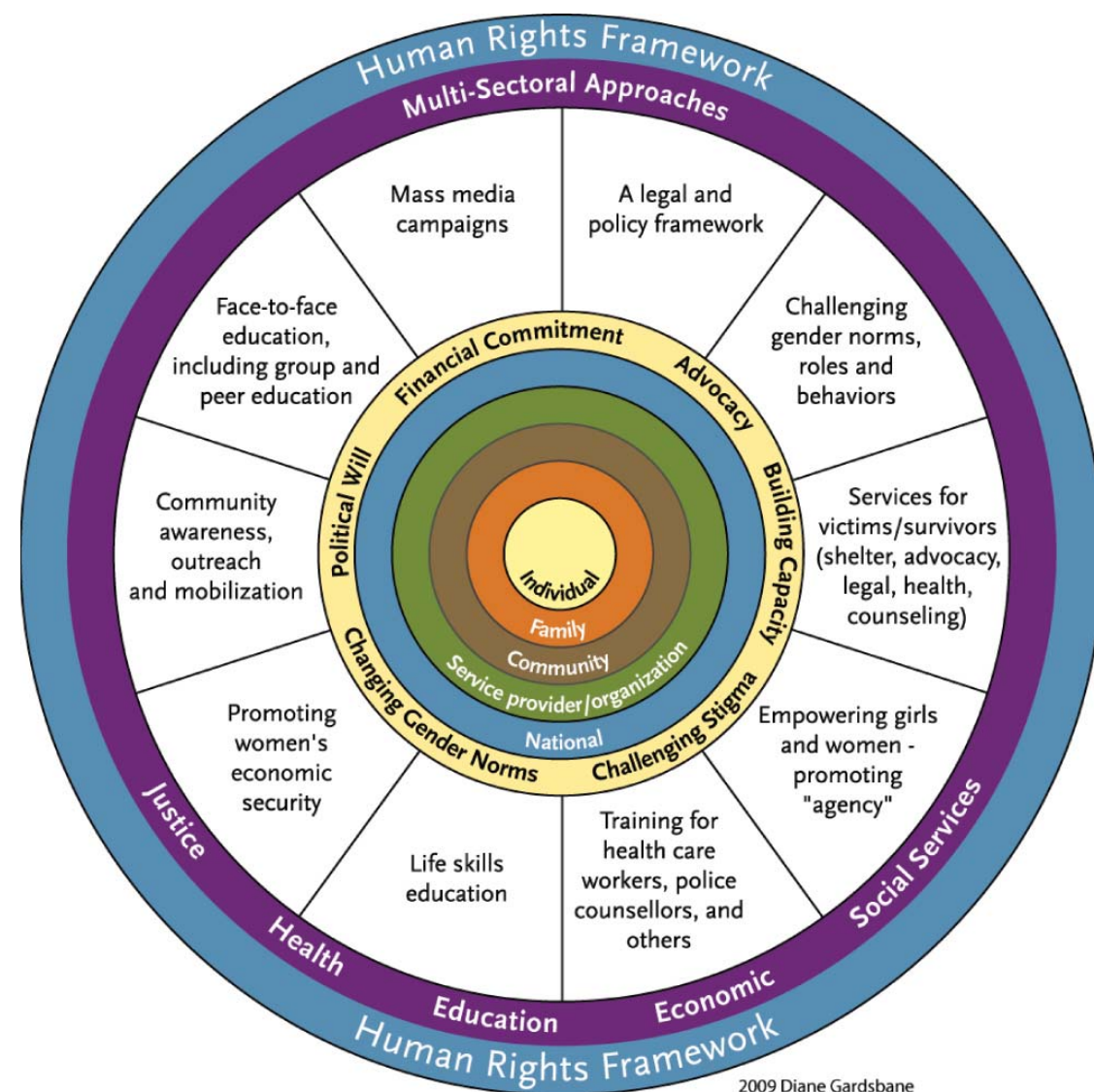
ADDRESSING GBV IN VIET NAM: AN ANALYSIS



¹² Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime entered into force on 25 December 2003

The GBV integrated model below presents a comprehensive approach to preventing and addressing gender-based violence. It summarizes the strategies and activities discussed most

often in international literature as necessary for preventing and addressing GBV and can be a useful tool for assessing both strengths and gaps within a particular context.



A comprehensive and integrated approach includes:

- a human rights framework (the outer circle)
- a multi-sectoral mechanism that integrates justice, health, education, economic, social services and other sectors (the second outside ring)
- strategies for multi-level impact at the individual, family, service provider/organization, community and national levels framed by political will, financial commitment, capacity building, advocacy, changing gender norms and challenging stigma (inner circles)
- multiple interventions (spokes of the model)

The model also builds on several conceptual frameworks that can be helpful in addressing the complexity that is presented by GBV. These include:

- a social constructivist understanding of gender roles, acknowledging that they are socially constructed rather than fixed and based on biological sex at birth (Connell 1987; Courtenay 2000).
- an ecological approach (Heise 1998) that points to the layered causes of gender-based violence, including individual, family, societal, institutional/structural and macro-systemic elements, and the need to address transformation at each level in order to effect systemic change
- an understanding that multiple interventions are needed and that programmes that integrate more than one programme component are more effective than those that address only one (Barker et al. 2007)

Applying this model in Viet Nam

Based on this model, each of the key elements required for an integrated approach to GBV is analysed below in relation to the strategies and services currently in place in Viet Nam.

The human rights framework

There is international agreement that a human rights framework is a necessary foundation for achieving GE (Erturk 2005) and a rights-based framework recognizes that discrimination and GBV are fundamental violations of a person's right to dignity, individual choice and freedom. As previously mentioned, Viet Nam has a good human rights framework in place.

The National Committee for the Women's Decade, established in 1985 and then re-established in 1993 as the National Committee for the Advancement of Women (NCFAW), has been providing stronger guidance and monitoring to national efforts to comply with CEDAW.

In 2008, authority for NCFAW was re-assigned to MOLISA consistent with this ministry's position as the State Management Agency for the GEL. Current reports on progress towards CEDAW indicate challenges in coordination, as well as institutional capacity and skills for monitoring, reporting and evaluation (Chiongson 2009; Vietnamese NGOs 2006). Some of the key issues raised about monitoring are:

- the need for national machinery or procedures to be established or strengthened to provide the necessary human and financial resources for monitoring and reporting
- the need for clearly defined and time-bound targets
- the need for systematic collection of sex-disaggregated data and gender analysis of data
- the need to allocate sufficient human and financial resources to support monitoring and reporting

(Chiongson 2009)

Multi-sectoral approaches (the second outside ring)

One of the main gaps within Viet Nam is that there is no multi-sectoral approach to preventing and addressing GBV. Although some programmes do integrate gender and HIV these are not yet common and institutional structures that promote collaboration should be further strengthened.

Strategies for multi-level impact - individual, family, community, service provider/organization, national (the five innermost circles)

The current structure in Viet Nam provides both mechanisms and strategies for achieving a multi-level impact - including individual, family, community, service provider/organization and national levels. This structure includes the local People's Committees, the Fatherland Front and

mass organizations, which are organized at national, provincial, district and commune levels. They have the capacity to reach both up to policy makers and down to individuals and families at the community level. The legal and policy framework for the GEL and DVL also outlines roles and responsibilities for these bodies at all of these levels.

Framed by political will, financial commitment, capacity building, advocacy, changing gender norms, and challenging stigma (the yellow ring) Anecdotal evidence suggests that the factors and strategies outlined thus far are needed to successfully address GBV. In Viet Nam, while political will and capacity building are present, financial commitment, changing gender norms and addressing stigma remain challenges.

Multiple Interventions (Spokes Of The Wheel)

While contexts vary considerably, the literature suggests that multiple interventions are important components of a comprehensive strategy to address GBV. These include (going through the spokes of the model) a legal and policy framework, challenging gender norms, roles and behaviours; services for victims and survivors of GBV; empowering girls and women - promoting agency; training for health care workers, counsellors, police, and others; life skills education; promoting women's economic security; community awareness, outreach and mobilization; face-to-face education including group and peer education; and mass media campaigns.

Information from the mapping of DV and GE activities, developed and circulated by the GAP, indicates that there are about 43 organizations¹³ providing GBV and GE related services and interventions. About 30 donors and organizations fund these programmes. Initiatives include multiple donors and multiple sectors at different levels. Some examples are the GOV-UN Joint Programme on Gender Equality, initiated in 2009 to strengthen capacity of governmental agencies at the central level, interventions in specific sectors, and community-level programmes that involve the participation of mass organizations and civil society. However, many of these initiatives are implemented as small scale pilot projects (UNFPA 2007).

Highlights of these interventions are provided below, although the legal and policy frameworks are addressed above.

1. Raising community awareness; challenging gender norms, roles and behaviours; and mass media campaigns

Several projects in Viet Nam have emphasized awareness raising among community members, local leaders and policymakers in order to create

an enabling environment for GBV prevention. Other projects have been successful in setting up multi-sectoral steering committees and winning the support of local authorities, mass organizations, police and the health sector. In addition to meetings and clubs, information, education and communication (IEC) materials have been developed and distributed, and public awareness campaigns and contests have been organized to raise awareness and change attitudes about gender norms.

In 2009 Viet Nam launched the nationwide "I Am a Man, I Am Against Violence" campaign to challenge existing gender norms and to promote positive roles and behaviours for men age 18 to 45 as an approach to preventing DV. The project is co-chaired by MOCST and Peace & Development with 25 partners, including mass organizations, INGOs, LNGOs, the UN and AECID contributing technical expertise or funding. One aspect of the project is holding community-based discussion groups with men in 16 provinces to discuss the campaign messages and to invite them to reflect on their attitudes and behaviours related to GE and DV. Longer-term clubs for young men are also being developed by the YU with support from UNIFEM, to give young men a forum in which to reflect on gender norms and GBV.

Male involvement and direct services for perpetrators have also been initiated and counsellors at CSAGA, CWD, CCIHP and the HHD have in many cases gained the knowledge and skills they need to work with perpetrators. There are a few club models for male perpetrators and men in general as well, for example the club "Husbands and Fathers", by the RAFH project, and a "Men's Club" founded by CCIHP. The FU is also integrating communication on GE and GBV into member meetings and recently held its first training on working with male perpetrators of violence.

¹³ In the mapping, there are 41 organizations. However, we learned that COHED and LIFE, two local NGOs, also carry out a research intervention project on gender mainstreaming in care and treatment services in response to the needs of women who are living with HIV/AIDS.

CSAGA in partnership with other organizations has also been very active in reaching out to the public through mass media. It has developed a multi-pronged campaign on DV consisting of films, talk shows, a series of broadcasts on the DVL, five programmes targeting men and 58 live radio spots with a question-and-answer format. UNODC has also worked with CSAGA and MPS to develop a television show, “Breaking the Silence”, which aired on national TV in 2009, to raise awareness of DV and the role of the community and justice sector in addressing it. CSAGA and Oxfam Great Britain have developed a project with VTV and local journalists to change gender stereotypes in Viet Nam.

Since 2008 the nationally broadcast radio programme “Window of Love” has been integrating DV into its programming. From late 2008 to early 2009 the WU and UNIFEM also collected more than 1 million signatures from men and women in the “Say NO to Violence against Women” campaign.

2.Services for survivors

Police and the judiciary services

Viet Nam provides a legislative framework in which survivors of violence have the right to seek redress in cases of discrimination, and police and the justice sector can respond to situations of violence against women by protecting survivors while holding perpetrators accountable. According to the DVL, survivors of violence have the right to dignity, the right to request protection from the police and courts and the right to “legitimate benefits” (Socialist Republic of Viet Nam 2007, DVL).

Article 74 of the constitution affords survivors the right to file complaints and denunciations, and the criminal code gives denouncers the right to request protection when they are being intimidated, harassed or threatened (Chiongson 2009). The police, courts and investigating bodies have the power to apply necessary measures to prevent violence, protect survivors and sanction

perpetrators. Depending on the forms of violence and the severity of injuries, perpetrators of GBV are addressed under administrative or criminal laws as mentioned in the legal and policy framework section.

Survivors of violence may also seek justice through the support of the legal aid system. Viet Nam officially established a legal aid system in 1997 to better support people in disadvantaged situations. At the central level, the national legal aid agency is housed in the Ministry of Justice. All 63 provinces in the country also have legal aid departments, which are housed in the provincial Department of Justice. There are also about 3000 legal aid “clubs” at the commune level.

This system provides free legal services, including advice, representation, help with petitions and mediation through their legal officers and collaborators. Currently survivors of GBV and trafficking are provided free legal aid under the framework of the project, “Support to the Legal Aid System in Viet Nam, 2005 - 2009” co-funded by the Swedish International Development Cooperation Agency (SIDA), the Swiss Agency for Development and Cooperation (SDC), Oxfam Novib and Save the Children Sweden.¹⁴

The Law on Legal Aid 2006 states that the poor, ethnic minorities, single elderly, individuals living with disabilities, children with no form of support and people with “meritorious services to the Revolution” are eligible for legal aid. In addition, trafficked women, survivors of DV and people living with HIV/AIDS are also provided free legal aid under “Support to the Legal Aid System in Viet Nam 2005 - 2009”.

However, the Law on Legal Aid does not explicitly include survivors of GBV as eligible for free legal aid (National Legal Aid Agency 2009). Although there are about 800 legal aid officers and more than 8,000 legal aid collaborators nationwide, they tend to participate more in “reconciliation groups”, which play a very important role in addressing DV. However, the question as to whether legal aid collaborators provide effective support for women

through reconciliation groups will be discussed further in challenges, particular in the paragraph on reconciliation approaches.

Despite the advanced legal framework and the availability of the legal aid system, existing studies on DV, trafficking of women and sexual violence indicate that the number of cases that enter the justice system is much lower than the actual cases of GBV (IOM, 2009a; Minh 2007; UNODC 2005)

Additionally, almost all DV survivors reported that they did not seek support from police or the court system (IOM 2009a; Minh 2007; UNODC 2005). Rather, they typically accessed legal or court services only in very serious cases of abuse or when they sought divorce (IOM 2009a; Minh, 2007; Mai, et al 2004). And abused women rarely reveal sexual violence as evidence of abuse or as their reason for seeking support.

Elsewhere, literature has shown that sexual violence in Viet Nam, including the crime of rape, remains underreported (IOM 2009a; Hien; 2008). Some interviews conducted for this paper with representatives from police and judicial sectors revealed that almost all reported rape cases occurred outside of marriage. Girls and women who had been trafficked said that they go to police for assistance, and some of them attend court cases to sanction traffickers (from interviews with trafficked girls and women, 2009). Sex workers reported that they did not ask for support from police because of both stigma and the fact that sex work is illegal (Do Van Quan 2009).

As mentioned, the National Legal Aid Agency has carried out a number of projects to strengthen the capacity of legal aid providers and to ensure access to legal aid for target groups, including survivors of GBV, with support from government and international organizations. A recent study found that the number of people who sought legal aid increased from 22,802 to 175,297 between 1998 and 2006 (Ly 2008). Still, one representative from the National Legal Aid Agency also said that there was no specific data for DV and trafficking cases.

Additionally, UNODC is currently implementing a project to strengthen capacity among law enforcement and the justice sector to respond to DV. It is supporting the MPS and MOJ to develop regulatory documents on implementation of the DVL, conducting trainings for police and the justice sector, and strengthening the capacity of the National Legal Aid Agency. UNODC is also supporting the development of specific criminal justice approaches based on the results of a survey of criminal justice responses to DV and the quality of services provided to survivors (to be released in late 2010).

Projects within health facilities as well as within community-based organizations are also referring women and their families to legal aid in cases of DV. In addition, CSAGA has developed a network of lawyers who can provide legal assistance for some serious cases of GBV pro bono, although to date they have only been able to support small numbers of women.

Screening and health care

Recognizing that a health facility is a good entry point for screening and treating abused women, and that health providers play a very important role in identifying and providing support for women, the health sector has collaborated with some NGOs and the UN to pilot GBV interventions in the health sector. In the Ipas¹⁵ model, screening for GBV was integrated into pre-abortion counselling in Tu Du Hospital, Ho Chi Minh City. The model included screening of all women and girls above age 15 who visited the hospital for abortion services.

Pathfinder International also works to sensitize health service providers on the issue of prenatal sex-selection, and builds capacity for health service providers to improve their skills and knowledge on screening for GBV as well as on making referrals. Several other projects work in the health sector as well, to make it an entry point, including a partnership at Duc Giang Hospital between the Hanoi Health Department, the Population Council and CSAGA. There are also the CCIHP/CIHP project in Nghe An, the UNFPA

¹⁴ An extension of the Support to the Legal Aid System in Viet Nam 2010 - 12 with support from SDC and Oxfam Novib is currently under development.

¹⁵ Ipas is a non-profit organization.

project in Phu Tho Province and another UNFPA project in Ben Tre, which also work with the health sector (UNFPA 2007, CIHP, AED 2009).

When health providers identify GBV survivors by screening, they refer these women to counselling centres that may be on the hospital premises or may be working in collaboration with the hospital at another site. In addition to treating physical and psychological injuries, health facilities can also allow survivors to stay there for a few days to prevent further violence, and here anecdotal evidence shows that screening and support at the health facility do save women’s lives (Hanoi Health Department 2009).

The success of these integrated models for addressing GBV at health facilities has helped the Ministry of Health (MOH) move forward in developing policies in response to the DVL. In addition to the Circular on Domestic Violence, MOH has revised its National Standards and Guidelines on Reproductive Health Care (NSGRHC) with a new chapter on working with survivors of GBV and companion training materials (pending approval). Unfortunately, these policies have not yet been implemented widely.

Still other projects, including the COHED/LIFE/ Boston University project, and Centre for Public Health and Community Development (CEPHAD) offer information, counselling and referrals for people living with HIV/AIDS (PLHIV). However, these models are still in the early stages and are facing barriers due to stigma toward PLHIV, the limited capacity of health providers and a lack of referral services.

Counselling

At the community level, “Reconciliation Groups”, which usually consist of the chair of the local

People’s Committee, representatives of mass organizations such as the WU, representatives from the Fatherland Front and the head of the village, hamlet or township where a woman lives, are supposed to work with women and families that are experiencing any kind of conflict or violence as “mediators” and “counsellors” (Socialist Republic of Viet Nam 2007). In general, however, members of this committee are community volunteers who are not trained in counselling and who lack legal literacy. Therefore, they provide advice and mediation based on their own knowledge and experience.

In order to improve the effectiveness of these reconciliation groups, there are several projects providing training to these groups on counselling skills, GBV and legal literacy. However, an enormous amount of time and resources will be needed to reach the scale required to cover the entire country.

Counselling centres established at health facilities under HHD/PC/CSAGA, CCIHP and UNFPA projects have also been effective in supporting GBV survivors, who may be referred from networks or individuals at the community level, such as mass organizations, commune health workers, population collaborators and others. These centres provide counselling on safety planning, mental health, stress, self-esteem and decision-making, and make referrals to other social and legal services where needed. These centres also provide services to survivors who have been referred from networks at the community level, such as mass organizations, commune health workers, population collaborators and others.

Table 1 shows the numbers for clients visiting five counselling centres operated or supported by HDD/PC/CSAGA, CCIHP and UNFPA. The data shows the importance of connecting screening services with counselling and community level networks.

Number of clients visiting counselling centres in five hospitals by June 2009 (Le Thi Phuong Mai, 2009)

	Cua Lo (Nghe An Province)	Binh Dai (Ben Tre Province)	Doan Hung (Phu Tho Province)	Duc Giang (Hanoi)	Dong Anh (Hanoi)
Number of clients	94	131	37	3,999	305
% referred from health providers	37%	67%	60%	20%	26%
Number of DV survivors*	94	108	37	1,383	305

*Counselling centres also offer counselling on other sexual and reproductive health issues.

There are a number of counselling models provided for GBV survivors. They include counselling centres at the community level, such as the RAFH project, and counselling through self-help groups made up of DV survivors, migrants and trafficked women. CSAGA, the Counselling Centre for Psychology, Love, Marriage and Family (LMF), and the WU provide counselling on GBV both in-person and through telephone hotlines. In its current draft-circular, “Implementation Guidelines on Domestic Violence Prevention and Control”, MOCST also lays out plans to develop counselling centres with standard requirements and training curricula to train and certify DV counsellors. It will be an important step for developing a national pool of qualified counsellors on DV.

Shelter

Nationwide there are only 10 shelters for women in all of Viet Nam, and only two of these are for DV survivors and their children. The other eight are for women and girls who have experienced trafficking, and are operated by the WU and MOLISA with technical and financial support from international NGOs and donors.¹⁶ Shelters that exist provide women and girls with access to medical care, counselling services, education, vocational training, life skills training, and some offer kindergartens. Most of these shelters have strong networks with other social and legal services, however, their capacity is limited. For example, the shelter operated by the WU Centre

for Women and Development can only serve about 20 clients at a time and from March 2007 to November 2009 had served only 149 survivors of DV and 41 survivors of trafficking.

Trusted addresses

UNFPA and SDC have supported a project by the WU to mainstream GE in the family as part of the larger UNFPA population and reproductive health programme. This has produced a series of “trusted addresses” for survivors of DV in Thai Binh Province where women can stay with a family while project staff work with the husband or other perpetrator. The model is being further piloted by the WU in Ben Tre as part of a larger project to create awareness and services in the community and the health sector. According to a UNFPA review, this model can be a potential alternative in the context of a lack of funding for GBV shelters. However, this model requires a strong social cohesion and willingness to assist others. This model also raises important questions about its feasibility as well as the safety of women and the trusted address host family (UNFPA 2007:57).

3. Training for health care workers, police, counsellors and others

Several small-scale projects have been piloted in Viet Nam to provide training to professionals who interact with survivors of GBV. As mentioned

16 DV shelters in Hanoi and Hue, and trafficking shelters in Hanoi, Lao Cai, Lang Son City, Ha Long City, Long Xuyen City (2), Can Tho, and Ho Chi Minh City.

earlier, health providers have been trained on GBV, screening and counselling as part of three health sector GBV screening and service delivery projects supported by HHD/PC/CSAGA, CCIHP and UNFPA.

Currently, the training curriculum at medical universities and medical colleges does not address GBV. And while MOH has integrated GBV content into training materials for the National Standards and Guidelines on Reproductive Health Care, training has not yet been implemented nationally (UNFPA 2007). One positive note, however, is that evaluations and project site reviews show that there have been significant changes in health providers' attitudes toward GE and GBV due to awareness raising, sensitizing, support and supervision. Health providers are more active in screening for, and identifying, GBV cases not only for physical violence but also for psychological violence. One post intervention survey by the Population Council also showed that the percentage of health providers who reported psychological violence had increased from 18.9% at pre-intervention survey to 42.4% at post-intervention survey and reports of sexual coercion jumped from 6.8 to 20.3% ($P < 0.001$) (Le Thi Phuong Mai et al. 2005).

Health providers have also contributed to breaking the silence on GBV in the health setting. However, a significant portion still maintains traditional gender-inequitable attitudes (UNFPA 2007; CIHP, AED 2009; Le Thi Phuong Mai et al. 2005). The same post intervention survey showed that 55% of health providers agreed that a man should show that he is the head of the family, 73% consider poverty a cause of DV, and 62% blame alcohol and gambling, while only 27% said that gender inequality was the cause violence (Le Thi Phuong Mai et al. 2005).

Health providers also report several other obstacles to screening for GBV, including time constraints, fear of offending the women, fear of possible repercussions from the perpetrator, and the belief that addressing violence is not a duty of health sector (Jonzon, Dang Vung et al. 2007; UNFPA 2007).

To date the number of police and judicial officers who have actually received DV training is modest, but there are projects on GBV prevention and services providing short trainings to policemen and judges. MOJ and MPS have made efforts to disseminate materials on the DVL at the grassroots level. One example is the UNODC-supported project, "Strengthening the Capacity of the Law Enforcement and Justice Sectors to Prevent and Respond to Domestic Violence in Viet Nam". The project has organized trainings to sensitize police and judicial officers to address GBV and will ultimately be integrated into the curriculum of the Police Academy and Court College.

4. Empowering girls and women - promoting "agency" and promoting economic security

Having the capacity to act according to one's own initiative, in other words, to have "agency", is in essence, the heart and soul of women's empowerment. "Agency" implies that a woman has the needed awareness and skills to drive her own agenda, as well as the ability to recognize and use whatever resources are at her disposal to do so. Activities that support women's empowerment include self-help groups, life skills training, education and job training, as well as legal and financial support that enable women to take action.

"Self-help", or support groups, which provide a forum for survivors of GBV to share their experiences, learn skills and empower themselves, have been used globally as a powerful and inexpensive means of promoting women's "agency". Several organizations in Viet Nam have established self-help groups for DV survivors, including CSAGA, RAFH and CCIHP in collaboration with local the WU. The CCIHP project found that women moved through various levels of empowerment throughout the project and that empowerment of women was also influenced by other factors such as gender inequality within the community, socio-cultural values and the quality and efficiency of supportive services (Quach 2009).

IOM, CSAGA, the Research Centre for Family Health and Community Development (CEFACOM) and the Community and Health Development Organization (known as "LIGHT") have also initiated self-help groups for migrants who experienced DV. These are linked to counselling, health services and other services with very positive results (IOM 2009b).

The self-help group model is also being used in a number of trafficking projects, for example one operated by IOM and one by the Centre for Education Promotion and Empowerment of Women (CEPEW). Creative activities, such as photography, singing and drama have also been introduced by some groups as methods for survivors to voice their experiences.

Several groups provide small-scale activities that support women's empowerment through vocational training and other economic strengthening approaches. For example, the Asia Foundation, which promotes women's empowerment and economic security as a means of preventing trafficking, provides capacity building to the An Giang Vocational Training Centre that serves girls and women in An Giang. Oxfam GB promotes economic capacity building for prevention of trafficking through women's clubs, as one aspect of their portfolio in Viet Nam. In addition, DV and trafficking shelters promote vocational training as well as support to women seeking jobs.

5. Life skills education and school-based education

Life skills, including goal-setting, decision-making, communication, assertiveness and negotiation skills, can help women prevent or mitigate relationship violence. CSAGA uses life skills training in connection with self-help groups as one of their strategies for empowering women, including those who remain in violent relationships. Shelters for DV and trafficking survivors also use life skills trainings as a core element of services.

Good practices for life skills programmes acknowledge that because of gender inequality women may not be able to exercise life skills without increasing her risk of violence; however, women should not be blamed for causing violence because they choose to use life skills.

One of the most effective ways to prevent and control GBV is to challenge gender inequality norms and promote GE in individuals from a young age. Over the past several years the education sector in Viet Nam has been working to integrate GE, RH and HIV/AIDS into student curricula. Some projects address sexual abuse in "extra-curriculum" programmes (UNFPA 2007) and the Ministry of Education and Training (MOET) will soon be integrating GBV prevention and control in a training curriculum for pupils. The draft curriculum includes lessons on types of GBV, including sexual abuse and sexual harassment, and raises awareness about the DVL.

With financial support from SDC, RAFH has also been piloting a project to integrate GE and GBV in kindergarten and primary schools in Ninh Binh Province. Evaluations have already found that the activities were interesting and creative and that students demonstrated understanding of the concepts presented (Greig and Phuong 2009). In 2008, CSAGA developed an extra-curriculum guidebook for teachers on GE and DV as well, with support from UNFPA. It was piloted in Ben Tre Province and 265 secondary and high school teachers participated in the training. As a result DV, was incorporated into lessons 312 times (UNFPA 2008).

The education sector can also help in detection and screening of GBV, and in ensuring proper referral for GBV survivors. In addition, they can ensure that training on GBV is incorporated into curricula for multiple sectors, including education, medical, police, judicial and social work students. However, GBV is still not integrated at the university level and UNFPA plans to work with MOH to integrate it into the medical university and medical secondary schools.

Challenges In Access To Services

Although access is improving, there are still a number of gaps and barriers that prevent or reduce women's access to services that require strengthening.

Piloting and small-scale interventions

Most GBV interventions in Viet Nam are largely often in the pilot stage and operate on a small scale. For example, there are just two shelters for DV survivors and eight for trafficked women and girls nationwide while five hospitals are screening for violence and providing counselling to women. Limited numbers of police and judicial officers have received training on GE and GBV, meanwhile, and while there are several community-based programmes and counselling centres, they are still of a relatively small scale.

Limited collaboration among sectors

While some projects have strengthened coordination among sectors, others have revealed that multi-sectoral collaboration remains weak. Lack of coordination and collaboration between service providers and projects in effect limits the availability and effectiveness of referral services (UNFPA 2007; Greig and Phuong 2009). Anecdotal evidence also shows that counsellors do not feel confident that police or courts will provide sufficient support for clients they might refer while follow-up on cross-sectoral referrals is very limited (Greig and Phuong 2009). One hospital survey where a GBV screening project is in place revealed that only 16.7% of interviewed health providers followed up with patients after referring them to the counselling centre (Le Thi Phuong Mai 2005: 34). In addition, the shortage of social workers in Viet Nam challenges the capacity of service providers to follow up and support survivors.

Need for a legal framework that provides clearer and more effective guidance

The current legal framework on GBV still needs to provide clearer and more effective guidance for police, judges and legal aid providers. A UNIFEM-sponsored review of laws addressing violence against women has shown that some forms of violence are not well defined in current laws (UNIFEM 2009) and that there is still no explicit definition, or prohibition, of sexual harassment in Vietnamese legal documents. Nor does the 1999 Penal Code include a provision on rape within marriage. Marital rape is covered under the DVL but this only provides for "administrative punishments" and fines. Thus, in order to prosecute marital rape judges may decide to apply other articles of the Penal Code.¹⁷ While the new DVL provides some additional guidance, as discussed earlier, challenges of determining whether an offense is criminal or civil has strong implications for police and judges. Policemen who were interviewed shared that lack of clarity has made it challenging to charge perpetrators for anything other than physical violence, or for very serious mental offense in some cases.

Limited knowledge and lack of gender-sensitive attitudes

Local authorities, health providers, police, judges, legal aid providers and members of reconciliation groups still have limited knowledge about the DVL. They also lack gender-sensitive attitudes and skills to work with GBV survivors. Some survivors also said in interviews that local authorities in their neighbourhoods were not being proactive on DV and there is still widespread belief that it is

a "family issue". This also prevents women from seeking support.

"The support from local authorities was very limited. When I called police, they asked me why I called them so often. They said they know about the law, but they had not received any training. They said they had a lot of other work to do and it (DV) was not their specialization. They asked me why I do not just get a divorce."

-DV survivor

A report from the National Legal Aid Agency in 2009 also found that a majority of legal aid providers had not been sufficiently trained in how to work with survivors of GBV, and that they continue to find it very challenging to provide sensitive and effective services to these clients. Interviewed representatives from the National Legal Aid Agency said that only five provincial legal aid centres among 63 provinces were mainstreaming gender, but that in these provinces they did receive training on gender and GBV.

Thus, police and legal aid providers may not understand the complexities that women face in making decisions about their relationships overall and they (police) may become frustrated when GBV survivors change their decisions about prosecuting perpetrators. As one legal aid worker said,

"In some cases, we worked very hard to investigate. When we had the evidence and were ready to bring the cases to court, the women withdrew their complaint letters, so we could not proceed with those cases. We felt very disappointed. This discourages police for the next case."

"Reconciliation" and the lack of a large pool of qualified counsellors and social workers

"Reconciliation committees" work as the local arm of the MOJ to "guide, assist and persuade" individuals to reach agreement relating to minor disputes. They are ostensibly for family members who have civil disputes, marriage disputes and family disputes (Ordinance on the Organization and

Activities of Reconciliation at the Grassroots Level, 1998). Yet while the reconciliation approach can be effective in dealing with some minor conflicts, it doesn't address the root causes of GBV. As the name suggests, reconciliation groups focus on persuading both sides to make compromises as a means of promoting harmony and the process often simply reinforces traditional gender inequity while limiting the choices of women. As a result, many women who experience violence tend to hide it in order to ensure the success of mediation (Hoang Tu Anh et al 2009, Dovipnet 2009). One woman shared her disappointment with the approach:

"They follow exactly the reconciliation principle. They come and ask the couple to stop fighting, but this does not really end violence. They treat both the perpetrators and survivors in a similar way. They push the burden to women, and ask women to give in. ...because local authorities report on the number of cases that they successfully reconcile. Therefore, they ask women to not only sacrifice for their families and their children, but also for the village."

This results in part from the lack of a large pool of qualified counsellors and social workers nationwide. A 2005 UNICEF assessment of social work in Viet Nam recommended that social workers be employed in all relevant Government and non-governmental agencies to provide counselling and family case work and to work with those in need of special protection (UNICEF 2005). UNICEF reported that this would significantly support survivors of GBV as well as support those working with perpetrators. These social workers could also become part of the pool of counsellors certified under the MOCST circular.

Limited knowledge of laws and legal aid

Limited knowledge about the legal system and about legal aid among survivors themselves also prevents them from accessing justice. A review conducted by Vasavakul et al (2009) showed that people in Viet Nam have very little understanding of their legal rights, of legal aid in general or of

¹⁷ If a husband uses force or the threat of force, takes advantage of the victims' state of being unable to defend themselves or resorts to other tricks in order to have sexual intercourse with the victim against her will, a judge may decide to apply another article of the penal code, such as Article 104.- Intentionally inflicting injury on or causing harm to the health of other persons if there is an injury with an infirmity rate of more than 11% or Article 151.- Ill-treating or persecuting grandparents, parents, spouses, children, grandchildren and/or fosterers thus causing serious consequences.

where to go for services (Vasavakul et al. 2009; National Legal Aid Agency 2009).

A recent study by DOVIPNET found that in Yen Bai, Hoa Binh, Dien Bien, Lai Chau and Hung Yen provinces, most respondents did not fully understand the DVL and rather considered DV a matter of family conflict rather than a social issue.

Stigma towards gender-based violence

Existing literature presents evidence that women are usually the ones blamed when there is violence, especially when they reveal it to police and local authorities (CIHP, AED 2009; Dovipnet 2009; Minh et al. 2008). Some programmes on GE and GBV inadvertently reinforce traditional gender inequality, which perpetuates stereotypes of men as the heads of household and women as wives, mothers or victims (Greig and Phuong 2009; Schuler et al. 2006).

One gender audit found that “representatives from the WU mentioned the need to equip women with tactics to avoid getting beaten, such as training them to speak softly. Unfortunately, these remarks will only send women a message that they are somehow responsible for, or deserving of, being beaten” (Greig and Phuong 2009).

Many GBV survivors say also that it requires a great deal of effort to access services.

“I have to fight with not only the perpetrator, but also the whole system at resident area, local authorities and my in-laws.”

-Survivor of violence, age 44

Discrimination and marginalization

Stigma and discrimination toward sex work and HIV are yet more barriers that prevent sex workers and people living with HIV/AIDS from accessing services and justice. Because of heavy stigmatization toward sex work, categorized institutionally and socially as a “social evil” in Viet Nam, sex workers report they do not seek

support from police when they are physically abused, forced to have sex, raped or economically abused because they are afraid of arrest (Do Van Quan 2009). And one representative from MPS confirmed the fact that sex workers indeed “do not seek support from police”.

Some law enforcement personnel believe that sex workers cannot be “raped” in the true sense of the term because they have already given consent to sexual relations.

“Most of the violence that happens to sex workers comes from pimps. Clients do not use violence. If a sex worker agrees to sell sex, it is hard to say that she was raped or abused. Maybe sometimes clients slap or beat sex workers. However, sex workers cannot report it because if they do, they will reveal their status. And if sex workers want to make a claim about this, they need to show evidence of injury. So far we have not gotten any reports on this issue.”

-MPS representative

Migrants also struggle with additional barriers to accessing services. First they may think that they do not have the right to ask for help from local institutions because they do not have permanent residence cards. Second, migrants often do not have information about services. An IOM study showed that local authorities were indeed not willing to help migrants and that services ostensibly to assist migrants experiencing violence were not accessible to migrant workers who worked long hours (IOM 2009a).

In general, services for ethnic minority women are also limited. As one response to this, project officers from RAFH and CEPHAD, two NGOs working in the mountainous areas of Viet Nam, reported that they arrange interpreters for trainings or group activities and they would like to develop IEC materials in ethnic minority languages in the future.

Fear of corruption and of male power over the courts

Lan¹⁸ has been beaten and insulted for years by

her husband and his family members. In late 2008, she was referred to Peace House by a counselor at Duc Giang hospital. After staying there for a while, she came back home. Local authorities arranged a meeting between her, her husband and sister-in-law. After the meeting, her husband's family convinced her to sign a document waiving her rights to the land and house as a prerequisite to a reunion with her husband and children. After some months, her husband pushed her out of the family. So she moved back to Peace House. She is preparing documents to sue her husband to gain back her property rights. She gets support from legal aid; however, she is very worried that she will not win the case because she has heard the rumor that her husband is using money to influence the court.

-Survivor of violence, age 33

Viet Nam has made many efforts to fight corruption in general and passed its Law on Corruption Prevention and Control in 2005. This issue has been discussed in many National Assembly meetings as well. However, as the story of “Lan” illustrates, many GBV survivors are concerned about the transparency of police, local authorities and the courts, and whether court decisions do enough to punish perpetrators or decide child custody and property rights fairly (Hoang Tu Anh et al. 2009).

Challenges to involving men as partners

The concept of “working with men” is relatively new for a number of organizations working in DV specifically and in gender and development in general. Experience from other fields, such as family planning and RH, shows that it is difficult to involve men. It requires that staff learn and apply new skills and approaches.

Several projects are trying to engage men in GE and GBV prevention through community-based clubs, however, such as those by RAFH, UNFPA and CCIHP. Interviews with UNFPA staff have revealed that although community groups on GBV are open to both men and women, many men feel that these groups are just for women. Staff from the CCIHP project have reported that men who already do not use violence and who exhibit more gender-equitable behaviours that may participate in awareness raising and positive communication activities. But men who are known to use violence typically refuse to participate in counselling or other activities and project staff are also reluctant to involve them.

18 A pseudonym.

CHAPTER VI

RECOMMENDATIONS



The following nine recommendations are based on the need to develop a multi-sectoral coordination mechanism within the framework of existing gender equality and violence coordination mechanisms in Viet Nam. This would provide a forum for harmonizing efforts and for ensuring accountability for all of these urgent tasks.

1. Advocate for adequate state budget allocation to prevent GBV and offer treatment, protection, justice and support for survivors of violence.

The GEL, DVL and NPOA against Trafficking of Women and Children assign responsibility for funding of activities. However, as noted earlier in this report, state funding is still insufficient. Legislation should include a funding package that will provide services, as well as training and capacity building, at national (national hotlines, coordination mechanism), provincial and local levels (i.e., shelter, legal aid, counselling and other services, training and capacity building).

- Conduct costing analyses using costing experts paired with GBV experts to:
 - assess the costs of GBV to the nation.
 - develop costing models that provide estimates of funding needed to provide services.
- Raise awareness among policy makers on GBV and budget needs.
- Advocate for a national targeted programme on GBV. Until this happens, the criteria for use of funds under the National Targeted Programme on Gender Equality should be expanded so that funds can be used for GBV.
- Ensure that funds are allocated from State and provincial budgets to ensure that GBV legislation and programmes are adequately supported.
- Identify unmet financial and technical resource needs and develop a resource mobilization strategy to fill any gap.

2. Strengthen and/or establish a unified data collection system and a planning, monitoring and evaluation framework.

A national GBV prevention and response planning, monitoring, and evaluation framework (PM&E), that harmonizes all relevant ministerial, and related agencies, data collection systems to include monitoring for GBV, is needed. A harmonized system will ensure that data collected across Viet Nam is comparable and therefore useful; that it is used to promote accountability; and that data serves the purpose of directing planning relating to services provided and quality improvement. MOCST has initiated a Ministerial level database on DV that might be further expanded to become a national data base.

- Provide training on M&E, data management, data analysis and quality improvement to strengthen capacity for data collection, analysis and use.
- Revise all ministry data collection systems to include indicators relating to GBV. Harmonize data collection through one central agency.
- Conduct a national survey on GBV every five years. Explore whether this could be accomplished by including an existing module on violence in the Demographic Health Survey if this is carried out again.

3. Revise or develop new policies and legislation, to include types of violence currently not covered and to include support for marginalized populations.

While existing legislation provides a good framework for addressing specific types of GBV, particularly DV and trafficking, existing laws do not cover all types of violence, such as sexual harassment, and marginalized populations that experience violence, such as sex workers, ethnic minorities, injection drug users, disabled women and girls, and HIV-positive women. This would

include several specific actions.

- Develop a law on trafficking and signing the Palermo Protocol.
- Clarify definitions of various forms of violence and revising laws and policies on GBV and Legal Aid, the DVL, the Labour Code and the Penal Code as needed:
 - use the multi-sectoral coordinating mechanism to review laws and develop recommendations for revisions.¹⁹
 - revise the Legal Aid Law to make all survivors of GBV eligible for free legal aid.
 - revise the Labour Code and other legislation to include sexual harassment.
 - review criminal and administrative sanctions to assess gaps in justice and advocate for changes where needed.
 - ensure that marginalized populations such as sex workers, injection drug users and HIV-positive women can access legal protection and other services.

4. Strengthen the capacity of the police and the judiciary to implement GBV policies and legislation.

Several successful practices are in place in Viet Nam to support justice-seeking by survivors of GBV. These include the National Legal Aid System, which provides services to survivors of violence and trafficking, and promising pilots that are training provincial police and justice staff. Nonetheless, low levels of awareness among women about their legal rights and the lack of knowledge about GBV among justice system “gatekeepers” still create significant barriers. Other factors include undefined categories of GBV in key legislation, such as sexual harassment in the workplace, stigma and discrimination and insufficient capacity of the justice system to meet the needs of those who experience GBV.

- Provide capacity building and training for gender-sensitive services for legal aid officers/legal aid centres and for the court system.
- Advertise legal aid services widely to improve awareness and increase accessibility particularly at the provincial level.
- Train key police and justice providers in knowledge and skills to address individual cases.

5. Integrate GBV into the education system to transform young people’s understanding of GE and ensure that teachers and administrators can support basic counselling or refer young people to services.

Sustainable prevention of GBV will rely on transforming young people’s understanding of gender roles. The education sector provides key opportunities to sensitize students and education professionals on issues that promote gender equity and GBV prevention. As noted above, the education system has begun to implement projects to integrate GE and GBV prevention into curricula, and these efforts should be scaled up, supported and evaluated, while new practices are also introduced. In addition, intervention for forms of GBV that affect students (including child sexual abuse, sexual harassment and dating violence) can be provided. Activities should include the following.

- Create age-appropriate curricula to build awareness and skills to prevent GBV among in-school and out-of-school youth.
- Improve teachers’ capacity to promote GE, to prevent GBV and to provide appropriate interventions for students who are experiencing or witnessing violence.
- Provide training on prevention of sexual harassment for teachers, administrators and students.
- Provide school-based and community-based services for youth on GBV (where school health providers or other staff are

¹⁹ May be an update of that conducted by UNIFEM in 2006 (Chiongsong 2009), before the DVL was passed.

trained to identify and provide intervention services for child abuse, child sexual abuse, date rape and other forms of violence).

6. Ensure that a minimum package of GBV prevention, treatment, protection and support services is available and that these services are accessible and affordable for every person in the country through a multi-sectoral response.

Women who are impacted by GBV should be eligible for a minimum package of services to ensure that they can make choices about their lives and have the ability to take action on these choices. These services need to be accessible and available to all populations, including those that are hard to serve.

This recommendation is supported by the President of the UN General Assembly, H.E. Sheikha Haya Rashed Al Khalifa, who stated in 2007 that women are entitled to services provided by the state and that these services include shelter, legal aid, medical services, psychological care and other support.

See <http://www.un.org/ga/president/61/letters/Them.deb.gender-report.pdf>.

- Hold a national workshop with diverse stakeholders, including women survivors, to define the “minimum package”. Components should include safety and safety planning, emergency shelter, advocacy to support women’s decision-making, self-help groups, counselling, health services, economic support and legal services that include punishment for perpetrators.
- Conduct a needs assessment that includes a cost analysis of the minimum package of services to identify what is needed to bring services to scale to make the minimum package a reality.
- Create quality assurance indicators and standard protocols for components of the minimum package.

- Conduct GE and GBV training for police, social workers, teachers, prosecutors, judges, health workers, media and other professionals.

7. Raise awareness and change norms to promote GE and to eliminate GBV, including establishing a national behaviour change communication strategy.

A sustained and integrated campaign to raise awareness about GE and GBV, and to change traditional gender norms for both men and women, is needed from the national level down to the community level. Global research has shown that effectiveness increases when two or more strategies are combined, for example community outreach, mobilization, mass-media campaigns, face-to-face education, and service; and when strategies that try to transform gender roles are used instead of those that just create awareness about gender-specific needs (Barker et al.2007). The following are needed to raise awareness and change norms:

- Develop a 10-year behaviour change strategy managed by the multi-sectoral national coordinating mechanism and which includes:
 - targeting high-level government officials to create the political will necessary to make GBV a priority
 - demonstrating ideal values for the family, such as power-sharing between men and women on family responsibilities, and non-violent male role models
 - targeting both the general population, marginalized groups (such as ethnic minorities, sex workers, injection drug users and women and girls with disabilities), specific groups and local leaders
- Integrate changed norms into structures that will reach the individual, family and community levels. These include integrating gender equity norms into clan regulations

(quy uoc dong toc), village regulations (huong uoc) and People’s Committee practices while ensuring representation of women in decision-making positions.

- Provide capacity building and technical assistance for GBV-related mass communication activities and for the media.

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

Empowering women to exercise control over their own decision-making²⁰ is a significant aspect of GBV prevention and intervention. Activities that support women’s empowerment include self-help groups, support groups, life skills training, education and job training as well as legal and financial support that enable them to take action. Recommendations to increase women’s empowerment in Viet Nam include:

- Providing support to organizations that sponsor self-help and life skills training; evaluating and scaling-up promising practices and promoting knowledge among women about these services.
- Providing training for women about their rights and building skills in addressing GBV.
- Promoting the legal and economic empowerment of women (land rights, wages and pensions).
- Raise the percentage of female participation in significant decision-making positions.

9. Develop a research agenda to build an evidence base for programming to address GBV that is relevant to Viet Nam.

Globally GBV is still poorly researched and more data is needed to provide relevant statistics and current, local understanding about gender attitudes and other drivers of GBV among

majority populations, minority populations and marginalized groups. Viet Nam is changing rapidly and findings from the research that explored the concepts of the early 21st century, much of which forms the analytical basis for this paper, are already changing. For each area of research, studies should look at majority populations as well as marginalized populations. Activities would include:

- Create a five-year research agenda through the coordinating mechanism to ensure participation in priority-setting across sectors, and with input from all key stakeholders based in order to:
 - understand changing gender constructs and gendered identities; this should include looking at why some individuals see “gender equality and “happy family” as complimentary rather than opposing concepts
 - further identify of forms of violence in Viet Nam, specifically, looking at areas where there is little in-depth knowledge, such as sexual harassment, rape, dating violence and marital rape
 - understand how alcohol, poverty and HIV intersect GBV
 - further data collection and qualitative research on son preference and skewed sex ratio at birth; how they have a detrimental impact on girls and women
 - identify the types of violence that marginalized populations, such as sex workers, IDUs, women and girls with disabilities, and men who have sex with men experience, their needs for prevention and services, and what legislation needs to be revised in order to reduce stigma and discrimination against these groups
 - research on programmes and interventions that have been effective to understand how they can be replicated; this should include an evaluation of whether programmes

²⁰ Also defined as women’s “agency”..

that explicitly promote GE are more successful than those that are based on the ideal of “happy families”, or where the two concepts are jointly promoted

- Map out research that has been conducted and is currently underway, and update research where it is more than five years old with the original studies as a baseline.
- Engage regional researchers in a meeting to discuss findings.

ADDENDUM

Results of the National Study on Domestic Violence against Women in Viet Nam released on 25 November 2010.

New data released highlights that more than half of women in Viet Nam are potentially at risk of abuse at some point in their lives, according to the National Study on Domestic Violence against Women in Viet Nam. The study was carried out by the General Statistics Office (GSO), with technical assistance from the World Health Organisation (WHO). The study confirmed that domestic violence against women in Viet Nam is a serious problem.

The study sought for the first time to obtain detailed information nationwide about the prevalence, frequency and types of domestic violence against women, and risk factors and consequences. The study consisted of a quantitative component (a population-based survey) and a qualitative component (in-depth interviews and focus groups discussions). More than 4800 women were interviewed throughout the country, using a questionnaire adapted from the WHO's Multi-country Study on Women's Health and Domestic Violence against Women. Around thirty in-depth interviews and four focus group discussions with women, men, and key informants were conducted in each of these three provinces - Ha Noi, Hue, and Ben Tre.

Key findings include

- Overall, 32 per cent of ever-married women reported having experienced physical violence in their life and 6 per cent had experienced physical violence in the past 12 months. The study showed that physical violence starts early in a relationship and lessens with age.
- About 10 per cent of women reported an

experience of physical violence by someone other than a partner. Perpetrators were mainly male family members.

- Among women interviewed, 10 per cent reported sexual violence by their husbands or partners at least sometime in their lives. The prevalence of sexual violence by partners in the past 12 months was 4 per cent.
- Combining data for physical and sexual violence, 34 per cent of women reported that they had experienced physical and sexual violence by a husband in their lifetime while 9 per cent had in the last 12 months.
- The prevalence of emotional violence is high and 54 per cent of women report lifetime emotional abuse and 25 per cent report currently experiencing emotional violence. Women reporting physical and sexual violence almost always report emotional violence.
- Combining all three kinds of abuse, 58 per cent of women report ever experiencing physical, sexual or emotional abuse, and 27 per cent report experiencing any type of violence in the past 12 months.
- DV survivors are almost two times more likely to report poor health and physical problems than non-abused women. Health effects last long after the violence happened. Associations between physical or sexual violence and health outcomes indicate that domestic violence has serious consequences on women's physical and mental health.
- About 5 per cent of women who had been pregnant reported being beaten during pregnancy, mostly by the father of the unborn child.
- Almost one in four women with children under 15 years old reported that their children have been physically abused

by her partner. More than half of women experienced physical partner violence also reported that their children have witnessed the violence at least once.

- Women are three times more likely to be abused by a husband than by any other perpetrator.
- Half of DV survivors had never told anyone about the violence. Only a small number of survivors sought support from local authorities, police or health services.

Violence against women is very much hidden.

- About one fifth of the abused women left home for at least one night. Women reported having almost no options in terms of places they can go, and usually returned home for the sake of the family. Many women believe that violence in relationships is "normal" and that women should tolerate and endure what is happening to them for the sake of family harmony.

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