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Characteristics of Male Perpetrators of Intimate Partner Violence in Vietnam

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Characteristics of Male Perpetrators of Intimate Partner Violence in Vietnam

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Bachelor of Arts

Carleton College

2011

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An abstract of a thesis submitted to the Faculty of the Rollins School of Public Health of Emory University in partial fulfillment of the requirements for the degree of Master of Public Health in Global Health 2013

Abstract

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Using the survey responses of 522 married men aged 18-49 years in My Hao district of Hung Yen Province, Vietnam, this article examines the characteristics of men who perpetrate intimate partner violence (IPV). 36.6% of participants reported ever having perpetrated psychological, physical or sexual IPV against their wives. Physical violence was the most common form of IPV perpetrated, with 28.0% of men reporting it compared to 21.2% reporting psychological violence and only 0.2% reporting sexual violence. Bivariate analysis showed that men who had witnessed IPV as children and men who were ever hit or beaten as a child were more likely to perpetrate IPV. However, no other characteristics were significantly different between perpetrators and non-perpetrators in the bivariate analysis. In multivariate analyses, witnessing IPV as a child and being physically hit or beaten as a child were associated with perpetrating IPV. Programs to prevent IPV may need to target the wider sociocultural context of violence, including violence against children in the home.

Keywords: intimate partner violence, men's perpetration, Vietnam

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Chapter 1: Introduction

The World Health Organization's *World Report on Violence and Health* states that intimate partner violence (IPV) is one of the most common forms of violence experienced by women (WHO, 2002b). Intimate partner violence, defined as "physical, sexual, or psychological harm by a current or former partner or spouse," is a global public health and human rights issue (CDC, 2010). While global estimates vary, the World Health Organization reports that between 10 and 69% of interviewed women reported physical intimate partner violence at some point in their lives (WHO, 2002b). While there are instances of women perpetrating IPV against their male partners and violence between same sex partners, women are the main victims of IPV (CDC, 2010; WHO, 2002a). IPV can have both short and long term physical and mental health impacts for the victim. Victims of IPV have long-term poor health status and place a higher demand on health and social services (Campbell, 2002).

In Vietnam, as in the rest of the global community, IPV against women is an understudied public health issue. In the first national study on IPV, carried out in 2010, 32% of ever-married women reported physical violence (Thuc & Hendra, 2010). A previous study conducted among 883 married women aged 17-60 years by Vung et al (2008) on the socio-demographic factors associated with IPV in rural Vietnam showed that younger couples were more likely to experience IPV. Low income and low education levels for men were significant risk factors. Additionally, if the man had multiple partners, the woman's risk of experiencing violence increased significantly (Vung, Ostergren, & Krantz, 2008).

Despite the global scale of IPV, there is a limited body of research on the topic. The majority of existing research focuses on the female victims, not on the male perpetrators. While research focusing on the female victims is necessary to understand the magnitude of the issue and to develop support services for victims, it is also necessary to understand the men who perpetrate

the violence. Better understanding of characteristics of male perpetrators and their attitudes may help in designing better intervention programs to prevent IPV.

Data for this study was collected as part of a two-year study among married men and women ages 18-49 years in 13 communes in My Hao district of Hung Yen province, located approximately 30 km from Hanoi. The survey tool was based off of the survey instrument used in the National Study on Domestic Violence Against Women in Vietnam and information gained from cognitive interviews, open-ended interviews and focus group discussions that were part of the larger study (Thuc & Hendra, 2010). The survey consisted of a series of modules, which collected basic demographic and socioeconomic information about respondents as well as attitudes about women's recourse to IPV, women's exposure to and men's perpetration of IPV, and experiences of violence in childhood.

The purpose of this study is to identify characteristics that are linked to men's perpetration of IPV. The main research question is: what are the characteristics of men who perpetrate intimate partner violence as compared to men who do not? Identifying these characteristics can be helpful in designing and targeting prevention campaigns at the men most likely to perpetrate IPV.

Chapter 2: Literature Review

Definition, prevalence, and health impacts of IPV

Definition

Intimate partner violence (IPV) is defined as “physical, sexual, or psychological harm by a current or former partner or spouse”(CDC, 2010).¹ While violence can be perpetrated by women against men or in same sex partnerships, the overwhelming majority of violence is perpetrated by men against women (CDC, 2010; WHO, 2002a). This study focuses solely on violence perpetrated by men against women. Given that extramarital affairs are rarely acknowledged in Vietnam, IPV in this study refers to violence perpetrated by the husband against the wife.

Prevalence

IPV against women is a universal issue that occurs in every country and every culture (UN, 2006). Global prevalence of physical intimate partner violence varies. The World Health Organization’s *World Report on Violence and Health* carried out 48 population based surveys and found that between 10 and 69% of women reported lifetime physical intimate partner violence. The number of women reporting physical violence in the past twelve months varied from less than 3% among ever partnered in the United States, Canada and Australia to 52% among currently married women in the West Bank and Gaza Strip (WHO, 2002b). A later study looking at 15 sites in 10 countries reported prevalence levels ranging from 15% in a Japanese city to 71% in an Ethiopian province (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). A population based study looking at ten countries reported 20-75% of women

¹ In this study physical violence includes: slapping or throwing, pushing, shoving or pulling hair, hitting with fist or other object that can cause harm, kicking, dragging or beating up, choking or burning and threatening to or using a gun, knife or other weapon. Psychological violence is defined as belittling or humiliating her in front of others, insulting, scaring or intimidating her, threatening to cause harm to her or loved ones and threatening or actually throwing her out of the house. Sexual violence is defined as physically forced sexual intercourse.

experience injuries from IPV at least once in their life time (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008).

Despite increasing interest in the issue, there is still a dearth of information on the prevalence of IPV against women. Discrepancies between definitions of IPV and research methods make it challenging to compare the prevalence between settings or across the globe (Garcia-Moreno et al., 2006; Garcia-Moreno & Watts, 2011; Krantz & Garcia-Moreno, 2005; WHO, 2002b).

Health Impacts

IPV is widely recognized as a global public health issue and a major cause of morbidity and mortality among women (Garcia-Moreno & Watts, 2011; Krantz & Garcia-Moreno, 2005). IPV can have both short and long term effects on the health of women (Bonomi et al., 2006; Breiding, Black, & Ryan, 2008; Campbell, 2002). Additionally, witnessing intimate partner violence is believed to have physical, social and psychosocial effects on children (Wood & Sommers, 2011).

Acute injuries are the most immediate health effects of IPV (Bonomi et al., 2009; Ellsberg et al., 2008; Howe & Crilly, 2002; McCauley et al., 1995; Plichta, 2004; Sheridan & Nash, 2007). Acute physical effects may include: maxillofacial injuries (Le, Dierks, Ueek, Homer, & Potter, 2001; Plichta, 2004); lacerations, abrasions and bruises (Ellsberg et al., 2008; Plichta, 2004; Sheridan & Nash, 2007); soft tissue injury (Sheridan & Nash, 2007); head, neck and face injury (Campbell, 2002; Sheridan & Nash, 2007); and fractures and joint injuries (Ellsberg et al., 2008; McCauley et al., 1995; Plichta, 2004; Sheridan & Nash, 2007). Many victims suffer from disability due to the acute injuries sustained during the abuse (Breiding et al., 2008; Coker, Smith, Bethea, King, & McKeown, 2000).

Intimate partner violence can also cause reproductive health issues. Reproductive health issues may be acute or chronic. These issues include: vaginitis (Bonomi et al., 2009); urinary tract infection (Bonomi et al., 2009; Coker et al., 2000; Plichta, 2004); sexual transmitted diseases (Bonomi et al., 2009; Breiding et al., 2008; Coker et al., 2000; Plichta, 2004); vaginal, anal and urethral trauma (Campbell, 2002); sexual dysfunction (McCauley et al., 1995); and unintended or unwanted pregnancy (Campbell, 2002). Furthermore, IPV during pregnancy can lead to adverse pregnancy outcomes (Boy & Salihu, 2004; Campbell, 2002; Cokkinides, Coker, Sanferson, Addy, & Bethea, 1999; Kady, Gilbert, & Smith, 2005; Plichta, 2004) such as uterine rupture (Kady et al., 2005), premature birth (Kady et al., 2005), low birth weight (Boy & Salihu, 2004; Kady et al., 2005), feto-infant mortality (Boy & Salihu, 2004; Kady et al., 2005) and maternal mortality (Boy & Salihu, 2004; Kady et al., 2005).

Chronic health effects of intimate partner violence are extensive and varied. Chronic symptoms may include: neurological disorders (Bonomi et al., 2009; Campbell, 2002) such as headache (Bonomi et al., 2009; Coker et al., 2000; McCauley et al., 1995) and migraine (Breiding et al., 2008; Campbell, 2002; Coker et al., 2000); gastrointestinal disorders and abdominal pain (Bonomi et al., 2009; Breiding et al., 2008; Campbell, 2002; Coker et al., 2000; McCauley et al., 1995); chest pain and angina (Bonomi et al., 2009; Breiding et al., 2008; Campbell, 2002); respiratory tract infection (Bonomi et al., 2009); suppression of endocrine and immune system functions (Breiding et al., 2008; Campbell, 2002); and chronic pain (Breiding et al., 2008; Coker et al., 2000; Hegarty, Gunn, & Chondros, 2008; Plichta, 2004) such as back pain (Bonomi et al., 2009; Campbell, 2002) and arthritis and degenerative joint diseases (Bonomi et al., 2009; Breiding et al., 2008; Coker et al., 2000). Victims of IPV also report poor general health (Bonomi et al., 2006; Breiding et al., 2008; Coker et al., 2000; Ellsberg et al., 2008;

Plichta, 2004).

Intimate partner violence is the cause of a significant number of homicide deaths among women (Campbell, 2002; Plichta, 2004; Sheridan & Nash, 2007). According to studies from Australia, Canada, Israel, South Africa and the United States, 40-70% of female murder victims are killed by an intimate partner (WHO, 2002b).

Beyond the physical health impacts, IPV has mental health effects on victims. Depression (Bonomi et al., 2009; Bonomi et al., 2006; Campbell, 2002; Ellsberg et al., 2008; Hegarty et al., 2008; McCauley et al., 1995) and post traumatic stress disorder (Breiding et al., 2008; Campbell, 2002) are the two major mental health effects. IPV is also associated with anxiety (Breiding et al., 2008; McCauley et al., 1995) and somatic syndromes (Breiding et al., 2008; McCauley et al., 1995). Furthermore, IPV is associated with suicidal thoughts and suicide (Campbell, 2002; Ellsberg et al., 2008; McCauley et al., 1995).

IPV has also been associated with increased risk taking behaviors that can have a negative impact on physical and mental health. Victims of IPV have higher rates of substance abuse and recreational drug use (Bonomi et al., 2009; Breiding et al., 2008; Campbell, 2002; McCauley et al., 1995; Plichta, 2004), heavy drinking and binge drinking (Bonomi et al., 2006; Breiding et al., 2008; Campbell, 2002) and tobacco use (Bonomi et al., 2009; Bonomi et al., 2006; Plichta, 2004). Victims of IPV also report increased risk factors for HIV (Breiding et al., 2008).

In addition to the physical and mental health effects experienced by the victims, intimate partner violence leads to higher use of health care plans and health services. Women who have ever experienced physical partner violence require more clinic, hospital, pharmacy and mental health services than non-victimized women (WHO, 2002b). Victims of IPV have been reported

to have 92% more health care costs than non-victims (Campbell, 2002).

There has been extremely limited research on the health impacts for the men who perpetrate IPV. Two studies report that perpetration of IPV is associated with high risk sexual behavior such as multiple partners and unprotected anal and vaginal intercourse which could place these men at a higher risk of sexual transmitted infection (El-Bassel et al., 2001; Raj et al., 2006). However, these studies are limited by their study populations (methadone clinic patients and Hispanic and African American men) calling into question how generalizable these results may be.

Intimate Partner Violence in Vietnam

Vietnam, a densely populated country in Southeast Asia, has experienced significant economic growth since economic reforms or *doi moi* began in 1986. However, the country is still plagued by economic inequality, limited access to healthcare and gender equality issues. Traditional gender roles are based on Confucianism, emphasizing filial piety and patrilineal inheritance. According to Confucian beliefs, women are expected to be loyal to their fathers before marriage and their husbands after marriage (Zhang & Locke, 2002). With the rise of socialist ideology came an emphasis on gender equality. Legislation such as the 1960 Marriage and Family Law Act and the updated 2000 version make violence against wives illegal.

Under the Marriage and Family Law Act husbands and wives “are strictly forbidden to commit acts of ill-treating, persecuting or hurting the honor, dignity or prestige of each other (“The Marriage and Family Law Act,” 2000). Ill-treating or harming children is also forbidden. Reducing violence against women has also been one of the priorities of the government’s Millennium Development campaigns (Kabeer, Anh, & Loi, 2005).

However, the traditional cultural norms still undercut official policy. With the growing economy, women are finding more opportunities outside of the historical and traditional roles, challenging the existing norms (Vung et al., 2008). Men are still seen to be the primary breadwinners despite the growing role women play in the public work place. Additionally, while women have been taking on more responsibility outside the home, they are still expected to manage the housework and child rearing. Pressure between the old and the new leads to a complex and, at times strained, gender relationships that may result in issues such as intimate partner violence.

In 2010, the General Statistics Office carried out a qualitative and quantitative study on domestic violence in Vietnam providing the first set of national data on IPV in the nation. Out of 4,838 women aged 18-60 years included in the study, 32% of ever-married women reported physical violence and 6% of married women reported this type of violence in the last 12 months (Thuc & Hendra, 2010). These results are similar to the 2002 study conducted among married women aged 17-60 years in rural Bavi District, Ha Tey Province. Of the 883 women who participated in the survey, 30.9% reported physical violence in their lifetime and 8.3% reported violence in the previous 12 months (Vung et al., 2008). This study also showed that younger couples were more likely to experience IPV. Low income and low education level for the men was a significant risk factor. Additionally, if the man had multiple partners, the woman's risk of experiencing violence increased significantly (Vung et al., 2008).

Risk Factors for Men's Perpetration of IPV

Much of the existing research on men's perpetration of IPV against women has been carried out in wealthier countries, mainly among college aged men, men in the military, men in drug treatment programs, or recent immigrants (Gupta et al., 2009; Leonard & Blane, 1992;

Murphy, Meyer, & O'Leary, 1993; Neidig, Friedman, & Collins, 1986). Whether the results of these studies are generalizable beyond these subsets of the population is unclear. Recently, a growing number of studies have examined male perpetrators in diverse settings including South Africa (Abrahams, Jewkes, Hoffman, & Laubsher, 2004; Abrahams, Jewkes, Laubscher, & Hoffman, 2006; Gass, 2011), Uganda (Speizer, 2010) India (Go et al., 2010; Martin, Tsui, Maitra, & Marinshaw, 1999), Bangladesh (Sambisa, Angeles, Lance, Naved, & Curtis, 2010) and Thailand (Hoffman, Demo, & Edwards, 1994). However, this issue still is understudied, and further context specific research is necessary to understand the global scope of this problem.

Multiple academic theories seek to explain intimate partner violence against women. Three main theories were used to frame this study: social learning theory, resource theory and status conflict theory. Social learning theory argues that behaviors can be acquired or learned through observing the behaviors of others. Behaviors are reinforced by observing the rewards or consequences that follow as a result of any given action (Bandura, 1971; Sellers, Cochran, & Branch, 2005). According to social learning theory, if a child was to witness IPV or experience violence as a child, they would potentially see perpetrating IPV as an action that is rewarded, not punished. IPV would be an acceptable or even approved behavior. Witnessing violence as a child, specifically witnessing the father hitting the mother or experiencing child abuse have been associated with perpetration of violence (Gass, 2011; Speizer, 2010). Studying the relationship between men and their sons in rural Vietnam, Rydstrom (2006), observed that violence and power were strongly interrelated. Furthermore, Rydstrom argues that using violence in the father-son relationship may not be a conscious choice, but a result of the social and cultural practices that find these behaviors to be acceptable or even encouraged (Rydstrom, 2006).

Resource theory argues that there are four main resources that dictate relationships and social interactions: 1) economic factors, 2) respect, 3) force or the threat of force, 4) likability (Goode, 1971). As family and partner relations are one subset of social interactions, these four factors also play a role in the interactions between men and women in relationships. If men lack other resources, such as economic resources, they may use force to control their relationship with their wives. Economic status, especially factors like employment and income level, which are associated with education and age, play a crucial role in dictating gender relations. Men are traditionally portrayed as the breadwinner of the family. In relationships where women, rather than men, earn more income, it is argued that men will use IPV in order to reassert their authority (Macmillan & Gartner, 1999). Looking at factors that play a role in men's perpetration of IPV, if the man had little or no education (Martin et al., 1999; Sambisa et al., 2010), low income (Go et al., 2010; Hoffman et al., 1994; Martin et al., 1999; Sambisa et al., 2010), and low age at start of marriage (Martin et al., 1999) he was more likely to perpetrate violence against his female partner. These factors may be mitigated or exacerbated based on the women's level of education, income or age.

This connects to status conflict theory, which argues that it is not a single factor that leads to men's perpetration of IPV but a the interaction of a variety of factors from multiple levels of society that lead to inequality and therefore conflict between men and women (Dutton, 1994). Within the relationship, several factors were associated with perpetration of intimate partner violence including previous verbal marital conflict (Abrahams et al., 2004; Abrahams et al., 2006), having multiple children (Martin et al., 1999; Speizer, 2010) and gender role transgression (such as the wife refusing sex or disobeying the husband) (Abrahams et al., 2004).

Societal factors like inclusion in a group or having friendships also play a role. Go, et al. (2010) found that having three or more friends was associated with less perpetration of violence. However, men who visited “wine bars” (local drinking venues) with friends were more likely to be violent (Go et al., 2010).

Using social learning theory, resource theory and status conflict theory to frame the investigation of characteristics of male perpetrators of IPV allows for the examination of a variety of factors and interactions that may be associated with IPV perpetration.

Chapter 3: Manuscript

Characteristics of male perpetrators of intimate partner violence in Vietnam

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Contribution of Student

Eilidh M. Higgins carried out all writing, analysis and table development. Data was collected as part of the study “Understanding Attitudes Toward Intimate Partner Violence in Vietnam” led by Kathryn M. Yount (Emory University), Sidney Ruth Schuler (Academy for Educational Development), and Tu Ahn Hoang (Center for Creative Initiative in Health and Population).

Abstract

Using the survey responses of 522 married men aged 18-49 years in My Hao district of Hung Yen Province, Vietnam, this article examines the characteristics of men who perpetrate intimate partner violence (IPV). 36.6% of participants reported ever having perpetrated psychological, physical or sexual IPV against their wives. Physical violence was the most common form of IPV perpetrated, with 28.0% of men reporting it compared to 21.2% reporting psychological violence and only 0.2% reporting sexual violence. Bivariate analysis showed that men who had witnessed IPV as children and men who were ever hit or beaten as a child were more likely to perpetrate IPV. However, no other characteristics were significantly different between perpetrators and non-perpetrators in the bivariate analysis. In multivariate analyses, witnessing IPV as a child and being physically hit or beaten as a child were associated with perpetrating IPV. Programs to prevent IPV may need to target the wider sociocultural context of violence, including violence against children in the home.

Keywords: intimate partner violence, men's perpetration, Vietnam

Introduction

Intimate partner violence (IPV), defined as “physical, sexual, or psychological harm by a current or former partner or spouse,” is a global public health and human rights issue (CDC, 2010). The World Health Organization’s *World Report on Violence and Health* states that IPV is one of the most common forms of violence experienced by women (WHO, 2002b). While global estimates vary, the World Health Organization reports that between 10 and 69% of interviewed women reported physical intimate partner violence at some point in their lives (WHO, 2002b). While there are instances of women perpetrating violence against their male partners and violence between same sex partners, women are the main victims of IPV (CDC, 2010; WHO, 2002a). IPV can have both short and long term physical and mental health impacts for the victim. Victims of IPV have long-term poor health status and place a higher demand on health and social services (Campbell, 2002).

In Vietnam, as in the rest of the global community, IPV against women is an understudied public health issue. In the first national study on IPV, carried out in 2010, of the 4,838 women aged 18-60 years included in the study, 32% of ever-married women reported experiencing physical violence and 6% of ever-married women reported this type of violence in the last 12 months (Thuc & Hendra, 2010). These results corroborate those from the 2002 study conducted among 883 women aged 17-60 years in rural Bavi District, Ha Tey Province, in which 30.9% reported exposure to physical violence in their lifetime and 8.3% reported violence in the previous 12 months (Vung et al., 2008).

Despite the global scale of IPV, there is a relatively limited body of research on the topic. Moreover, in non-Western settings, most existing research focuses on the women survivors, not on the male perpetrators. While research focusing on women survivors is necessary to

understand the magnitude of the issue and to develop support services for those exposed, additional insights can be gained by focusing on men who perpetrate violence. Better understanding of characteristics of men who perpetrate IPV and their attitudes may help in designing better intervention programs to prevent IPV.

Risk Factors for Men's Perpetration of IPV

Much of the existing research on men's perpetration of IPV against women has been carried out in wealthier countries, mainly among college aged men, men in the military, men in drug treatment programs, or recent immigrants (Gupta et al., 2009; Leonard & Blane, 1992; Murphy et al., 1993; Neidig et al., 1986). Whether the results of these studies are generalizable beyond these populations is unclear. Although recent studies have examined male perpetrators in other settings including South Africa (Abrahams et al., 2004; Abrahams et al., 2006; Gass, 2011), Uganda (Speizer, 2010) India (Go et al., 2010; Martin et al., 1999), Bangladesh (Sambisa et al., 2010) and Thailand (Hoffman et al., 1994), this issue still is understudied, and further context specific research is necessary to understand the global scope of this problem.

Multiple academic theories have been proposed to explain IPV against women. Three main theories were used to frame this study: social learning theory, resource theory and status conflict theory. Social learning theory argues that behaviors can be acquired or learned through observing the behaviors of others. Behaviors are reinforced by observing the rewards or consequences that follow as a result of any given action (Bandura, 1971; Sellers et al., 2005). According to social learning theory, if a child was to witness IPV or experience violence as a child, they would potentially see perpetrating IPV as an acceptable or even approved behavior. Witnessing violence as a child, specifically witnessing the father hitting the mother or experiencing child abuse, have been associated with perpetration of violence in adulthood (Gass,

2011; Speizer, 2010). Studying the relationship between men and their sons in rural Vietnam, Rydstrom (2006), observed that violence and power were strongly interrelated. Furthermore, Rydstrom argues that using violence in the father-son relationship may not be a conscious choice, but a result of the social and cultural practices that find these behaviors to be acceptable or even encouraged (Rydstrom, 2006).

Resource theory argues that there are four main resources that dictate relationships and social interactions: 1) economic factors, 2) respect, 3) force or the threat of force, 4) likability (Goode, 1971). As family and partner relations are one subset of social interactions, these four factors also play a role in the interactions between men and women in relationships. If men lack other resources, such as economic resources, they may use force to control their relationship with their wives. This connects to status conflict theory, which argues that it is not a single factor that leads to men's perpetration of IPV but a the interaction of a variety of factors from multiple levels of society that lead to inequality and therefore conflict between men and women (Dutton, 1994).

Economic status, especially factors like employment and income level, which are associated with education and age, play a crucial role in dictating gender relations. Men are traditionally portrayed as the breadwinner of the family. In relationships where women, rather than men, earn more income, it is argued that men will use IPV in order to reassert their authority (Macmillan & Gartner, 1999). Researchers have identified a number of male characteristics associated with the perpetration of IPV including having little or no education (Martin et al., 1999; Sambisa et al., 2010), low income (Go et al., 2010; Hoffman et al., 1994; Martin et al., 1999; Sambisa et al., 2010), and low age at start of marriage (Martin et al., 1999). These factors may be mitigated or exacerbated based on the women's level of education, income or age.

Within the relationship, several factors were associated with perpetration of intimate partner violence including previous verbal marital conflict (Abrahams et al., 2004; Abrahams et al., 2006), having multiple children (Martin et al., 1999; Speizer, 2010) and gender role transgression (such as the wife refusing sex or disobeying the husband) (Abrahams et al., 2004).

Societal factors like inclusion in a group or having friendships also play a role. Go, et al. (2010) found that having three or more friends was associated with less perpetration of violence. However, men who visited “wine bars” (local drinking venues) with friends were more likely to be violent (Go et al., 2010).

Methods

Study Setting and Sample

The setting for this study was the My Hao district in Hung Yen Province. The survey sample was drawn from household census data representing 75 villages across the 13 communes of the district, and married men and women ages 18-49 year were eligible for inclusion. To preserve confidentiality and to enhance participant safety, the men’s sample and women’s sample were drawn from separate villages. In total, 40 villages were sampled, and within each village, 27 households were selected and one eligible individual within each household, yielding a possible sample size of 540 men and 540 women. Response rates were high (92.6%-100% across villages), and in total 533 women and 522 men were successfully interviewed. Data analysis for this study was based on the 522 male survey respondents.

Emory University ensured that all collaborators on the study operated under federal wide assurance for human subjects as approved by the Office of Human Research Protection at the Department of Health and Human Services. Furthermore, institutional review boards at Emory University and the Center for Creative Initiatives in Health and Population approved the study.

Data Collection and Variables

The surveys were conducted in person by same sex, Vietnamese speaking interviewers between July and August, 2012. The survey tool was based off of the survey instrument used in the National Study on Domestic Violence Against Women in Vietnam and information gained from cognitive interviews, open-ended interviews and focus group discussions that were part of the larger study (Thuc & Hendra, 2010). The survey consisted of a series of modules, which collected basic demographic and socioeconomic information about respondents as well as attitudes about women's recourse to IPV, women's exposure to and men's perpetration of IPV, and experiences of violence in childhood.

Variables of interest for this data analysis were selected based on a review of the literature framed by social learning theory, status conflict theory and resource theory. Perpetration of intimate partner violence was defined as any lifetime physical, psychological or sexual violence against the man's current wife. In this study, instances of physical violence included slapping or throwing, pushing, shoving or pulling hair, hitting with fist or other object that can cause harm, kicking, dragging or beating up, choking or burning and threatening to or using a gun knife or other weapon. Psychological violence included belittling or humiliating in front of others, insulting, scaring or intimidating, threatening to cause harm to her or loved ones and threatening or actually throwing her out of the house. Sexual violence included physically forced sexual intercourse.

Using social learning theory, status conflict theory and resource theory and the questions included in the survey, four major categories of indicators were created. Demographic factors included age (in years), number of children, and living with extended family (natal or in-laws). Social learning indicators included witnessing IPV as a child and being physically hit or beaten

as a child. Status conflict indicators were spousal age difference (spouses are same age, wife is older and wife is younger), spousal education difference (spouses have same education level by grade, wife has more education, wife has less education), and spousal income difference (spouses earn same income, wife brings in less income, wife brings in more income). Household wealth index and education (by grade level) were used as indicators of resources. The household wealth index was calculated using a principal components analysis of household attributes and assets including whether the household had their own water source, a flush toilet, a concrete roof, the number of beds per person, and household ownership of the following items: CD/DVD player, table telephone, mobile phone, refrigerator, computer, washing machine, motorbike, car, air conditioner, and tractor/milling machine.

Analysis

Descriptive statistics are presented for all variables included in the analysis. Chi-square analysis was performed to assess the bivariate association between perpetration of IPV and categorical risk factors, and student's t-test was used to assess the bivariate association between perpetration of IPV and continuous risk factors. Using men's perpetration of IPV (physical, psychological, or sexual) as the outcome variable, five associative models were built looking at 1) demographic variables, 2) demographic variables and social learning variables, 3) demographic variables and status conflict variables, 4) demographic variables and resource variables, 5) demographic variables, social learning variables, status conflict variables and resource variables. All analyses were conducted using SAS 9.3 and the survey features to account for the complex survey design.

Results

Prevalence of male perpetrated IPV

Of the 522 men who took part in the survey, 36.6% of men admitted to having ever perpetrated physical, psychological or sexual IPV. Lifetime physical violence was the most prevalent form of IPV, with 28.0% of men reporting it, followed by lifetime psychological IPV (21.2%) and then sexual IPV (0.2%) (Table 1). While 28.0% of men admitted to perpetrating physical violence, including 23.5% admitting to slapping or throwing an object at their wife and 7.8% reporting pushing, shoving or pulling their wives' hair, only 0.2% reported sexual violence. Threatening to harm her or her loved ones (11.4%) and threatening to or actually throwing her out of the home (6.7%) were the most common forms of psychological violence reported.

Bivariate analysis of potential risk factors

Men included in this analysis were on average 35.9 years old, had 9.6 years of education, and had 1.9 children (Table 2). About one-third (37%) of men reported living with a member of their extended family. Differences in these characteristics between men who perpetrated IPV and men who did not were not significant at $p < 0.05$. Overall, 27.4% of men reported witnessing IPV as a child and 72.3% of men reported experiencing violence as a child. Men who perpetrated IPV were more likely to witness violence in childhood in comparison to non-perpetrators (36.7% versus 22.1% respectively, $p < 0.0001$); perpetrators were also more likely to have experienced violence as a child in comparison to non-perpetrators (84.2% versus 65.4% respectively, $p < 0.0001$). Overall, 72.9% of men reported that their wife was younger than them, 50.9% of men had the same level of education as their wives, and 43.4% of men reported that their wife brings in the same level of income as them. A similar proportion of men (45.4%) reported that their wife brings in less

income than they do. There were no significant differences in the distribution of these status conflict indicators between perpetrators and non-perpetrators.

Multivariate analysis of potential risk factors

The results of the multivariate analysis are presented in Table 3. In Model 1, which included only demographic indicators, none of the variables had a statistically significant association with men's perpetration of IPV. In Model 2, including demographic variables and social learning variables, witnessing IPV and experiencing violence as a child were both associated with an increased risk of IPV perpetration. Men who witnessed IPV as a child had a 1.92 greater odds of perpetrating IPV ($p=0.0007$). Men who experienced violence as a child had a 2.44 greater odds of perpetrating IPV ($p=0.0004$). None of the status conflict indicators or resource indicators had a statistically significant association with men's perpetration of IPV in either Model 3, which included demographic indicators and status conflict indicators, or Model 4, which included demographic indicators and resource indicators.

In Model 5, which included demographic, social learning, status conflict and resource indicators, none of the demographic, status conflict, or resource indicators were significant but both of the social learning indicators showed significant associations with IPV perpetration. In particular, men who witnessed IPV as a child has a 1.99 greater odds of perpetrating IPV ($p=0.003$) and men who experienced violence as a child has a 2.53 greater odds of perpetrating IPV ($p=0.003$).

Discussion

Prevalence of intimate partner violence

The prevalence of intimate partner violence in the study group was similar to the levels reported by other studies on intimate partner violence in Vietnam. In this study 28% of men

reported some form of physical violence. A 2002 study conducted among 883 married women aged 17-60 years in Bavi district, Ha Tay Province reported that 30.9% of woman reported physical violence (Vung et al., 2008). In the 2010 National Study on Domestic Violence Against Women in Vietnam by Thuc and Hendra, 32% of ever-married women ages 18-60 years reported physical violence (Thuc & Hendra, 2010). Given that these two previous studies looked at women's reports of violence, the fact that the prevalence levels reported by men are similar suggests that the data may be comparable. However, underreporting of IPV may still be an issue. It is well documented that women are hesitant to admit victimization. Vung, et al. (2008) discuss that their results may have some underreporting given the highly sensitive nature of IPV(Vung et al., 2008). Given that the prevalence of IPV as reported by men was already lower than that reported by women, underreporting may also be an issue in this study.

While 28.0% of men reported physical violence, only 0.2% reported sexual violence. In the National Study on Domestic Violence Against Women in Vietnam, Thuc and Hendra found that women are more hesitant to disclose sexual violence in marriage because it is considered an inappropriate topic of discussion (Thuc & Hendra, 2010). This may play a role in explaining the low level of sexual violence reported by men. The National Study reported 10% of ever married women reported sexual violence in their lifetime and 4% reported sexual violence in the previous 12 months (Thuc & Hendra, 2010). This suggests that perpetration of sexual violence was underreported by men in this study.

Risk Factors

Witnessing IPV as a child and experiencing physical abuse are strongly associated with men's perpetration of IPV. These findings support the existing literature (Gass, 2011; Speizer, 2010). Given that corporal punishment, especially of young boys by their fathers is socially and

culturally accepted, it would suggest that an effective intervention against IPV would need to target these larger culturally accepted practices (Rydström, 2006).

Other factors, such as spousal age difference, spousal education difference and spousal income difference were not statistically significant in this study. The wife being younger than the husband appeared to have a protective effect, however, this was not significant.

Interestingly, the wife being more educated or bringing in more income did not appear to have an impact on men's perpetration of IPV. The lack of statistical significance of these status conflict factors may be a result of the efforts to reduce the gender gap in education and income earning opportunities for Vietnamese women. The gender gap in education levels fell from 10% in 1989 to 4.4% in 2009 (UNFPA, 2010). Equality between men and women may limit the impact that status conflict factors have on men's perpetration of IPV.

Limitations of the study

As this study was conducted in only one district, the sample of men may not have been representative of all men in Vietnam, or even all men in rural Vietnam. Not all potential risk factors were included in the survey tool. Topics like alcohol use or drug use were not addressed. The major focus of the survey was attitudes towards IPV, not specific risk factors. Finally, it is important to bear in mind that IPV is a highly sensitive topic and any sort of instrument trying to measure it is subject to study design difference, interviewer effect, cultural and societal considerations, and so on. Underreporting is a major concern when studying IPV. Associations may not be detected due to the fact that men are not disclosing their perpetration of IPV.

Future research studies focusing on men's experiences of and attitudes toward corporal punishment and other forms of violence may help expand on the relationship between observing and experiencing violence and perpetration of IPV. Women's experience of and attitudes toward

socially acceptable forms of violence should also be explored. Additionally, the role of social learning factors should be explored in a broader context, throughout Vietnam and globally.

Conclusion

In the context of this study, social learning factors play an important role in men's perpetration of IPV. Additionally, status conflict and resource indicators were not statistically significant, highlighting the fact that men's perpetration of IPV is highly specific to the cultural and social environment. In this study site, effective primary prevention programs targeting men's perpetration of IPV should focus on addressing socially acceptable forms of violence such as corporal punishment. Further research is necessary to explore whether the role of social learning indicators is significant in other contexts.

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Tables

Table 1: IPV Perpetration by Type among N=522 Married Men, 18-49 years, My Hao District, Vietnam, 2012.

Action	%
Psychological Violence	
Belittle or Humiliate in front of other people	3.5
Insult or make her feel bad about herself	2.9
Scared or intimidated	4.7
Threaten to harm her or loved one	11.4
Threatened to throw her out/Have thrown her out of home	6.7
<i>Any of the above</i>	21.2
Physical Violence	
Slapped or thrown object at her	23.5
Pushed, shoved or pulled hair	7.8
Hit with fist or other object	1.1
Kicked, dragged or beat up	1.5
Choked or burnt her	0.0
Threatened to use weapon/Used weapon against her	0.5
<i>Any of the above</i>	28.0
Sexual Violence	
Physically forced her to have sexual intercourse	0.2
Psychological, Physical, or Sexual Violence	36.6

Table 2: Descriptive Characteristics by IPV Perpetration and Overall among N=522 Married Men, 18-49 years, My Hao District, Vietnam, 2012.

	Perpetrated IPV n=185 (%)	No perpetration n=337 (%)	p- value ^a	Total n=522 (%)
<i>Demographic Indicators</i>				
Age (years)	35.9	35.9	0.97	35.9
Number of children	1.9	2	0.42	1.9
Lives with extended family (natal or in-laws)	35	38.2	0.48	37
<i>Social Learning Indicators</i>				
Witnessed IPV as a child (yes=1)	36.7	22.1	<0.0001	27.4
Hit or beaten as child (yes=1)	84.2	65.4	<0.0001	72.3
<i>Status Conflict Indicators</i>				
Spousal age difference				
Same age	17.1	12.7	0.1	14.3
Wife is older	15.0	11.5		12.8
Wife is younger	67.9	75.7		72.9
Spousal education difference				
Same education level as wife	49.1	52.0	0.8	50.9
Wife has more education	24.1	21.9		22.7
Wife has less education	26.7	26.1		26.3
Spousal income difference				
Same income	41.7	44.3	0.7	43.4
Wife brings in less income	45.0	45.6		45.4
Wife brings in more income	13.3	10.0		11.2
<i>Resource Indicators</i>				
Household Wealth Index	0.14	0.02	0.5	0.07
Education (grades)	9.5	9.6	0.43	9.6

a p-value indicates the results of chi-squared comparisons for categorical variables and t-tests for continuous variables

Table 3: Adjusted Odds of IPV Perpetration among N=522 Married Men, 18-49 years, My Hao District, Vietnam, 2012.

	Model 1		Model 2		Model 3		Model 4		Model 5	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Demographic Indicators										
Age (years)	1.004	0.98, 1.03	1.02	0.99, 1.05	1.01	0.98, 1.04	1	0.97, 1.03	1.02	0.98, 1.05
Number of children	0.873	0.62, 1.23	0.88	0.63, 1.22	0.82	0.88, 1.07	0.88	0.62, 1.23	0.86	0.62, 1.19
Lives with extended family (natal or in-laws)	0.839	0.58, 1.22	0.82	0.56, 1.19	0.81	0.6, 1.13	0.83	0.57, 1.22	0.76	0.51, 1.15
Social Learning Indicators										
Witnessed IPV as a child (<i>yes</i> =1)			1.92	1.32, 2.81					1.99	1.26, 3.13
			***						**	
Hit or beaten as child (<i>yes</i> =1)			2.44	1.49, 3.99					2.53	1.37, 4.68
			***						**	
Status Conflict Indicators										
Spousal age difference									Ref	
Same age (ref)					Ref				Ref	
Wife is older					1.12	0.63, 1.98			1.29	0.68, 2.4
Wife is younger					0.82	0.52, 1.3			0.79	0.49, 1.27
Spousal education difference										
Same education level as wife (ref)					Ref				Ref	
Wife has more education					1.14	0.67, 1.94			1.18	0.71, 1.95
Wife has less education					1.39	0.82, 2.35			1.41	0.81, 2.45
Spousal income difference										
Same income (ref)					Ref				Ref	
Wife brings in less income					1.15	0.66, 2.0			1.1	0.64, 1.88
Wife brings in more income					1.27	0.72, 2.24			1.21	0.71, 2.06
Resource Indicators										
Household Wealth Index							1.05	0.91, 1.21	1.06	0.89, 1.27
Education (grades)	0.986	0.93, 1.05	0.97	0.91, 1.03	0.97	0.88, 1.07	0.98	0.92, 1.04	0.94	0.84, 1.06

* p<.05, ** p<.01, *** p<.001

Chapter 4: Conclusion and Recommendations

In the context of this study, social learning factors play an important role in men's perpetration of IPV. Additionally status conflict and resource indicators were not statistically significant, highlighting the fact that men's perpetration of IPV is highly specific to the cultural and social environment. In this study site, effective primary prevention programs targeting men's perpetration of IPV should focus on addressing socially acceptable forms of violence such as corporal punishment. Further research is necessary to explore whether the role of social learning indicators is significant in other contexts.

There are multiple approaches to the prevention of intimate partner violence including the human rights approach, gender perspective approach, and the public health approach. The public health approach stresses an evidence-based, multi-sectoral, multi-faceted approach focusing on primary prevention. This quantitative study illustrates that research-based evidence on which to base the prevention efforts may be highly context specific. Factors such as status conflict or resource indicators were not significant in this context, despite being found to play an important role in other contexts.

The key risk factors identified in this study are intrinsically linked to broader issues such as the social acceptability of corporal punishment. In order to successfully prevent IPV, these larger issues must also be addressed. Interventions cannot simply target married men and women, but have to target all ages, at all levels of society and across cultures. The recent events in Steubenville, Ohio and Delhi, India have highlighted that globally violence against women is a common and acceptable behavior. Despite the cultural, political and socioeconomic difference of the United States and India, these two incidents show that the risk factors for perpetration of

violence against women, including intimate partner violence, need to be looked at all levels, from the individual level, to the community level and to the global level.

Research like this study shifts the traditional focus of IPV research away from the women (who are most often the victim) and focuses it more on the men (who are most often the perpetrator). If the aim of public health's IPV prevention is primary prevention, or preventing the violence before it occurs, men need to be part of the focus. More research is necessary to determine how best to design these interventions and how to evaluate their effectiveness.

A major issue is how best to research IPV. IPV is a highly sensitive and context specific topic. How it is talked about and discussed varies drastically across cultures. While interviews and surveys are a common tool, it is necessary to question their reliability and validity. Several issues persist. First, definitions and terms vary drastically across tools. How one research group defines intimate partner violence may differ from another group that calls it domestic violence. These unclear terms can cause confusion for both the researchers and the study participants (McHugh & Frieze, 2006). Other issues include a common time period for studies, mainly whether they are looking at IPV perpetrated in the last 12 months or at any time in a person's life. Some studies only look at the last 12 months out of concern over poor recall of past events (Yoshihama, Gillespie, Hammock, Belli, & Tolman, 2005). Furthermore, the characteristics of the person conducting the interview or survey can have an effect on how the respondent answers. A study looking at the effect of the interviewer on answers to sexual behavior in Latino couples in California showed that respondents edited their answers based on the gender and age of the interviewer (Wilson, Brown, Mejia, & Lavori, 2002). A respondent may also edit their answers in an effort to meet what they perceive to be social norms. Especially with sensitive issues such

as IPV, social desirability bias may play an important role in determining how people answer survey or interview questions.

In conclusion, this study shows that social learning factors, particularly witnessing IPV as a child or experiencing violence as a child, are important factors in understanding men's perpetration of IPV in the context of rural Vietnam. Childhood exposure to violence is a key risk factor for IPV perpetration and must be addressed as part of prevention efforts.

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