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Deconstructing the gender gap in Vietnam: Why do women agree with reasons for wife hitting more often than men?

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An abstract of

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Abstract

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By Rachel Gordon-Roberts

Background: Intimate partner violence (IPV) is pervasive and has serious implications for the health of women and their children. In Vietnam, 31% of women report lifetime exposure to physical IPV. Yet, in historically patriarchal societies such as Vietnam, women paradoxically agree with more good reasons for “wife hitting” than do men.

Objective: We compare men’s and women’s rates of finding good reason for wife hitting and assess whether childhood experiences and social and economic resources and constraints in adulthood account for observed differences.

Methods: Probability samples of married men (n=513) and women (n=512) were surveyed in My Hao district, Vietnam. We estimated frequencies of agreement with reasons for wife hitting in 10 situations overall and by gender. Ordered logit models (never justified, justified in 1 - 4 situations, justified in 5 - 10 situations) were estimated to assess women’s proportional odds relative to men’s of justifying wife hitting, unadjusted and adjusted sequentially for childhood experiences, socio- economic resources and constraints, and their interactions with gender.

Results: In all situations, women found good reason to hit a wife more often than did men (3.1% - 88.2% versus 0.5% - 66.1%, respectively). In models accounting for interaction with gender, age, number of children ever born, experience of violence in childhood and experience of violence as an adult all had differential effects on men’s and women’s attitudes towards violence.

Discussion: In Vietnam, women more often than men agree with good reasons for a husband to hit his wife. However, the differences in men’s and women’s childhood experiences and resources and constraints in adulthood do not solely account for the gender gap in attitudes towards violence. Instead, the gap is chiefly explained by the differential experiences men and women have in response to these experiences, specifically in regards to age, number of children, and experience of violence in childhood as well as adulthood.

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Any errors remaining in this thesis are the responsibility of the author.

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Chapter 1: Introduction

Overview

Intimate partner violence (IPV) against women is pervasive and has serious implications for the health of women and their children (Campbell, 2002; Krantz, 2002). Although physically abused women do not always have obvious outwardly signs of trauma, there can be long-term health effects for victims of IPV. The fear and stress alone that is associated with IPV can lead to chronic conditions such as headaches, back pain, fainting, and seizures. In addition, women who have reported IPV experience are shown to have higher rates of eating disorders, irritable bowel syndrome, and chronic stress (Campbell, 2002). Mental health issues, such as post-traumatic stress disorder and depression are also highly associated with experiencing violence in adulthood (Campbell, 2002) and abused women are more likely to abuse drugs and attempt suicide (Krantz, 2002).

A qualitative study in Vietnam showed increased health risks associated with violence against women as well. Women who were exposed to violence in the prior year were more likely to have memory loss, general pain or discomfort, sadness or depression, and suicidal thoughts (Jansen et al., 2010; Vung, Ostergren, & Krantz, 2009). Likewise, in a nationwide survey conducted in Vietnam, women who had experienced partner violence were more likely than women who had not experienced partner violence to report “poor” or “very poor” when asked about their general, mental, and reproductive health (Jansen et al., 2010). In addition to abused women’s own health, women who had children more often reported behavioral problems such as poor school performance, aggressive behavior, and wetting the bed (Jansen et al., 2010).

A 10-country study showed between 15% to 71% of women have experienced physical or sexual IPV in their lifetime (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006), with 31% of women reporting lifetime exposure to IPV in Vietnam (Vung, Ostergren, & Krantz, 2008). One explanation for the persistence of physical IPV against women is patriarchal gender norms, including tolerance of violence against women. Also, research in poor countries documents that women justify IPV more often than men do (Lawoko, 2006; Yount & Li, 2009). While prevalence of IPV and health outcomes due to IPV have been extensively studied in both developed and developing contexts, attitudes towards violence against women have not received similar attention. This paper explores the extent of the gender gap in men's and women's attitudes about IPV against women in Vietnam. We then decompose observed gender gaps in attitudes by exploring (1) gender differences in childhood experiences and socio-economic resources and constraints in adulthood and (2) differences in the effects of these experiences on men's and women's attitudes about IPV.

Few studies of IPV have been conducted in Vietnam, and those that have been published are largely qualitative (Vung et al., 2008). In addition to this gap in quantitative research on IPV, studies reporting on attitudes towards IPV have separately analyzed men and women, but are not able to compare attitudes across genders (Luke, Schuler, Mai, Vu Thien, & Minh, 2007). Thus, this work uses quantitative data to further explore the theoretical frameworks that can be used to compare and explain the differences in men and women's justification of wife hitting. We seek to test the hypothesis that women's higher rates of justification of IPV are due to gendered social learning in childhood, the inequitable distribution of social and economic resources and constraints in adulthood, and the different effects of these constructs for women and men in a

historically patriarchal context. Once these differential experiences are accounted for, we hypothesize that women and men justify violence at similar rates.

Study Setting

Vietnam is located in Southeast Asia and, boasting 92.5 million citizens (as of July 2013), is the 14th most populous country in the world. Vietnam's population is predominantly Kinh ethnicity (85.7%), non-religious (80.8%), and reside within rural areas (70%). Despite relatively high life expectancy (75.4) and literacy rates (94%), the country still places 127th out of 187 countries in terms of Human Development Index, measured by life expectancy, access to knowledge, and standard of living (UNDP, 2013).

Data were collected from peri-urban communes within the My Hao district in Hung Yen province, 30 km southeast from Hanoi. My Hao is a predominantly rural area with a population of 97,733. Residents of My Hao represent a diversity of livelihoods, comprised of farming, local factory work, and self-employment within small enterprises. Women engage in market work while also performing a majority of the domestic labor for their families (Yount et al., n.d.).

My Hao is governed by local People's Committees and the Communist Party, which ensures the commune's ideological position (Yount et al., n.d.). Also, the Women's Unions and Youth Union boast large memberships. As in other rural Vietnamese communities, Reconciliation groups are present to resolve any community conflicts that may arise. These community attributes are typical of other rural communities in peri-urban areas (Rydstrøm, 2003a; Yount et al., n.d.).

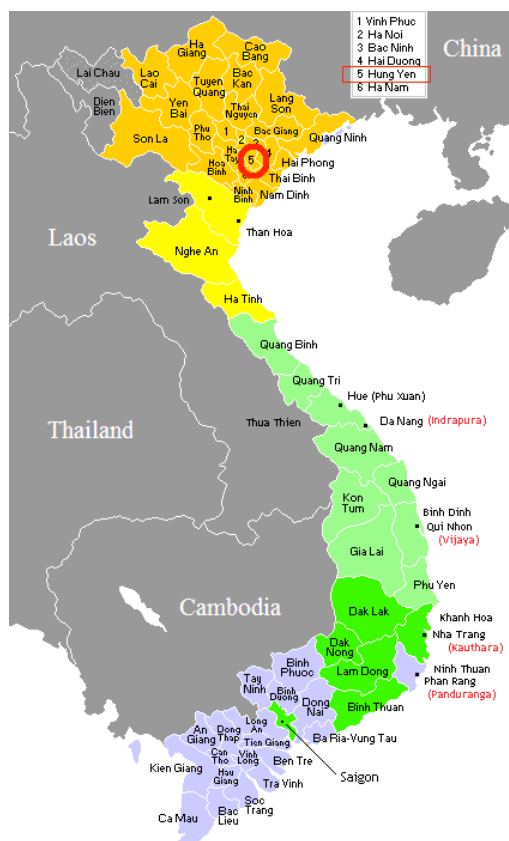


Figure 1. Map of Vietnam with study district circled in red. (Source: Wikipedia)

Chapter 2: Comprehensive Review of the Literature

Intimate partner violence (IPV) against women is pervasive worldwide and has serious implications for the health of women and their children (Campbell, 2002; Krantz, 2002). The following paper explores prevalence of IPV and its specific health consequences for women and children. Men and women have differing levels of toleration of IPV. Prevailing gender norms, children's gendered socialization, and constrained resources in adulthood influence attitudes regarding IPV against women.

IPV is defined by the World Health Organization (WHO) as acts of physical, sexual, or emotional abuse by a current or former partner (Krug, Mercy, Dahlberg, & Zwi, 2002). Physical

IPV can include violent actions such as being beaten, hit, kicked, burned, choked, or threatened with a weapon by a current or former partner (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008). This review will focus chiefly on physical IPV and, to a lesser extent, sexual IPV.

Prevalence of IPV

A 10-country study, conducted by the WHO, showed between 15% to 71% of women have experienced physical and/or sexual IPV in their lifetime (Garcia-Moreno et al., 2006). The WHO study was comprised of 15 sites of various cultures and geographic locations (e.g. Brazil, Japan, Thailand, and Namibia) and found that six of the study sites reported sexual and/or physical IPV prevalence between 15-75%, with 4-54% of women reporting sexual and/or physical violence in the prior year.

In all but one site, women were more at risk of experiencing violence perpetrated by their intimate partner than by any other person. Additionally, the multi-country study showed, across the 15 sites, a large proportion of violence was categorized as severe and frequent, and this type of violence was more commonly reported in rural settings than urban. Lastly, women who reported experience of physical violence often reported experience of sexual violence as well (Garcia-Moreno et al., 2006). A recent systematic review of 134 studies on IPV showed that a majority of research on IPV against women is conducted in North America (41%), followed by Europe (20%). Only 16% of studies on IPV against women took place in Asia (Alhabib, Nur, & Jones, 2010).

Consequences of IPV

Women around the world who are exposed to IPV often sustain injuries as a result and therefore tend to seek healthcare more often than women with no experience of violence

(Campbell, 2002; Dutton et al., 2006; Garcia-Moreno et al., 2006; Vung et al., 2009). Although physically abused women do not always have obvious outwardly signs of trauma, there can be long-term health effects for victims of IPV. The fear and stress alone that is associated with IPV can lead to chronic conditions such as headaches, back pain, fainting, and seizures. In addition, women who have reported IPV experience are shown to have higher rates of eating disorders, irritable bowel syndrome, and chronic stress (Campbell, 2002). Mental health issues, such as post-traumatic stress disorder and depression are also highly associated with experiencing violence in adulthood (Campbell, 2002) and abused women are more likely to abuse drugs and attempt suicide (Krantz, 2002).

Beyond health consequences, IPV may perpetuate the intergenerational cycle of poverty by constraining a woman's productivity in the labor force, her mobility, and her access to information and even children's school attendance (Krantz, 2002). Additionally, IPV has serious health consequences for women and their children (Campbell, 2002; Krantz, 2002; Yount, DiGirolamo, & Ramakrishnan, 2011; Yount, Halim, Hynes, & Hillman, 2011).

Men's and Women's Attitudes towards IPV

Although research on prevalence and risk factors of IPV against women worldwide is expanding, fewer studies focus on the underlying attitudes about violence towards women (Hindin, 2003; Lawoko, 2008; Rani, Bonu, & Diop-Sidib, 2004; Uthman, Lawoko, & Moradi, 2009). Research conducted in poor countries documents that women justify IPV more often than do men (Lawoko, 2006; Yount & Li, 2009). A meta-analysis comparing rates of IPV justification in sub-Saharan Africa showed 28.1-74.5% of women justified IPV compared to only 7.5-62.5% of men (Uthman, Lawoko, & Moradi, 2010). Studies across diverse populations, including South Africa, Uganda, Bangladesh, and India, show IPV to be a typical characteristic of marriages,

being justified by 4%-90% of female respondents in at least one situation (Jejeebhoy, 1998; Kim & Motsei, 2002; Koenig, Ahmed, Hossain, & Mozumder, 2003; Yount, Halim, et al., 2011).

Other examples in the literature support evidence of women justifying violence more often than men. A Ugandan study found that women's young age was associated with tolerance for violence and that women were more likely than men to justify its perpetration (Koenig, Lutalo, et al., 2003). Research in various geographic locations has shown that violence against women is justified when wives were not completing their wifely responsibilities, especially in terms of devotion to her husband. For example, in Bangladesh, men were more likely to justify IPV if their wives failed in their family duties, including portraying required submissiveness and faithfulness (Johnson & Das, 2009). In Latin America, between 8% and 32% of men and women justify violence against wives in the case of suspected infidelity (Heise, 1998).

Understanding attitudes towards violence against women is still in the beginning stages of exploration. But thus far, literature has demonstrated that men and women report justifying violence against wives for various reasons, with women justifying IPV more often than men do.

Gender Norms

One explanation for the persistence of physical IPV against women is patriarchal gender norms, including societal tolerance of violence against women. Cross-cultural research based on ethnographic studies has identified norms of male dominance and women's inferiority to be conducive to the use of violence against women (Levinson, 1989). Within male-dominated societies, acts of violence against wives are justified when her behavior deviates from what is considered to be culturally appropriate, according to local norms of femininity (Visaria, 2000).

Social Learning Theory

Persistent patriarchal gender norms in part result from men's and women's differential socialization as children. The different experiences of women and men across the life course may account for differences and their attitudes towards IPV. Social learning theorists posit that beliefs and behaviors are learned by modeling those of others (Akers, 1977; Bandura & McClelland, 1977). Thus the tendency to be violent within a relationship can be learned from observing or experiencing violence as a child (Jansen et al., 2010; Whitfield, Anda, Dube, & Felitti, 2003). Experiences of violence have been associated with the justification of wife hitting (Heise, 1998; Lawoko, 2006). In childhood, boys learn to use violence and girls use to tolerate it, thus acquiring tolerance towards violence through a gendered socialization process and learned behavior (Jewkes, 2002; Kalmuss & Straus, 1982; Wood, 2001).

The effects of witnessing violence during childhood also have been shown in other contexts. In Egypt, for example, Haj-Yahia (2001) showed that witnessing inter-parental violence has a stronger impact on women than men, making women feel more hopeless than their male counterparts. These feelings of hopelessness can lead to a sense of "giving up" and naturally progress to feelings of tolerance.

Constrained Resource Theory

The gendered socialization of women and men from early childhood results in the unequal distribution of resources and constraints in adulthood. Studies have cited a woman's education, her partner's education, number of children, age, marital residence, and household income among these resources and constraints in association with both perpetration and justification of violence against women (Luke et al., 2007; Nguyen, 2006; Rusbult & Martz, 1995; Sayem, Begum, & Moneesha, 2012; Vung et al., 2008; Yount & Li, 2009). For example, a

study in Bangladesh found women's justification of IPV to be positively associated with low levels of education (both respondent and partner), and wife's younger age (Sayem et al., 2012).

Men's older age and educational attainment have been shown to be negatively associated with perpetration of physical violence against women (Luke et al., 2007). This decrease in risk of IPV perpetration for men may be due to husbands fulfilling their expected masculine role and thus feeling less of a need to use violence as an expression of masculinity (Hoffman, Demo, & Edwards, 1994). This interplay among education, age, masculinity and perpetration is an example of poverty invoking violence towards women. Lower socioeconomic status often results in a higher propensity of IPV and a greater justification of violence as a means to resolve conflicts (Sayem et al., 2012).

Having children is a phenomenon that affects men and women differently and has been cited as a factor in increased risk of violence. On one hand, children can be an impetus for violence. One of the top reasons for a society accepting the use of violence as a reprimand for behavior is neglecting children (along with refusing to have sex) (Heise, 1998). On the other hand, children can also cause women to justify violence at higher rates if they have no other means of financial support and perceive no alternatives to remaining within their abusive marriage (Rusbult & Martz, 1995; Yount & Li, 2009).

IPV in Vietnam

Prevalence

In Vietnam, 31% of women in rural areas have reported exposure to physical IPV within their lifetime, with 8% of those women reporting experiencing violence within the last year (Vung et al., 2008). A nationwide study in Vietnam of ever married-married women estimated

lifetime physical IPV prevalence at 32% while also indicating associated behavioral problems with children exposed to inter-parental violence (Jansen et al., 2010).

Consequences

A qualitative study in Vietnam showed increased health risks associated with violence against women. Women who were exposed to violence in the prior year were more likely to have memory loss, general pain or discomfort, sadness or depression, and suicidal thoughts (Jansen et al., 2010; Vung et al., 2009). Likewise, in a nationwide survey conducted in Vietnam, women who had experienced partner violence were more likely than women who had not experienced partner violence to report “poor” or “very poor” when asked about their general, mental, and reproductive health (Jansen et al., 2010). In addition to their personal health, abused women who had children more often reported behavioral problems such as poor school performance, aggressive behavior, and wetting the bed (Jansen et al., 2010).

Gender Norms

In Vietnam, men have a higher status and more entitlements than women (Gold, 1992; Rydstrøm, 2003b). Contemporary gender norms and relations are influenced by traditional Confucian tenets, which promote patriarchal hegemony (Guilmoto, 2012; Rydstrøm, 2006). Patrilineal ancestor worship leads to the valuing of male over female progeny and thus men are deemed superior. This is reflected within Vietnamese language where men are referred to as the “pillar of the house” (*tru cot*) (Rydstrøm, 2003b). As the patriarchal head of the household, men are the key decision makers, while women only oversee household tasks such as chores. Entangled in this patriarchal superiority, society often deems men the right to hit their wives as punishment. This is representative of their Taoist “hot character.” In reaction to this, wives are expected to “swallow the pill” when their husband becomes violent. This is in agreement with

their persona of adjustment and endurance. Men are believed to embody “hot anger” and are described by such actions as “boil” and “explode.” Conversely, women are known as “cool characters” and are expected to mold their beliefs and behaviors to preserve harmony in their household (Rydstrøm, 2003b; Yount et al., n.d.). Within Vietnamese family life, conflict resulting in the husband’s use of physical violence against his wife still is often acceptable behavior (Vung et al., 2009). This is subtly reinforced by Confucian precepts, which support female inferiority and husband’s superiority. Decades of fighting in wars have only exacerbated the notion of men’s hot character. Their bad tempers are simply described as “too hot.” If the wife does not quietly endure her husband’s temper, he may be culturally justified in using physically violence to literally mold and shape her into enduring form. Women who report this violence to the local clinic are often encouraged to return to their partner and resolve the issue that invoked her husband’s temper in the first place (Rydstrøm, 2003b).

Social Learning Theory

In Vietnam, boys are socialized to endure ritual corporal punishment as a customary form of discipline by senior male relatives (Rydstrøm, 2006). Through this practice, violence is continuously reinforced by violent interactions among grandfathers, fathers and sons. By instilling fear and using physical punishment, fathers encourage the use of violence as demonstration of male power, strengthening the ideal of masculine physical strength. In a qualitative study in Vietnam (Rydstrøm, 2006), boys state that if they misbehave on purpose, this physical punishment is inevitable and justified; however if the boys feel they did not deserve the beating, they can still not reveal their disagreement. In this sense, the boys stated a difference between fair versus unfair corporal punishment.

Contrary to the aggression and power that is expected of boys, girls must remain passive, submissive and receptive (Rydström, 2006). As the ones who will carry on their families' lineage, boys' identities are also entangled with a sense of honor with which girls in the family are not associated. This honor must be protected and the boys state that they will fight to protect it. They also discussed that they were not opposed to using violence themselves in order to restore social order that may have gone awry. As they are constantly exposed to violence throughout their childhood through corporal punishment, Vietnamese boys become intimately familiar with violence and how it is entwined with masculine practice. Girls of the family are not held to this same aggressive standard, nor do the wives or other women in the family structure beat the children nearly as often or as violently as the fathers and grandfathers do. Thus boys learn throughout their childhood that violence is a uniquely masculine practice.

In relation to boys' exposure to violence throughout childhood, in a study done in 2009, Vung and colleagues found strong associations between women witnessing inter-parental violence as a child and the risk of women experiencing physical IPV as an adult. If girls are brought up in houses where this type of corporal punishment is natural, toleration of violence in her childhood may have transitioned to justification of violence in adulthood. Supporting this, women who have witnessed this violence in childhood display a higher degree of acceptance of a husband's physical violence against his wife (Vung & Krantz, 2009).

Constrained Resource Theory

Research is lacking in terms of attitudes towards violence in Vietnam; however, many previous studies have shown associations between women's experience of violence and men's perpetration of violence, and their respective social and economic resources and constraints.

Specifically in Vietnam, women's low education as well as her partner's low education have been shown to be associated with women's experience of lifetime IPV (Vung et al., 2008).

Social resources associated with male perpetration of IPV are younger age, lower level of education, lack of social support, and greater financial difficulties (Nguyen, 2006). Men's older age and educational attainment have also been associated with a lower risk of IPV as a result of the increased power of men in Vietnam (Luke et al., 2007). This decrease in risk of IPV perpetration for men may be due to husbands fulfilling their expected masculine role and therefore feeling less of a need to use violence as an expression of masculinity (Hoffman et al., 1994).

Objectives

Few studies of IPV have been conducted in Vietnam, and those that have been published are largely qualitative (Vung et al., 2008), but none of them include men's and women's attitudes towards IPV. In addition to this gap in quantitative research on IPV, studies reporting on attitudes towards IPV in other countries have separately analyzed men and women, but are not able to compare attitudes across genders (Luke et al., 2007). Thus, this work uses quantitative data to further explore the theoretical frameworks that can be used to compare and explain the differences in men and women's justification of wife hitting within the Vietnamese context.

Chapter 3: Manuscript

Abstract

Background: Intimate partner violence (IPV) is pervasive and has serious implications for the health of women and their children. In Vietnam, 31% of women report lifetime exposure to physical IPV. Yet, in historically patriarchal societies such as Vietnam, women paradoxically agree with more good reasons for “wife hitting” than do men.

Objective: We compare men’s and women’s rates of finding good reason for wife hitting and assess whether childhood experiences and social and economic resources and constraints in adulthood account for observed differences.

Methods: Probability samples of married men (n=513) and women (n=512) were surveyed in My Hao district, Vietnam. We estimated frequencies of agreement with reasons for wife hitting in 10 situations overall and by gender. Ordered logit models (never justified, justified in 1 - 4 situations, justified in 5 - 10 situations) were estimated to assess women’s proportional odds relative to men’s of justifying wife hitting, unadjusted and adjusted sequentially for childhood experiences, socio- economic resources and constraints, and their interactions with gender.

Results: In all situations, women found good reason to hit a wife more often than did men (3.1% - 88.2% versus 0.5% - 66.1%, respectively). In models accounting for interaction with gender, age, number of children ever born, experience of violence in childhood and experience of violence as an adult all had differential effects on men and women’s attitudes towards violence.

Discussion: In Vietnam, women more often than men agree with good reasons for a husband to hit his wife. However, the differences in men’s and women’s childhood experiences and resources and constraints in adulthood do not solely account for the gender gap in attitudes

towards violence. Instead, the gap is chiefly explained by the differential experiences men and women have in response to these circumstances, specifically in regards to age, number of children, and experience of violence in childhood as well as adulthood.

Introduction

Intimate partner violence (IPV) against women is pervasive and has serious implications for the health of women and their children (Campbell, 2002; Krantz, 2002). A 10-country study showed between 15% to 71% of women have experienced physical and/or sexual IPV in their lifetime (Garcia-Moreno et al., 2006), with 31% of women reporting lifetime exposure to physical IPV in Vietnam (Vung et al., 2008). One explanation for the persistence of physical IPV against women is patriarchal gender norms, including tolerance of violence against women. Also, research in poor countries documents that women justify IPV more often than men do (Lawoko, 2006; Yount & Li, 2009). While the prevalence of IPV and health outcomes due to IPV have been extensively studied in both developed and developing contexts, attitudes towards violence against women have not received similar attention. This paper explores the extent of the gender gap in men's and women's attitudes about IPV against women in Vietnam. We then decompose observed gender gaps in attitudes by exploring (1) gender differences in childhood experiences and socio-economic resources and constraints in adulthood and (2) differences in the effects of these experiences on men's and women's attitudes about IPV.

Background

IPV is a pervasive public health issue and has serious health consequences for women and their children (Campbell, 2002; Krantz, 2002; Yount, Halim, Hynes, & Hillman, 2011). In a 10-country study, the prevalence of lifetime exposure to physical and/or sexual IPV ranged from 15% to 71% (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006). IPV is defined by the

World Health Organization (WHO) as acts of physical, sexual, or emotional abuse by a current or former partner (Krug, Mercy, Dahlberg, & Zwi, 2002). Physical IPV can include violent actions such as being beaten, hit, kicked, burned, choked, or threatened with a weapon by a current or former partner (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008). Women around the world who are exposed to IPV often sustain injuries as a result and therefore tend to seek healthcare more often than women with no experience of violence (Campbell, 2002; Dutton et al., 2006; Garcia-Moreno et al., 2006; Vung, Ostergren, & Krantz, 2009). Beyond health consequences, IPV may perpetuate the intergenerational cycle of poverty by constraining a woman's productivity in the labor force, her mobility, and her access to information and even children's school attendance (Krantz, 2002).

Gender norms

IPV persists within countries where gender norms promote tolerant attitudes about using violence against women. Cross-cultural research based on ethnographic studies has shown certain normative gender roles are conducive to the use of violence against a non-dominant group. It follows that IPV is more prevalent in societies where men are considered superior and dominant (Levinson, 1989). Within male-dominated cultures, acts of violence against wives are justified when her behavior deviates from what is considered culturally appropriate according to local norms of femininity (Visaria, 2000).

Social Learning Theory

Persistent patriarchal gender norms result in part from men and women being socialized differently as children. The different experiences of women and men across the life course may account for differences in their attitudes towards IPV. Social learning theorists posit that beliefs and behaviors are learned by modeling those of others (Akers, 1977; Bandura & McClelland,

1977). Thus the tendency to be violent within a relationship can be learned from observing or experiencing violence as a child (Jansen et al., 2010; Whitfield, Anda, Dube, & Felitti, 2003). Experiences of violence have been associated with the justification of wife hitting (Heise, 1998; Lawoko, 2006). In childhood, boys learn to use violence and girls use to tolerate it, thus acquiring tolerance towards violence through a gendered socialization process and learned behavior (Jewkes, 2002; Kalmuss & Straus, 1982; Wood, 2001).

The effects of witnessing violence during childhood also have been shown in other contexts. In Egypt, for example, Haj-Yahia (2001) showed that witnessing inter-parental violence has a stronger impact on women than men, making women feel more hopeless than their male counterparts. These feelings of hopelessness can lead to a sense of “giving up” and naturally progress to feelings of tolerance.

Constrained Resource Theory

The gendered socialization of women and men from early childhood results in the unequal distribution of resources and constraints in adulthood. Studies have cited a woman’s education, her partner’s education, number of children, age, marital residence, and household income among these resources and constraints (Luke, Schuler, Mai, Vu Thien, & Minh, 2007; Nguyen, 2006; Rusbult & Martz, 1995; Sayem, Begum, & Moneesha, 2012; Vung, Ostergren, & Krantz, 2008; Yount & Li, 2009).

Men’s older age and educational attainment have been shown to be negatively associated with perpetration of physical violence against women (Luke et al., 2007). This decrease in risk of IPV perpetration for men may be due to husbands fulfilling their expected masculine role and thus feeling less of a need to use violence as an expression of masculinity (Hoffman, Demo, &

Edwards, 1994). This interplay among education, age, masculinity and perpetration is an example of poverty invoking violence towards women. Lower socioeconomic status often results in a higher propensity of IPV and a greater justification of violence as a means to resolve conflicts (Sayem et al., 2012).

Having children is a phenomenon that affects men and women differently and has been cited as a factor in increased risk of violence. On one hand, children can be an impetus for violence. One of the top reasons for a society accepting the use of violence as a reprimand for behavior is neglecting children (along with refusing to have sex) (Heise, 1998). On the other hand, children can also cause women to justify violence at higher rates if they have no other means of financial support and perceive no alternatives to remaining within their abusive marriage (Rusbult & Martz, 1995; Yount & Li, 2009).

IPV in Vietnam

In Vietnam, 31% of women in rural areas have reported exposure to physical IPV within their lifetime, with 8% of those women reporting experiencing violence within the last year (Vung et al., 2008). A nationwide study in Vietnam of ever married-married women estimated lifetime physical IPV prevalence at 32% while also indicating associated behavioral problems with children exposed to inter-parental violence (Jansen et al., 2010). A qualitative study conducted in Vietnam showed increased health risks associated with violence against women including memory loss, depression, and suicidal thoughts (Jansen et al., 2010; Vung et al., 2009). In addition to their personal health, abused women who had children more often reported behavioral problems such as poor school performance, aggressive behavior, and wetting the bed (Jansen et al., 2010).

Gender Norms

In Vietnam, men have a higher status and more entitlements than women (Gold, 1992; Rydstrøm, 2003). Contemporary gender norms and relations are influenced by traditional Confucian tenets, which promote patriarchal hegemony (Rydstrøm, 2006). Patrilineal ancestor worship leads to the valuing of male over female progeny and thus men are deemed superior. This is reflected within Vietnamese language where men are referred to as the “pillar of the house” (*tru cot*) (Rydstrøm, 2003). In addition, while men are believed to embody “hot anger” and women are expected to mold their beliefs and behaviors to preserve harmony in their household (Rydstrøm, 2003; Yount et al., n.d.). Within Vietnamese family life, conflict resulting in the husband’s use of physical violence against his wife still is often acceptable behavior (Vung et al., 2009).

Social Learning Theory

In Vietnam, boys are socialized to endure ritual corporal punishment as a customary form of discipline by senior male relatives (Rydstrøm, 2006). Through this practice, violence is continuously reinforced by violent interactions among grandfathers, fathers and sons. Contrary to the aggression and power that is expected of boys, girls must remain passive, submissive and receptive (Rydstrøm, 2006). As the ones who will carry on their families’ lineage, boys’ identities are also entangled with a sense of honor with which girls in the family are not associated. This honor must be protected and the boys state that they will fight to protect it. They also discussed that they were not opposed to using violence themselves in order to restore social order that may have gone awry. As they are constantly exposed to violence throughout their childhood through corporal punishment, Vietnamese boys become intimately familiar with violence and how it is entwined with masculine practice. Girls of the family are not held to this

same aggressive standard, nor do the wives or other women in the family structure beat the children nearly as often or as violently as the fathers and grandfathers do. Thus boys learn throughout their childhood that violence is a uniquely masculine practice.

In Vietnam, strong associations have been shown between the risk of women experiencing physical IPV as an adult and witnessing inter-parental violence as a child (Vung & Krantz, 2009). Furthermore, women who have witnessed this violence in childhood display a higher degree of acceptance of a husband's physical violence against his wife (Vung & Krantz, 2009). The effects of witnessing violence during childhood also have been shown in other contexts. In Egypt, for example, Haj-Yahia (2001) showed that witnessing inter-parental violence more strongly influences women than men, making women feel more hopeless than their male counterparts.

Constrained Resources

Research is lacking in terms of attitudes towards violence in Vietnam; however, many previous studies have shown associations between women's experience of violence and men's perpetration of violence, and their respective social and economic resources and constraints. Specifically in Vietnam, women's low education as well as her partner's low education has been shown to be associated with women's experience of lifetime IPV (Vung et al., 2008).

Social resources associated with male perpetration of IPV in Vietnam are younger age, lower level of education, lack of social support, and greater financial difficulties (Nguyen, 2006). Men's older age and educational attainment have also been associated with a lower risk of IPV as a result of the increased power of men in Vietnam (Luke et al., 2007). This decrease in risk of IPV perpetration for men may be due to husbands fulfilling their expected masculine role and

therefore feeling less of a need to use violence as an expression of masculinity (Hoffman et al., 1994).

Objectives

Few studies of IPV have been conducted in Vietnam, and those that have been published are largely qualitative (Vung et al., 2008), but none of them include men's and women's attitudes towards IPV. In addition to this gap in quantitative research on IPV, studies reporting on attitudes towards IPV in other countries have separately analyzed men and women, but are not able to compare attitudes across genders (Luke et al., 2007). Thus, this work uses quantitative data to further explore the theoretical frameworks that can be used to compare and explain the differences in men and women's justification of wife hitting within the Vietnamese context. We seek to test the hypotheses that (1) women will more often than men find good reason for a husband to hit his wife, and (2) women's more favorable attitudes about wife hitting will be accounted for in part by gendered social learning in childhood, the inequitable distribution of social and economic resources and constraints in adulthood, and the different effects of these constructs for women and men in a historically patriarchal context.

Methods

Study Setting

Data were collected from 12 out of 13 communes of the My Hao district in Hung Yen province, 30 km southeast from Hanoi. My Hao is a predominantly rural area with a population of 97,733. Residents of My Hao represent a diversity of livelihoods, comprised of farming (64%), local factory work (30%), and self-employment within small enterprises (23%) (Yount et

al., n.d.). Women engage in market work while also performing a majority of the domestic labor for their families (Yount et al., n.d.).

My Hao is governed by local People's Committees and the Communist Party, which ensures the commune's ideological position (Yount et al., n.d.). Also, the Women's Unions and Youth Union boast large memberships. As in other rural Vietnamese communities, Reconciliation groups are present to resolve any community conflicts that may arise. These community attributes are typical of other rural communities in peri-urban areas (Rydstrøm, 2003a; Yount et al., n.d.).

Sample and Data Collection

A probability sample of married men and women aged 18 – 49 years was drawn from household listings of 75 villages (See Yount et al., n.d., for more detail). Due to the sensitive nature of the research topic, men and women participants were selected from separate villages. Villages were paired by the size of the eligible married population to guarantee a balance of the married men's and women's samples. Because the smallest of the 75 villages could not be matched and had only 36 married persons, it was dropped from the sample. From these pairs, 20 were selected with probability proportional to their total married population relative to the married population across all 74 villages. Selected villages were located in 12 of the 13 communes. Within each village pair, one village was randomly assigned for men's selection and the other for women's selection. Within these villages, 27 households containing at least one eligible respondent were selected. When households had multiple eligible participants, privacy was ensured by selecting one respondent at random from the household listing. Expecting a 93% response rate and aiming for 1,000 completed interviews (500 men and 500 women), 1,080 persons were selected into the sample. With a 98.7% response rate, 1,055 interviews were

completed (522 men and 533 women). The response rates across villages (92.6%-100.0%) and gender (99.3% women; 98.1% men) were comparable (Yount et al., n.d.).

Questions in the survey asked about respondents' socio-demographic and economic background, attitudes about IPV and women's recourse in response to violence, exposure to IPV and violence in childhood, and knowledge of laws concerning IPV against women. Questions on attitudes about IPV, the focus of the current analysis, included 10 agree/disagree statements about whether a man had good reason to hit his wife for any of 10 "gender transgressive" behaviors, ranging from *wife did not finish housework to his satisfaction* to *wife is not faithful*.

The researchers in this study attained IRB approval and all respondents gave verbal informed consent before interviews were conducted (Yount et al., n.d.).

Variables

Attitudes about IPV against women. A count variable was created from responses to the 10 agree-disagree statements about whether a husband has good reason to hit his wife. This count variable was categorized into three levels: no good reason to hit; some good reason to hit (agreed for 1- 4 transgressions); and many good reasons to hit (agreed for 5-10 transgressions). All "don't know" responses (0 – 10 per statement) were recoded as missing. A total of 30 participants reported "don't know" to at least one agree/disagree statement.

Childhood Experiences. Measures of childhood experiences included: whether (=1) or not (=0) the respondent had ever been beaten in their childhood by their parents or another adult relative (hereby referred to as *experienced violence as a child*); whether (=1) or not (=0) the respondent had seen or heard as a child physical IPV between his or her mother and father or boyfriend (hereby referred to as *witnessed IPV as a child*); and whether (=1) or not (=0) the

respondent's current commune of residence was the same where they lived for a majority of their childhood (defined as 0-12 years old).

Social and Economic Resources and Constraints in Adulthood. Social and economic resources and constraint variables included respondent's age in years; number of children ever born; whether (=1) or not (=0) the respondent was living in a joint household (with their natal family or in-laws); number of completed grades of schooling; partner's number of completed grades of schooling; household economic status (calculation based on 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); whether (=1) or not (=0) the respondent had participated in an organization at least once per year; whether (=1) or not (=0) the participant had knowledge of the new Vietnamese laws on gender and violence; whether (=1) or not (=0) s/he ever experienced physical IPV as an adult; and whether (=1) or not (=0) he or she ever perpetrated physical IPV as an adult.

Data Analysis

We performed univariate analysis for childhood experiences, socio-economic resources and constraints in adulthood, and individual attitudinal items, overall and by gender, to assess their completeness and distributions. Fisher's exact value was used to determine significant differences between genders. All analysis used weights and adjusted for the sampling design.

We assessed bivariate relationships using multilog procedure in SUDAAN and ran ordered logistic regression models including important covariates shown to be associated with

attitudes about IPV in other studies (Lawoko, 2006; Luke et al., 2007; Nguyen, 2006; Sayem et al., 2012; Vung et al., 2008; Vung & Krantz, 2009; Yount & Li, 2009). Model 1 included gender only; Model 2 included gender and all measures of childhood experiences; Model 3 included gender and all measures of socio-economic resources and constraints; and Model 4 included gender and both set of measures for childhood experiences and socio-economic resources and constraints. All variables of main interest were tested for interactions with gender resulting in eight significant interactions (available upon request). Model 5 included gender, childhood experiences, socio-economic resources and constraints, and four interactions that remained significant when included in the full model (age, children ever born, childhood exposure to violence, and exposure to IPV).

Results

Characteristics of Sample

Childhood Experiences. With respect to experiences in childhood, men mostly lived in the same commune where they lived for a majority of their childhood (96.5%); whereas, women more often moved away from their childhood commune (41.6%). Men and women were equally likely to witness parental violence as a child (men 27.9%, women 27.4%), but men were more likely than women to experience violence as a child (72.8% versus 51.8% for women) (Table 1).

[Table 1]

Adult Resources and Constraints. With respect to resources and constraints in adulthood, female respondents, on average, were 34.1 years of age while men were significantly older (35.8 years), but both men and women reported having two births, on average. Respondents' education (9.5 completed grades) and partner's education (9.6) were not statistically different for men and

women. A higher percentage of women than men attended an organization at least once per year (49.9% versus 22.7%). Relatively more men than women were aware of recent Vietnamese laws about IPV and gender than women (52.0% versus 39.5%). The experience of IPV and perpetration of IPV were significantly different for men and women. Compared to women, men were more likely to perpetrate IPV (27.9% versus 1.4%), and were less likely to experience IPV (0.5% versus 28.6%) (Table 1).

Distributions of “good reasons” for hitting a wife: Total sample and by gender

All frequencies for good reasons for wife hitting were significantly different between men and women (Table 2). The biggest difference between men and women was the agreement with *wife neglects the children* (men 26.2% and women 62.3%). The second biggest difference was *wife rudely argues against husband* (46.6% of men found good reason for wife hitting in this situation and 78.8% of women found good reason for wife hitting). The smallest difference was in regards to *burning the food*; 0.5% of men agreed with this reasons for wife hitting in this context and 3.1% of women agreed. Over 40% of women supported at least 5 reasons for wife hitting; whereas, only 11.8% of men did (29.3% difference). Twenty-three percent of men did not support a single reason for wife hitting; whereas, only 4.9% of women did not agree with any reasons for IPV. The mean number of agreements for men was 2.2; the mean number of agreements for women was 4.2 (Table 2).

[Table 2]

Ordered Logistic Regression models

Table 3 shows five different ordered logistic regression models. The first four models are non –interaction models. Model 1 shows the crude regression coefficient for gender (with men as

reference) ($\beta=1.62$) which decreases after accounting for childhood experiences in Model 2 ($\beta=1.58$) but increases in Models 3 and 4 when accounting for social and economic resources and constraints ($\beta=1.90$) and childhood experiences and social and economic resources and constraints together ($\beta=1.85$). Gender remains significant in Models 2-4. When accounting for interactions the gender regression coefficient shifted from 1.85 (in Model 4) to -0.62 (Model 5). After accounting for gender's interaction with age, number of children, experience of violence as a child and experience of IPV as an adult (none of which were significant in Models 2-4), the direct effect of gender is no longer significant in the model. When this interaction adjustment was made in Model 5, only two direct effects remained significant (partner's education, $\beta=-0.05$, and perpetrated physical IPV as an adult, $\beta=0.85$) (Table 3).

When accounting for the interaction between age and gender, older age was negatively associated with men agreeing that husbands had good reason to hit their wives. Conversely, old age was positively associated with higher rates of agreement for women. Number of children ever born and experience of violence in childhood were not associated with men's attitudes towards IPV against a wife. Yet, the experience of having children was positively associated with women's agreement with good reasons for a husband to hit his wife while experience of violence in childhood was negatively associated. For men, experiencing violence as an adult was positively associated with agreeing that a husband has good reasons to hit his wife; however for women, this association was negative (Table 3).

[Table 3]

Discussion

Overall, in Vietnam, women more often justify wife beating than men (Table 3, Model 1). However, the differences in men's and women's childhood experiences and resources and constraints in adulthood do not account for the gender gap in attitudes (Table 3, Models 2-4). The gap is instead explained by men's and women's differential experiences within the family, especially number of children and experience of violence both as a child and adult (Table 3, Model 5).

The different associations for men and women between older age and agreement with good reasons for a husband to hit his wife may be due to the fact that younger women may be more receptive to Vietnam's newer laws regarding domestic violence. As younger women will have known these laws for a greater proportion of their lives than older women, they may be less likely to agree with reasons that justify these behaviors. However, older women will have grown up in a time when society as a whole was more likely to accept wife-beating as a social norm and therefore are more likely to continue to support physical IPV against wives in their older age. Older men were shown to be less likely than younger men to agree with reasons to hit a wife and this difference could be explained by the power older men hold within a patriarchal household. When men are already able to exert their masculinity through patriarchal power, they may feel less need to exert it through violence and therefore also are less likely to support these behaviors.

Although men's attitudes towards violence were shown to have no association with the number of children, this family experience was positively associated with women's likelihood to agree with good reasons for a husband to hit a wife. This finding is consistent with literature from Egypt (Yount & Li, 2009) showing that women with children may be more dependent on marriage. If a woman feels she has no other financial support available for herself and her

children, she may feel obligated to stay in the relationship and thus justify the violence within her own marriage.

Model 5 (Table 3) indicates that for women, experiencing violence as a child or as an adult was negatively associated with agreement with reasons for wife-hitting. These findings conflict with social learning theory and prior literature, which indicate that women who experience physical violence in their childhood tend to justify physical IPV against women more often than those who have not experienced the same violence in their childhood. This contrary result could relate again to new Vietnamese laws, which may be influencing attitudes of women and discouraging justification of IPV against women. Additionally, it is challenging to disentangle the association between women's experience of physical IPV in adulthood and their lower rates of agreement with good reasons for a husband to hit his wife. As women who do not agree with good reasons for wife-hitting are in the minority in this context, it may be that this controversial stance places these women at risk for experiencing physical IPV. Specifically, their husbands may regard this belief as a threat to their masculinity and thus may be more likely to beat their wives to demonstrate their own power. Due to the cross-sectional nature of our study, it is impossible to disentangle this relationship.

For men, the experience of physical violence as an adult was positively associated with agreement with good reasons for a husband to hit his wife. As few men reported experiencing violence as an adult, this association is based on a small cell-count and should be interpreted cautiously. If men have been hit by their own wives, they may feel justified in their own retaliation, either to prove their own masculinity or perhaps they feel justified in wife-hitting when the wife herself is transgressing traditional gender norms.

Based on the varied trends of associations of family experiences and agreement with wife-hitting, it is obvious that men's and women's agreement with reasons for a husband to hit his wife is a complex issue with no single root cause. However, when we account for men's and women's differential experiences within families and their exposure to violence throughout their lifetimes, it is clear that the gender gap in attitudes towards violence against women cannot be explained by childhood experiences and resources and constraints in adulthood alone.

Strengths and Limitations

Among the strengths of the study were the exceptionally high response rates due to skilled field staff, who were familiar with the community, and a survey questionnaire that was informed by extensive qualitative research. Some aspects of the survey, however, limit our ability to measure fully perpetration and experience of violence in adulthood. The type of questions asked to men versus women restricted the creation of these variables. Women were primarily asked about experience of violence, and men asked primarily about their perpetration of violence. Due to the gendered nature of experience and perpetration of violence, some cell sizes were small when stratified by gender.

Conclusions

Prevailing gender norms in Vietnam lead to continual gendered socialization of children, which in turn enforces the inequitable distribution of social and economic resources and constraints in adulthood. This in turn, influences differential experiences of men and women in regards to childhood as well as resources and constraints in adulthood. Despite the legislative change in Vietnam in 2007, which defined measures of control and prevention of domestic violence, IPV against women and its justification by women not only persist but also remain highly prevalent.

Future research

This research fills a valuable gap in knowledge regarding men's and women's differential experiences and associations with agreement with good reasons for husbands to hit their wives. It also points towards important areas of future research. For example, further research could explore why women in Vietnam who experience violence in childhood are less likely to agree with wife-hitting even though prior research has shown the opposite association. In addition, future longitudinal studies could attempt to disentangle the relationship between women's experience of physical IPV in adulthood and their lower rates of justification of violence against wives. Lastly, future research should incorporate additional questions in regards to men's experience of violence in adulthood as well as women's perpetration of violence.

Vietnam introduced new laws addressing domestic violence against women in 2007, and yet physical IPV against women clearly remains prevalent. The findings from this study show that childhood experiences and gendered socialization of girls and boys influence attitudes about physical violence against wives. So, while control and prevention of violence against women is a step in the right direction, stricter policies against corporal punishment and normalization and tolerance of violence in childhood should be next on Vietnam's policy agenda

References

- Akers, R. L. (1977). Deviant behavior: A social learning approach.
- Bandura, A., & McClelland, D. C. (1977). Social learning theory.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359(9314), 1331-1336.
- Dutton, M. A., Green, B. L., Kaltman, S. I., Roesch, D. M., Zeffiro, T. A., & Krause, E. D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of interpersonal violence*, 21(7), 955-968.
- Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *The Lancet*, 371(9619), 1165-1172.
- Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 368(9543), 1260.
- Gold, S. J. (1992). *Refugee communities: A comparative field study* (Vol. 4): Sage Publications, Inc.
- Haj-Yahia, M. M. (2001). The incidence of witnessing interparental violence and some of its psychological consequences among Arab adolescents. *Child abuse & neglect*, 25(7), 885-907.
- Heise, L. L. (1998). Violence against women: An Integrated, Ecological Framework. *Violence Against Women*, 4(3), 262-290. doi: 10.1177/1077801298004003002
- Hoffman, K. L., Demo, D. H., & Edwards, J. N. (1994). Physical wife abuse in a non-Western society: an integrated theoretical approach. *Journal of Marriage and the Family*, 131-146.
- Jansen, H., Vung, N. D., Tu Anh, H., Thu Trang, Q., Nga, N., Anh Kiem, D., & Calamita, M. A. (2010). "Keeping silent is dying": Results from the National Study on Domestic Violence Against Women in Viet Nam (pp. 30): General Statistics Office of Viet Nam.
- Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet*, 359(9315), 1423-1429. doi: 10.1016/s0140-6736(02)08357-5
- Kalmuss, D. S., & Straus, M. A. (1982). Wife's marital dependency and wife abuse. *Journal of Marriage and the Family*, 277-286.
- Krantz, G. (2002). Violence against Women: A Global Public Health Issue! *Journal of Epidemiology and Community Health* (1979-), 56(4), 242-243.
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet*, 360(9339), 1083-1088. doi: 10.1016/s0140-6736(02)11133-0
- Lawoko, S. (2006). Factors associated with attitudes toward intimate partner violence: a study of women in Zambia. *Violence and Victims*, 21(5), 645-656.
- Levinson, D. (1989). *Family violence in cross-cultural perspective* (Vol. 1): Sage Publications Newbury Park.
- Luke, N., Schuler, S. R., Mai, B. T. T., Vu Thien, P., & Minh, T. H. (2007). Exploring Couple Attributes and Attitudes and Marital Violence in Vietnam. *Violence Against Women*, 13(1), 5-27. doi: 10.1177/1077801206295112
- Nguyen, T. D. (2006). Prevalence of Male Intimate Partner Abuse in Vietnam. *Violence Against Women*, 12(8), 732-739. doi: 10.1177/1077801206291555

- Rusbult, C. E., & Martz, J. M. (1995). Remaining in an abusive relationship: An investment model analysis of nonvoluntary dependence. *Personality and Social Psychology Bulletin*, 21(6), 558-571.
- Rydstrøm, H. (2003a). *Embodying morality: Growing up in rural northern Vietnam*: University of Hawaii Press.
- Rydstrøm, H. (2003b). Encountering “Hot” Anger. *Violence Against Women*, 9(6), 676-697. doi: 10.1177/1077801203009006004
- Rydstrøm, H. (2006). Masculinity And Punishment Men's upbringing of boys in rural Vietnam. *Childhood*, 13(3), 329-348.
- Sayem, A. M., Begum, H. A., & Moneesha, S. S. (2012). Attitudes towards justifying intimate partner violence among married women in Bangladesh. *Journal of Biosocial Science*, 44(06), 641-660. doi: doi:10.1017/S0021932012000223
- Visaria, L. (2000). Violence against Women: A Field Study. *Economic & Political Weekly*, 35(20), 11.
- Vung, N. D., & Krantz, G. (2009). Childhood experiences of interparental violence as a risk factor for intimate partner violence: a population-based study from northern Vietnam. *Journal of epidemiology and community health*, 63(9), 708-714.
- Vung, N. D., Ostergren, P. O., & Krantz, G. (2008). Intimate partner violence against women in rural Vietnam-different socio-demographic factors are associated with different forms of violence: Need for new intervention guidelines? *BMC Public Health*, 8(1), 55.
- Vung, N. D., Ostergren, P. O., & Krantz, G. (2009). Intimate partner violence against women, health effects and health care seeking in rural Vietnam. *The European Journal of Public Health*, 19(2), 178-182.
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults Assessment in a large health maintenance organization. *Journal of interpersonal violence*, 18(2), 166-185.
- Wood, J. T. (2001). The normalization of violence in heterosexual romantic relationships: Women's narratives of love and violence. *Journal of Social and Personal Relationships*, 18(2), 239-261.
- Yount, K., VanderEnde, K., Zureick-Brown, S., Minh, T. H., Schuler, S., & Tu Anh, H. (n.d.). *Measuring Attitudes about Women's Recourse after Exposure to Intimate Partner Violence: The ATT-RECOURSE Scale*. Under Review.
- Yount, K. M., Halim, N., Hynes, M., & Hillman, E. R. (2011). Response effects to attitudinal questions about domestic violence against women: A comparative perspective. *Social Science Research*, 40(3), 873-884.
- Yount, K. M., & Li, L. (2009). Women's “Justification” of Domestic Violence in Egypt. *Journal of Marriage and Family*, 71(5), 1125-1140. doi: 10.1111/j.1741-3737.2009.00659.x

Tables

Table 1. Characteristics of the Sample, Overall and by gender, N=492 men and N =497 women aged 18-51 years in My Hao, Vietnam

Variables	Total sample		Men		Women		Gender Difference
	%	SE	%	SE	%	SE	p-value
<i>Childhood Experiences</i>							
Same current residence as childhood	78.1	2.5	96.5	1.2	58.4	2.4	<0.0001
Experienced violence as child	62.7	2.0	72.8	2.5	51.8	2.0	<0.0001
Witnessed parental violence as child	27.6	1.3	27.9	2.1	27.4	1.6	0.8572
<i>Social and Economic Resources/Constraints</i>							
Age, years*	34.9	0.2	35.8	0.3	34.1	0.3	0.0005
Number of children (ever born)*	2.0	0.0	1.9	0.0	2.0	0.0	0.0751
Currently living with joint family	36.9	1.8	30.9	2.4	43.3	2.1	0.0005
Education (completed grades)*	9.6	0.1	9.6	0.2	9.5	0.2	0.5725
Partner's education (completed grades)*	9.6	0.1	9.6	0.2	9.7	0.2	0.8185
Household Economic Status*	0.1	0.1	0.1	0.1	0.1	0.1	0.9124
Belongs to organization	35.8	2.0	22.7	1.5	49.9	2.2	<0.0001
Has knowledge of law	46.0	2.7	52.0	4.3	39.5	2.7	0.0185
Experienced physical IPV as an adult	14.0	1.8	0.5	0.2	28.6	1.8	<0.0001
Perpetrated physical IPV as an adult	15.1	1.7	27.9	1.7	1.4	0.4	<0.0001

*mean

Table 2. Attitudes about IPV against women, overall and by gender, N=492 men and N =497 women aged 18-51 years in My Hao, Vietnam

Variables	Total sample		Men		Women		Gender Difference
	%	SE	%	SE	%	SE	p-value
Attitudes Justifying IPV against women							
Wife did not finish housework to his satisfaction	12.9	1.0	7.3	1.1	19.1	1.1	<0.0001
Wife did not obey husband	18.5	1.2	12.3	1.3	25.4	1.5	<0.0001
Wife refused to have sex with husband	10.3	1.1	4.0	1.2	17.1	1.1	<0.0001
Wife asked if he had any other girlfriends	9.2	0.9	3.5	0.9	15.3	1.1	<0.0001
Husband discovers wife is unfaithful	60.1	2.1	45.9	2.2	75.4	1.4	<0.0001
Wife goes out without telling her husband	15.5	1.4	7.3	1.2	24.5	1.6	<0.0001
Wife burns the food	1.8	0.3	0.5	0.2	3.1	0.6	0.0001
Wife neglects the children	43.6	2.5	26.2	2.5	62.3	2.0	<0.0001
Wife rudely argues against her husband	62.1	2.3	46.6	2.5	78.8	1.9	<0.0001
Wife argues with her parents-in-law	76.8	1.7	66.1	1.8	88.2	1.3	<0.0001
Levels of Justification of IPV							
Many Justifications (5 or more)	25.1	1.9	12.0	1.4	39.6	2.1	-
Some Justifications (between 1 and 4)	60.1	1.2	64.5	1.2	55.2	1.8	-
No Justifications	14.8	1.3	23.6	1.6	5.2	0.6	-
Count*	3.1	0.1	2.2	0.1	4.1	0.1	<0.0001

*mean

Table 3. Ordered logistic models of the relationship between gender, childhood experiences, social and economic resources/constraints and attitudes about IPV against women; N=492 men and N =497 women aged 18-51 years in My Hao, Vietnam

	β	(1) (se)	<i>p</i>	β	(2) (se)	<i>p</i>	β	(3) (se)	<i>p</i>	β	(4) (se)	<i>p</i>	β	(5) (se)	<i>p</i>
Gender															
Female (ref: male)	1.62	0.14	<0.0001	1.58	0.16	<0.0001	1.9	0.15	<0.0001	1.85	0.16	<0.0001	-0.62	0.49	0.2176
Childhood Experiences															
Same current residence as childhood (ref: no)				0.01	0.11	0.9629				-0.08	0.11	0.5101	-0.19	0.13	0.1714
Experienced violence as child (ref: no)				-0.02	0.12	0.0991				-0.16	0.12	0.1835	0.22	0.18	0.2105
Witnessed parental violence as child (ref: no)				0.14	0.11	0.1953				0.12	0.11	0.2861	0.03	0.11	0.7929
Social and Economic Resources/Constraints															
Age, years							-0.01	0.01	0.1664	-0.01	0.01	0.1913	-0.03	0.01	0.0051
Number of children (ever born)							0.1	0.07	0.1832	0.1	0.07	0.1819	-0.1	0.09	0.2634
Currently living with joint family (ref: no)							0	0.09	0.9715	0	0.09	0.9669	0.05	0.09	0.5941
Education (completed grades)							-0.03	0.02	0.1052	-0.03	0.02	0.1009	-0.04	0.02	0.0875
Partner's education (completed grades)							-0.06	0.02	0.0034	-0.06	0.02	0.0048	-0.05	0.02	0.0311
Household Economic Status							-0.06	0.04	0.1655	-0.06	0.04	0.1947	-0.08	0.04	0.0733
Belongs to organization (ref: no)							0.15	0.11	0.1866	0.16	0.11	0.1641	0.02	0.12	0.8516
Has knowledge of law (ref: no)							0.03	0.11	0.8065	0.03	0.11	0.781	0.01	0.11	0.9192
Experienced physical IPV as an adult (ref: no)							-0.27	0.14	0.0661	-0.29	0.16	0.077	2.19	0.67	0.0023
Perpetrated physical IPV as an adult (ref: no)							0.85	0.17	<0.0001	0.87	0.18	<0.0001	0.85	0.17	<0.0001
Interaction Terms															
Age*Gender													0.05	0.01	0.0011
Number of Children*Gender													0.56	0.14	0.0002
Experienced violence as child*Gender													-0.57	0.22	0.0136
Experienced physical IPV as an adult*Gender													-2.62	0.68	0.0004

Chapter 4: Conclusions and Recommendations

Overall, in Vietnam, women more often justify wife beating than men (Table 3, Model 1). However, the differences in men's and women's childhood experiences and resources and constraints in adulthood do not account for the gender gap in attitudes (Table 3, Models 2-4). The gap is instead explained by men's and women's differential experiences within the family, especially number of children and experience of violence both as a child and adult (Table 3, Model 5).

The different associations for men and women between older age and agreement with good reasons for a husband to hit his wife may be due to the fact that younger women may be more receptive to Vietnam's newer laws regarding domestic violence. As younger women will have known these laws for a greater proportion of their lives than older women, they may be less likely to agree with reasons that justify these behaviors. However, older women will have grown up in a time when society as a whole was more likely to accept wife-beating as a social norm and therefore are more likely to continue to support physical IPV against wives in their older age. Older men were shown to be less likely than younger men to agree with reasons to hit a wife and this difference could be explained by the power older men hold within a patriarchal household. When men are already able to exert their masculinity through patriarchal power, they may feel less need to exert it through violence and therefore also are less likely to support these behaviors.

Although men's attitudes towards violence were shown to have no association with the number of children, this family experience was positively associated with women's likelihood to agree with good reasons for a husband to hit a wife. This finding is consistent with literature from Egypt (Yount & Li, 2009) showing that women with children may be more dependent on marriage. If a woman feels she has no other financial support available for herself and her

children, she may feel obligated to stay in the relationship and thus justify the violence within her own marriage.

Model 5 (Table 3) indicates that for women, experiencing violence as a child or as an adult was negatively associated with agreement with reasons for wife-hitting. These findings conflict with social learning theory and prior literature, which indicate that women who experience physical violence in their childhood tend to justify physical IPV against women more often than those who have not experienced the same violence in their childhood. This contrary result could relate again to new Vietnamese laws, which may be influencing attitudes of women and discouraging justification of IPV against women. Additionally, it is challenging to disentangle the association between women's experience of physical IPV in adulthood and their lower rates of agreement with good reasons for a husband to hit his wife. As women who do not agree with good reasons for wife-hitting are in the minority in this context, it may be that this controversial stance places these women at risk for experiencing physical IPV. Specifically, their husbands may regard this belief as a threat to their masculinity and thus may be more likely to beat their wives to demonstrate their own power. Due to the cross-sectional nature of our study, it is impossible to disentangle this relationship.

For men, the experience of physical violence as an adult was positively associated with agreement with good reasons for a husband to hit his wife. As few men reported experiencing violence as an adult, this association is based on a small cell-count and should be interpreted cautiously. If men have been hit by their own wives, they may feel justified in their own retaliation, either to prove their own masculinity or perhaps they feel justified in wife-hitting when the wife herself is transgressing traditional gender norms.

Based on the varied trends of associations of family experiences and agreement with wife-hitting, it is obvious that men's and women's agreement with reasons for a husband to hit his wife is a complex issue with no single root cause. However, when we account for men's and women's differential experiences within families and their exposure to violence throughout their lifetimes, it is clear that the gender gap in attitudes towards violence against women cannot be explained by childhood experiences and resources and constraints in adulthood alone.

Strengths and Limitations

Among the strengths of the study were the exceptionally high response rates due to skilled field staff, who were familiar with the community, and a survey questionnaire that was informed by extensive qualitative research. Some aspects of the survey, however, limit our ability to measure fully perpetration and experience of violence in adulthood. The type of questions asked to men versus women restricted the creation of these variables. Women were primarily asked about experience of violence, and men asked primarily about their perpetration of violence. Due to the gendered nature of experience and perpetration of violence, some cell sizes were small when stratified by gender.

Conclusions

Prevailing gender norms in Vietnam lead to continual gendered socialization of children which in turn enforces the inequitable distribution of social and economic resources and constraints in adulthood as well as differential experiences of men and women in regards to childhood as well as resources and constraints in adulthood. Despite the legislative change in Vietnam in 2007, which defined measures of control and prevention of domestic violence, IPV against women and its justification by women not only persist but also remain highly prevalent.

Future research

This research fills a valuable gap in knowledge regarding men's and women's differential experiences and associations with agreement with good reasons for husbands to hit their wives. It also points towards important areas of future research. For example, further research could explore why women in Vietnam who experience violence in childhood are less likely to agree with wife-hitting even though prior research has shown the opposite association. In addition, future longitudinal studies could attempt to disentangle the relationship between women's experience of physical IPV in adulthood and their lower rates of justification of violence against wives. Lastly, future research should incorporate additional questions in regards to men's experience of violence in adulthood as well as women's perpetration of violence.

Public Health Implications

Vietnam introduced new laws addressing domestic violence against women in 2007, and yet physical IPV against women clearly remains prevalent. Data suggests that only 46% of participants were aware of new laws in Vietnam regarding gender and violence. An increase in awareness of women's rights and consequences for IPV perpetrators could allow women more flexibility in leaving or staying in a violent marriage. We see that women with children are more likely to tolerate IPV and therefore perhaps more likely to stay in an abusive relationship. Government policies and infrastructure that support single mothers could enable abused mothers to feel they have alternatives to staying in their marriage.

The findings from this study show that childhood experiences and gendered socialization of girls and boys do influence attitudes about physical violence against wives. So, while control and prevention of violence against women is a step in the right direction, stricter policies against corporal punishment and normalization and tolerance of violence in childhood should be next on

Vietnam's policy agenda. Existing legislation regarding children's exposure to violence needs to be strengthened and enforced.

References

- Akers, Ronald L. (1977). Deviant behavior: A social learning approach.
- Alhabib, Samia, Nur, Ula, & Jones, Roger. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence, 25*(4), 369-382.
- Bandura, Albert, & McClelland, David C. (1977). Social learning theory.
- Campbell, Jacquelyn C. (2002). Health consequences of intimate partner violence. *Lancet, 359*(9314), 1331-1336.
- Dutton, Mary Ann, Green, Bonnie L, Kaltman, Stacey I, Roesch, Darren M, Zeffiro, Thomas A, & Krause, Elizabeth D. (2006). Intimate partner violence, PTSD, and adverse health outcomes. *Journal of interpersonal violence, 21*(7), 955-968.
- Ellsberg, Mary, Jansen, Henrica AFM, Heise, Lori, Watts, Charlotte H, & Garcia-Moreno, Claudia. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *The Lancet, 371*(9619), 1165-1172.
- Garcia-Moreno, Claudia, Jansen, Henrica AFM, Ellsberg, Mary, Heise, Lori, & Watts, Charlotte H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet, 368*(9543), 1260.
- Gold, S.J. (1992). *Refugee communities: A comparative field study* (Vol. 4): Sage Publications, Inc.
- Guilmoto, Christophe Z. (2012). Son Preference, Sex Selection, and Kinship in Vietnam. *Population and Development Review, 38*(1), 31-54.
- Haj-Yahia, Muhammad M. (2001). The incidence of witnessing interparental violence and some of its psychological consequences among Arab adolescents. *Child abuse & neglect, 25*(7), 885-907.
- Heise, Lori L. (1998). Violence against women: An Integrated, Ecological Framework. *Violence Against Women, 4*(3), 262-290. doi: 10.1177/1077801298004003002
- Hindin, M.J. (2003). Understanding women's attitudes towards wife beating in Zimbabwe. *BULLETIN-WORLD HEALTH ORGANIZATION, 81*(7), 501-508.
- Hoffman, Kristi L, Demo, David H, & Edwards, John N. (1994). Physical wife abuse in a non-Western society: an integrated theoretical approach. *Journal of Marriage and the Family, 131*-146.
- Jansen, Henrica, Vung, N.D., Tu Anh, Hoang, Thu Trang, Quach, Nga, Nguyen, Anh Kiem, Do, & Calamita, Marta Arranz. (2010). "Keeping silent is dying": Results from the National Study on Domestic Violence Against Women in Viet Nam (pp. 30): General Statistics Office of Viet Nam.
- Jejeebhoy, S.J. (1998). Wife-beating in rural India: a husband's right? Evidence from survey data. *Economic and Political weekly, 855*-862.
- Jewkes, Rachel. (2002). Intimate partner violence: causes and prevention. *The Lancet, 359*(9315), 1423-1429. doi: 10.1016/s0140-6736(02)08357-5
- Johnson, K.B., & Das, M.B. (2009). Spousal Violence in Bangladesh as Reported by Men: Prevalence and Risk Factors. *Journal of interpersonal violence, 24*(6), 977-995.
- Kalmuss, Debra S, & Straus, Murray A. (1982). Wife's marital dependency and wife abuse. *Journal of Marriage and the Family, 277*-286.

- Kim, Julia, & Motsei, Mmatshilo. (2002). "Women enjoy punishment": attitudes and experiences of gender-based violence among PHC nurses in rural South Africa. *Social Science and Medicine*, 54(8), 1243-1254.
- Koenig, M.A., Ahmed, S., Hossain, M.B., & Mozumder, A.B.M.K.A. (2003). Women's status and domestic violence in rural Bangladesh: individual-and community-level effects. *Demography*, 40(2), 269-288.
- Koenig, M.A., Lutalo, T., Zhao, F., Nalugoda, F., Wabwire-Mangen, F., Kiwanuka, N., . . . Gray, R. (2003). Domestic violence in rural Uganda: evidence from a community-based study. *BULLETIN-WORLD HEALTH ORGANIZATION*, 81(1), 53-60.
- Krantz, G. (2002). Violence against Women: A Global Public Health Issue! *Journal of Epidemiology and Community Health* (1979-), 56(4), 242-243.
- Krug, Etienne G., Mercy, James A., Dahlberg, Linda L., & Zwi, Anthony B. (2002). The world report on violence and health. *The Lancet*, 360(9339), 1083-1088. doi: 10.1016/s0140-6736(02)11133-0
- Lawoko, S. (2008). Attitudes towards Wife beating: a comparative study of men and women in Kenya. *International Journal of Psychology Research*, 1, 183-207.
- Lawoko, Stephen. (2006). Factors associated with attitudes toward intimate partner violence: a study of women in Zambia. *Violence and Victims*, 21(5), 645-656.
- Levinson, David. (1989). *Family violence in cross-cultural perspective* (Vol. 1): Sage Publications Newbury Park.
- Luke, Nancy, Schuler, Sidney Ruth, Mai, Bui Thi Thanh, Vu Thien, Pham, & Minh, Tran Hung. (2007). Exploring Couple Attributes and Attitudes and Marital Violence in Vietnam. *Violence Against Women*, 13(1), 5-27. doi: 10.1177/1077801206295112
- Nguyen, Tuyen D. (2006). Prevalence of Male Intimate Partner Abuse in Vietnam. *Violence Against Women*, 12(8), 732-739. doi: 10.1177/1077801206291555
- Rani, M., Bonu, S., & Diop-Sidib, N. (2004). An empirical investigation of attitudes towards wife-beating among men and women in seven sub-Saharan African countries. *African journal of reproductive health*, 116-136.
- Rusbult, Caryl E, & Martz, John M. (1995). Remaining in an abusive relationship: An investment model analysis of nonvoluntary dependence. *Personality and Social Psychology Bulletin*, 21(6), 558-571.
- Rydström, Helle. (2003a). *Embodying morality: Growing up in rural northern Vietnam*: University of Hawaii Press.
- Rydström, Helle. (2003b). Encountering "Hot" Anger. *Violence Against Women*, 9(6), 676-697. doi: 10.1177/1077801203009006004
- Rydström, Helle. (2006). Masculinity And Punishment Men's upbringing of boys in rural Vietnam. *Childhood*, 13(3), 329-348.
- Sayem, Amir Mohammad, Begum, Housne Ara, & Moneesha, Shanta Shyamolee. (2012). Attitudes towards justifying intimate partner violence among married women in Bangladesh. *Journal of Biosocial Science*, 44(06), 641-660. doi: doi:10.1017/S0021932012000223
- UNDP. (2013). The Rise of the South: Human Progress in a Diverse World *The Human Development Report*: United Nations Development Programme.
- Uthman, O.A., Lawoko, S., & Moradi, T. (2009). Factors associated with attitudes towards intimate partner violence against women: a comparative analysis of 17 sub-Saharan countries. *BMC international health and human rights*, 9(1), 14.

- Uthman, Olalekan A, Lawoko, Stephen, & Moradi, Tahereh. (2010). Sex disparities in attitudes towards intimate partner violence against women in sub-Saharan Africa: a socio-ecological analysis. *BMC Public Health, 10*(1), 223.
- Visaria, Leela. (2000). Violence against Women: A Field Study. *Economic & Political Weekly, 35*(20), 11.
- Vung, N.D., Ostergren, P.O., & Krantz, G. (2008). Intimate partner violence against women in rural Vietnam-different socio-demographic factors are associated with different forms of violence: Need for new intervention guidelines? *BMC Public Health, 8*(1), 55.
- Vung, N.D., Ostergren, P.O., & Krantz, G. (2009). Intimate partner violence against women, health effects and health care seeking in rural Vietnam. *The European Journal of Public Health, 19*(2), 178-182.
- Vung, Nguyen Dang, & Krantz, Gunilla. (2009). Childhood experiences of interparental violence as a risk factor for intimate partner violence: a population-based study from northern Vietnam. *Journal of epidemiology and community health, 63*(9), 708-714.
- Whitfield, Charles L, Anda, Robert F, Dube, Shanta R, & Felitti, Vincent J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults Assessment in a large health maintenance organization. *Journal of interpersonal violence, 18*(2), 166-185.
- Wood, Julia T. (2001). The normalization of violence in heterosexual romantic relationships: Women's narratives of love and violence. *Journal of Social and Personal Relationships, 18*(2), 239-261.
- Yount, Kathryn M, DiGirolamo, Ann M, & Ramakrishnan, Usha. (2011). Impacts of domestic violence on child growth and nutrition: a conceptual review of the pathways of influence. *Social Science & Medicine, 72*(9), 1534-1554.
- Yount, Kathryn M, Halim, Nafisa, Hynes, Michelle, & Hillman, Emily R. (2011). Response effects to attitudinal questions about domestic violence against women: A comparative perspective. *Social Science Research, 40*(3), 873-884.
- Yount, Kathryn M., & Li, Li. (2009). Women's "Justification" of Domestic Violence in Egypt. *Journal of Marriage and Family, 71*(5), 1125-1140. doi: 10.1111/j.1741-3737.2009.00659.x
- Yount, Kathryn, VanderEnde, Kristen, Zureick-Brown, Sarah, Minh, Tran Hung, Schuler, Sidney, & Tu Anh, Hoang. (n.d.). *Measuring Attitudes about Women's Recourse after Exposure to Intimate Partner Violence: The ATT-RECOURSE Scale*. Under Review.