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**Normalizing Violence: Vietnamese men's conceptualization of IPV
and attitudes toward women seeking recourse**

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Abstract

Normalizing Violence: Vietnamese men's conceptualization of IPV
and attitudes toward women seeking recourse

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Mikael Bangcaya

Background: A recent national survey on intimate partner violence (IPV) in Vietnam reported a high prevalence of lifetime exposure among ever-married women by husbands. Previous studies on IPV in Vietnam are generally focused on women. As such, there is a lack of research that exclusively targets Vietnamese men's perspectives on aspects of IPV.

Objective: To explore how Vietnamese men conceptualize and define IPV, and to examine attitudes regarding women's recourse seeking following exposure to IPV.

Methods: Data from ten qualitative interviews and two focus group discussions (FGD) were used for secondary analysis. Interviews were extracted from a larger IPV study previously conducted in Vietnam. Grounded theory methods were used to frame analysis of interviews.

Results: Findings suggest that Vietnamese men had inconsistent and ambiguous definitions of IPV. Additionally, they minimized IPV perpetration or were unable to recognize perpetration. Moreover, IPV was justified among participants in various contexts (i.e. wives challenging gender roles, husband's 'hot temper,' actions while drunk, wife's fault). Participants' attitudes toward recourse seeking also depended on severity, frequency, and context of IPV.

Conclusion: Vietnamese men commonly described IPV perpetration using dichotomous terminology (e.g. normal/not normal). However, conceptions for specific actions that separate these terms were inconsistent. Ambiguity, in regard to defining acceptable behavior, is rooted in contextually justified IPV and attitudes toward recourse seeking. Interventions that help define IPV, clarify current laws, support recourse seeking, and promote gender equality need to be developed and implemented.

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Chapter 1:

INTRODUCTION

Intimate partner violence (IPV) carries significant and long-lasting health consequences and is perpetrated across cultures globally (WHO, 2014; Ellsberg et al., 2008). IPV is an umbrella term that encompasses many types of violence (e.g. physical, sexual, psychological/emotional, threats of violence) perpetrated by an intimate partner or ex-partner (WHO, 2014; Saltzman et al., 2002).

Population-based research in Vietnam among ever-married women revealed that 32% have reported experiencing physical violence by husbands in their lifetime, 10% reported experiencing sexual violence by husbands, and 54% reported lifetime emotional abuse (General Statistics Office [GSO], 2010). Moreover, 60% of women who had reported physical or sexual abuse by husbands also disclosed that they were injured more than once, while 17% indicated being injured “many times.” (GSO, 2010). In 2006 and 2007, the Vietnamese government adopted contemporary legislation to provide protections for survivors of IPV and to challenge gender disparities with respect to women nationally (National Assembly, Government of the Socialist Republic of Vietnam [NAGSRV], 2007; NAGSRV, 2006). Although these national policies exist and include definitions for violence, ambivalent ideas and contradictory interpretations of IPV remain (Schuler et al., 2014).

Globally, intimate partner violence is disproportionately experienced by women (Riecher-Rössler & Garcia-Moreno, 2013; WHO, 2002; Tjaden & Thoennes, 2000; Heise et al., 1999); as follows, the majority of IPV related research primarily focuses on women. To counter this difference and add to a comprehensive understanding of IPV within Vietnam, this study used qualitative data with men collected in a prior NIH-funded study (Schuler et al., 2014; Yount et al., 2014a). The purpose of this thesis is to answer the following questions: (1) How do Vietnamese men perceive and define IPV? (2) How do Vietnamese men negotiate whether IPV warrants recourse seeking? (3) What are Vietnamese men’s attitudes toward women seeking recourse following exposure to IPV?

LITERATURE REVIEW

Defining Intimate Partner Violence

In 2014, the World Health Organization (WHO), in partnership with the United Nations Development Programme and the United Nations Office on Drugs and Crime published the *Global Status Report on Violence Prevention*. This extensive report gathered data from 133 countries and aimed to investigate the current state of fatal and non-fatal violence globally. The report stated that among all forms of violence measured, intimate partner violence (IPV) was the most extensively surveyed—with the highest prevalence of surveys emerging from European countries and the United States, while the lowest prevalence came from countries in southeast Asia. Remarkably, among the 133 countries examined, 87% of these countries reported having national laws to prevent IPV; however, only 44% of those countries reported that the existing laws are “fully enforced,” or implemented and fulfilled to the extent they were intended (WHO, 2014).

This disparity between existing law and public enforcement enables perpetrators of IPV to sustain their actions. These actions include physical violence, sexual violence, threats of physical or sexual violence, and psychological/emotional violence (Saltzman et al., 2002). Other definitions of IPV include physical aggression, sexual coercion, and controlling behaviors (WHO, 2014). Some behaviors that relate to these categories include beating, forced intercourse, humiliation, intimidation (e.g. destroying things), isolation from family or friends, and restricting access to education, finances, or medical care (WHO, 2012). IPV is not limited to heterosexual relationships; it can be perpetrated by both men and women, and can vary between couples in severity and frequency (CDC, 2014). As such, research on IPV can be diverse in nature; however, since the majority of studies within this field have established that IPV disproportionately affects women (Riecher-Rössler & Garcia-Moreno, 2013; WHO, 2002; Tjaden & Thoennes, 2000; Heise et al., 1999), subsequent research on IPV is generally targeted to examine outcomes of this population.

Intimate Partner Violence and Women

To gauge the prevalence and extent of IPV globally, researchers surveyed 24,097 women between the age of 15 and 49 across 10 countries (Ellsberg et al., 2008). Results of this WHO multi-country study indicated that among ever-partnered women, 15% to 71% reported physical violence, sexual violence, or both by a current or former partner at some point in their life. Additionally, injury from IPV resulted in 23% to 80% of respondents indicating the need for health care treatment—with the highest reported proportions of injury coming from Bangladesh (Ellsberg et al., 2008). Accordingly, women's exposure to IPV and subsequent poor or very poor self-reported health were significantly associated. Poor self-reported health included difficulty walking, difficulty with daily activities, loss of memory, vaginal discharge, pain, and suicidal ideation or attempts (Ellsberg et al., 2008). Consequences of physical violence, among ever-injured women in Namibia City led to reports of (9%) broken teeth, (19%) fractures, and (44%) injuries to the eyes and ears (Ellsberg et al., 2008).

Data from the UN multi-country cross sectional study on men and violence were used to examine the prevalence of IPV perpetration among men from nine sites across six countries in Asia and the Pacific (Fulu et al., 2013). Prevalence of physical or sexual IPV perpetration ranged from 25.4% in rural Indonesia to 80% in Bougainville, Papua New Guinea (Fulu et al., 2013).

Apart from physical outcomes, there are also a range of psychological outcomes that can stem from experiencing IPV—expressly, the manifestation or exacerbation of mental health issues. As such, Coker et al. (2002) aimed to examine mental health outcomes and their associations with IPV; physical IPV victimization was associated with an increased risk of depressive symptoms, chronic mental illness, and substance abuse (Coker et al., 2002). More recent research conducted in Rwanda aimed to examine the relationship between IPV and mental disorders. Similar to the previously mentioned study, exposure to physical IPV was associated with depressive symptoms (Umubyeyi et al., 2014). Researchers also found a significantly higher

risk for suicide and PTSD among women exposed to physical, sexual, and psychological violence versus women who were not exposed to any form of IPV (Umubyeyi et al., 2014).

Research among vulnerable populations also illustrates the severity of exposure to various forms of IPV. Helfrich et al. (2008) examined the presence of mental health symptoms and diagnoses of mental illness within the last 12 months among a sample of women from a domestic violence shelter. Results were then compared to data from a national sample of U.S. women taken from the 1995 National Health Interview Survey (NHIS). Helfrich et al. (2008) found that among the 74 women surveyed from the domestic violence shelter, 51.4% reported experiencing major depression as compared to the national average of 2.4%.

Pregnant women comprise another vulnerable group that are affected by the exposure to IPV. A recent study that examined a prospective cohort of 1461 pregnant women from Iran found that women with a history of violence from partners were at greater risk for low birth weight (2.9) and premature rupture of membranes (1.9) versus women without a history of violence from their partner (Abdollahi et al., 2015). Research on patterns of IPV during and after pregnancy has revealed a higher prevalence for psychological violence during pregnancy (Silva et al., 2011). Echoing these findings, a cross sectional study of 1,120 pregnant women from northeastern Brazil found that the most common form of IPV experienced during pregnancy was psychological (Ludermir et al., 2014).

Ouellet-Morin et al. (2015) recently published a longitudinal study that aimed to observe the onset of mental illness, while simultaneously assessing the incidence of IPV among a cohort of 1,052 mothers. Results of this research indicated that over the 7-year period, survivors of IPV were at increased risk for the onset of depression and symptoms on a psychosis spectrum versus women who did not experience IPV (Ouellet-Morin et al., 2015).

Unfortunately for some, exposure to IPV has led to death. To investigate this, Stöckl (2013) conducted a systematic review of global premature death and homicide related to IPV. Findings of this review indicated that 13.5% of homicides were committed by intimate partners;

of those homicides, the highest prevalence emerged from high-income countries and countries from southeast Asia (Stöckl, 2013).

The Cost of Intimate Partner Violence

IPV results in significant social, economic, and health costs (Max et al., 2004; CDC, 2003; Tjaden & Thoennes, 2000). The United States is one country that has taken steps to measure the economic consequences of IPV. In 2000, researchers Tjaden and Thoennes presented their analysis of the National Violence Against Women (NVAW) survey of IPV. This survey sampled 8,000 men and 8,000 women through telephone interviews on their experiences with violence. Results of this survey echo international research on this topic, specifically that violence against women is not an independent act, but often is accompanied by emotional abuse and controlling behavior. Analysis of this survey also revealed that among survivors of IPV who received medical treatment for injuries, access to various forms of care were required; specifically, emergency room treatment, ambulance services, hospital stay procedures, and aftercare for severe injury (Tjaden & Thoennes, 2000). The results of this analysis show that the consequences of IPV extend beyond the acts of violence. Physical and psychological trauma aside, these data illustrate how survivors of IPV can experience undue financial burden. In particular, cost of care and the consequential inability to work.

Data from the NVAW was also used by the Centers for Disease Control and Prevention (CDC) to estimate the economic burden of IPV, physical assault, and stalking. This study estimated that the economic burden of direct medical and mental health care services approached \$4.1 billion (CDC, 2003). Additional research indicated that after combining cost of direct services and lost productivity from injury or premature death, the economic burden of IPV was estimated to be \$5.8 billion (Max et al., 2004).

Recourse: IPV Services and Help-Seeking Behavior

Recourse following intimate partner violence can be broadly categorized as either formal or informal. Formal recourse may include police intervention, counseling services, health care, and safe houses, among other options. Informal recourse may include seeking help through family, friends, neighbors, or other non-professional services. Distinguishing these categories is important because depending on the population of women or context of violence; help-seeking behavior can vary (Hyman et al., 2009).

For low-income women who are survivors of IPV, research has indicated that recourse is generally sought by informal means (O'Campo et al., 2002; Coker et al., 2000). In addition, associations between ethnic and racial minorities and low health-seeking behavior have also been established (Hyman et al., 2009). Shannon et al. (2006) examined help-seeking behavior and coping strategies between a sample of 757 female survivors of IPV from urban and rural locales. Two key findings of this study revealed that urban women were more likely to access help-seeking resources than rural women (Shannon et al., 2006). Additionally, rural women perceived the justice system to be less helpful than urban women (Shannon et al., 2006).

Edwards (2014) conducted a comprehensive review of literature on research that compared any aspect (e.g. help-seeking behavior, rates) of IPV between urban, rural, and/or suburban populations within the U.S. A finding from this review found that IPV services among urban settings are better funded than rural locations; as such, results indicated that there were poorer physical and psychosocial health outcomes among individuals in rural settings as compared to urban (Edwards, 2014). Furthermore, similar previous research, rural populations were less likely to support government involvement in IPV related issues (Edwards, 2014).

Fanslow and Robinson (2010) explored help-seeking behavior among women who were survivors of physical and/or sexual IPV in New Zealand. Interestingly, 75% of women within this sample reported that they spoke out about their IPV (Fanslow & Robinson, 2010), which opposes

the popular perception that IPV is a silent problem. Nevertheless, while women within this study were more likely to report accessing informal forms of recourse, not all found this form to be helpful (Fanslow & Robinson, 2010). Consistently, Clark et al. (2010) noted that having a supportive family was protective for survivors of IPV; however, family involvement did not necessarily translate to effective help (Clark et al., 2010).

As the severity of IPV increases, research has indicated that survivors also increasingly access formal means of recourse (Ansara & Hindin, 2010). Women exposed to IPV are more likely to receive safety and violence counseling services, compared to women who are not exposed (McCall-Hosenfeld et al., 2013). Correspondingly, Duterte et al. (2008) have reported that as the severity or duration of IPV increases, rates of medical and legal help-seeking behavior also increase. Compared to men, women are more likely to access emergency medical care after experiencing physical IPV (Tjaden & Thoennes, 2000). As such, some emergency service professionals have become trained to identify and screen for signs and symptoms of IPV among women (Leppäkoski et al., 2010). Establishing defined protocols among emergency department professionals yield greater benefit for survivors of IPV versus departments without defined procedures (Leppäkoski & Paavilainen, 2013).

Aside from emergency settings, other interventions involve motivating physicians to ask and probe about IPV within primary care settings (Rhodes & Levinson, 2003). However, interventions that involve preventive measures also must have the capacity to train individuals on how to properly screen or ask about IPV; thus, may not be an appropriate option for all communities.

For some countries, policies require police to make mandatory arrests for incidents that involve IPV. A recent review of literature that collected survivor perceptions of mandatory arrests revealed that while favorable perceptions of these policies increased, the odds of police notification for IPV also increased (Novisky & Peralta, 2015). On the surface, mandatory arrest policies may seem favorable for all survivors, however researchers recognize that the

implications of these policies may include a decrease of police notification for individuals who do not support these policies (Novisky & Peralta, 2015; Dugan, 2003)

Barriers to Seeking Recourse Among Survivors of IPV

Although resources for survivors of IPV exist, barriers to these resources create difficulties that negatively affect help-seeking behavior (Ragusa, 2012; Laisser et al., 2011; Wolf et al. 2003). Potential barriers to resources include lack of education, provider availability, transportation, social class, and economic status (Scheppers et al., 2006). Other barriers that are less tangible, but are more systematic include societal gender norms (Laisser et al., 2011), perceptions of helpfulness (Shannon et al., 2006), fear of repercussion (Wolf et al., 2003), or shame and social stigma (Ragusa, 2012).

A qualitative study conducted in urban Tanzania aimed to explore perceptions of IPV to better implement community and health care based interventions (Laisser et al., 2011). Analysis found that a primary theme across interviews was the notion of challenging traditional gender norms. Specifically, participants challenged norms that referred to the inherent power of men—since these are constructs that allow violence to be justified (Laisser et al., 2011). Another interesting finding within this study was that an inductive theme emerged which was titled ‘Fed up with passivity,’ where “both men and women were tired of seeing women and children suffer...many community members had started to question the norms that allow violence to be accepted, and at the same time feel trapped by the power of internalized traditional gender norms” (Laisser et al., 2011, p.9).

A recent study that explored IPV survivors’ perceptions of barriers and services revealed that women who sought legal aid perceived there to be a power inequity between them and legal professionals (Ragusa, 2012). Accordingly, Ragusa (2012) also stated that the implications of this power inequity could lead to the underutilization of these types of services. Undoubtedly, individual and community level perceptions of recourse play a part in informing how women seek

recourse. This is evident in a recent study that revealed an association between collective efficacy and IPV bystander intervention—while one increased, so did the other (Edwards et al., 2014).

To mitigate IPV in a patriarchal culture that rejects or heavily stigmatizes formal recourse, survivors of IPV have described to enact what Yount (2011) calls the ‘Good Woman’ narrative. This portrayal of a wife who aligns directly with the patriarchal construct of women is used by survivors to encourage or deter husbands from straying from their subscribed role as morally upright men (Yount, 2011). Although these actions mitigate violence, Yount (2011) acknowledges that they also reinforce patriarchal structures that are fundamentally at the root of intimate partner violence.

Intimate Partner Violence in Vietnam

The first national study on domestic violence against women in Vietnam was conducted in 2010 through a partnership between the General Statistics Office (GSO), the WHO, the Ministry of Health of Vietnam, and the Centre for Creative Initiatives in Health and Population (CCIHP). Among ever-married women, 32% reported experiencing physical violence by husbands in their lifetime, 10% reported experiencing sexual violence by husbands in their lifetime, and 54% of women indicated that they have experienced emotional violence by their husbands in their lifetime (GSO, 2010). Additionally, 26% of women reported that they were injured as a direct result of physical or sexual abuse, and among those women, 60% stated that they were “injured more than once,” while 17% were injured “many times” (GSO, 2010).

Additional research examining prevalence and risk of exposure to IPV in Vietnam revealed similar results. Vung et al. (2008) illustrated that lifetime prevalence of physical and psychological abuse among Vietnamese women to be 30.9 and 27.9, respectively. A primary risk factor for exposure to IPV was heterogeneity of education—where women have higher levels than their husbands (Vung et al., 2008). It is possible that this risk exists because it challenges traditional gender roles that are ingrained in Vietnamese culture. In fact, Luke et al. (2007) found

that the majority of Vietnamese couples in her sample still upheld traditional attitudes toward gender roles. Inequitable attitudes toward gender roles, specifically the dichotomization and acceptance of definitive male and female behaviors reinforce an environment where actions perceived as non-traditional become risk factors for IPV (Luke et al., 2007; Rydstrom, 2003; Rydstrom, 2001).

Yount et al. (2014a) explored whether boyhood exposure to IPV is positively associated with justifying IPV against women. Among Vietnamese men that were exposed to IPV as a child, results indicated higher adjusted odds of justifying violence and ever perpetrating violence, as compared to men who were not exposed to IPV as a child (Yount et al., 2014a). Moreover, boyhood exposure to IPV, by being physically punished or witnessing violence, was associated with up to three times higher odds of perpetrating any form of IPV, when compared to men without boyhood exposure to IPV (Yount et al., 2015).

To measure attitudes about IPV against women and recourse following IPV against women, specific scales were developed and tested among a large sample of married Vietnamese men and women (Yount et al., 2014b, 2014c). The ATT-IPV (Attitudes about IPV) scale measured attitudes about physical violence against women by presenting specific situations where participants would respond whether they believed physical violence could be justified (Yount et al., 2014b). Across all items, women were more likely than men to justify physical violence for the contexts provided (Yount et al., 2014b). Accordingly, the ATT-Recourse (Attitudes about Recourse) scale measured attitudes about a woman's recourse following exposure to physical IPV (Yount et al., 2014c). Similar to the previous scale, results showed that men were more likely to favor recourse compared to women (Yount et al., 2014c). There are many potential reasons why these women justify violence more often than men, or why they are less likely to favor recourse following exposure to IPV; nevertheless, despite their exact reasoning, the prior two studies reflect how IPV among this population has been normalized.

Although the gendered environment in Vietnam facilitates the perpetration of IPV, it does not entirely prevent progress for survivors of violence. A recent qualitative study explored how Vietnamese women seek recourse and how they perceive IPV (Schuler et al., 2011). Results give evidence to a few factors: that support (both formal and informal) for survivors of IPV exists, some individuals intervene when IPV becomes known, and women who have experienced IPV are able to recognize and identify these behaviors as wrong (Schuler et al., 2011). A subsequent qualitative study among a similar population revealed that although general knowledge of IPV exists and is regarded as negative, ambivalent attitudes about what constitutes violence were widely present, and certain contextual factors (e.g. hot temper, alcohol use) invalidated positive attitudes toward women seeking recourse (Schuler et al., 2014). Ambivalence and contextual justification were seen across both men and women (Schuler et al., 2014), as such it can be argued that these are outcomes of an environment which has normalized certain violent practices.

For survivors of IPV, the ability to properly identify and define violent actions is crucial. Conversely, for men, understanding what actions constitute IPV is equally important. However, since the preponderance of IPV related research focuses on women, there is a need for research related to the male perspective on perpetration. The current study uses secondary data collected by Schuler et al. (2014), and explores how Vietnamese men perceive and define IPV. This study also aims to elucidate what Vietnamese men identify as acceptable recourse for women following various behaviors or situations involving IPV. The purpose of this research can be used to develop more nuanced interventions for men to help prevent IPV in Vietnam.

Contribution of Student

Secondary analysis of data was conducted to provide an in-depth understanding of men's interviews that are described elsewhere (Schuler et al., 2014). The original publication analyzed qualitative data collected from samples of both Vietnamese men and women across various items related to intimate partner violence (Schuler et al., 2014). Broadly, results from Schuler et al. (2014) presented themes that compared responses between men and women. By focusing exclusively on men's qualitative interviews, the contribution of the student will be a comprehensive examination of their attitudes and perspectives on aspects of IPV. By selecting exclusively men's interviews, the aim of this analysis is to find and detail nuances among men's qualitative data that may have otherwise been overlooked in analyses across gender.

Abstract

Background: A recent national survey on intimate partner violence (IPV) in Vietnam reported a high prevalence of lifetime exposure among ever-married women by husbands. Previous studies on IPV in Vietnam are generally focused on women. As such, there is a lack of research that exclusively targets Vietnamese men's perspectives on aspects of IPV.

Objective: To explore how Vietnamese men conceptualize and define IPV, and to examine attitudes regarding women's recourse seeking following exposure to IPV.

Methods: Data from ten qualitative interviews and two focus group discussions (FGD) were used for secondary analysis. Interviews were extracted from a larger IPV study previously conducted in Vietnam. Grounded theory methods were used to frame analysis of interviews.

Results: Findings suggest that Vietnamese men had inconsistent and ambiguous definitions of IPV. Additionally, they minimized IPV perpetration or were unable to recognize perpetration. Moreover, IPV was justified among participants in various contexts (i.e. wives challenging gender roles, husband's 'hot temper,' actions while drunk, wife's fault). Participants' attitudes toward recourse seeking also depended on severity, frequency, and context of IPV.

Conclusion: Vietnamese men commonly described IPV perpetration using dichotomous terminology (e.g. normal/not normal). However, conceptions for specific actions that separate these terms were inconsistent. Ambiguity, in regard to defining acceptable behavior, is rooted in contextually justified IPV and attitudes toward recourse seeking. Interventions that help define IPV, clarify current laws, support recourse seeking, and promote gender equality need to be developed and implemented.

Introduction

In 2006 the Vietnamese government adopted the Law on Gender Equality and in 2007 the Law on Domestic Violence Prevention and Control (National Assembly, Government of the Socialist Republic of Vietnam [NAGSRV], 2007; NAGSRV, 2006). These policies are aimed to address gender disparities and provide protections for survivors of intimate partner violence (IPV). Although effort has been made to enforce these laws and disseminate specific criteria involving the details of this policy, inconsistencies among the population regarding what constitutes violence and the roles of various forms of recourse still exist (Schuler et al., 2014). As such, the public's ability to identify actionable behaviors is diminished, and leaves those who are exposed to IPV more vulnerable to continued violence (Abramsky, 2011). Appropriately interpreting IPV goes beyond simply understanding the components of physical, sexual, or psychological violence. It includes the ability to recognize behaviors and contextual factors that reinforce IPV but may be shrouded in culturally accepted practice.

Compared with male survivors of IPV, female survivors of IPV are disproportionately more prevalent (World Health Organization [WHO], 2014; Ellsberg et al., 2008; Tjaden & Thoennes; 2000). Correspondingly, research involving observations, perspectives, risk factors, or health outcomes among women participants outweigh research conducted with men. With regard to research conducted in Vietnam, there is even less information on this population. Noting this dearth of literature on all aspects of intimate partner violence among samples of exclusively Vietnamese men; this analysis was conducted to contribute to this knowledge gap, and may inform interventions that address or prevent IPV in this population.

This qualitative analysis will explore how Vietnamese men conceptualize intimate partner violence and men's perceptions and attitudes of women's recourse following exposure to IPV; specifically, how men negotiate whether perceived IPV warrants certain types of recourse across multiple contexts.

Background

Intimate Partner Violence

IPV is identified by the Centers for Disease Control and Prevention (CDC) as a preventable public health issue that can vary in frequency and severity (CDC, 2014). IPV is a global public health issue that the World Health Organization (2014) refers to as “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.” Similarly, Saltzman et al. (2002) further delineate IPV into four distinct categories: physical violence, sexual violence, threats of physical or sexual violence, and psychological/emotional violence. This categorization, along with their detailed descriptions of behaviors, demonstrates the complexity of IPV; specifically, IPV can be broadly defined. While the previous definitions are not specific to sex, IPV globally is disproportionately experienced by women (Riecher-Rössler & Garcia-Moreno, 2013; WHO, 2002; Tjaden & Thoennes, 2000; Heise et al., 1999).

To assess the international prevalence and scale of IPV, a WHO multi-country study compiled 24,097 interviews from 15 sites across 10 countries (Ellsberg et al., 2008). Results of this study revealed that among ever-partnered women, 15% to 71% experienced physical or sexual violence by a current partner or former partner at some point in their lives. Along with physical violence, previous studies have also demonstrated the serious psychological and emotional trauma experienced by women (Al-Atrushi et al.; 2013; Yoshihama, 2002). Women experiencing IPV can result in severe injury (Berrios & Grady, 1991), poor mental health outcomes (Fernbrant et al., 2014), developing a chronic disease (Coker et al., 2002), substance abuse, poor self-rated health (Decker et al., 2014), and in some cases lead to medical treatment, emergency room care, and physical therapy (Tjaden & Thoennes, 2000). Unfortunately, research has also indicated that survivors of IPV under report perpetration to police (Tjaden & Thoennes, 2000).

Fulu et al. (2013) examined data from a multi-country study that surveyed men about violence in Asia and the Pacific. Results indicated that the prevalence of IPV perpetration among men ranged from 25.4% in rural Indonesia to 80% in Bougainville, Papua New Guinea (Fulu et al., 2013).

IPV in Vietnam

The General Statistics Office (GSO) of Vietnam (2010), with assistance by the WHO, the Ministry of Health, and the Centre for Creative Initiatives in Health and Population (CCIHP) conducted the first formal National Study on Domestic Violence against Women in Vietnam to understand the scale and impact of this critical public health problem. Results indicated that among ever-married women, 32% reported experiencing physical violence by husbands in their lifetime, and 10 % reported experiencing sexual violence by husbands in their lifetime (GSO, 2010). Additionally, 54% of women reported lifetime emotional abuse by husbands, while 25% reported current emotional abuse. When physical, sexual, and emotional abuse were combined, 58% of women had reported experiencing at least one type of abuse by husbands (GSO, 2010). Among women who reported physical or sexual abuse by husbands, 60% had been injured more than once and 17% had been injured many times (GSO, 2010).

The pervasiveness of these issues in Vietnam has led researchers to study the underlying factors that may be rooted in these behaviors, and vice versa. Violence of this nature must somehow be perpetuated or reinforced by broader social or cultural paradigms. Rydstrom (2001) discusses that the development of boys and girls over time can be influenced through a variety of means (e.g. family, education, vocation). She argues that centuries of ancestral deference and patrilineal practice have stationed boys to have an enculturated and systematic advantage; thus, creating strong definitions and clearly defined models for male societal roles (Rydstrom, 2001). And although the Vietnamese government and other agencies have been active in disseminating a narrative that men and women are “equal”; unintentional decisions that separate and define

normative characteristics of boys and girls eventually help reinforce the patriarchal power structure that they are trying to dispel (Rydstrom, 2001).

Gender inequality in Vietnam and its positive relationship with IPV can be manifested in various ways. Traditional dichotomization and acceptance of specific male and female behaviors has created precedent for this ideology to be perpetuated (e.g. men are authoritative and women are demure). Thus, challenging gendered roles and departing from culturally entrenched beliefs may lead to exposure or perpetration of IPV (Rydstrom, 2003). Additionally, recent research has found associations between boyhood exposure to IPV (i.e. witnessing or being punished) and adult perpetration and justification of physical IPV (Yount et al., 2015; Yount et al., 2014a).

Studies that developed and tested scales to measure attitudes about IPV and women's recourse following exposure to IPV have observed gender inequality in a different capacity (Yount et al., 2014b, 2014c). Specifically, when compared to men, women were more likely to justify physical violence in various contexts (Yount et al., 2014b), and were also less likely to favor recourse following IPV (Yount et al., 2014c) These results reflect the socio-cultural climate of Vietnam and are illustrative of how it can affect attitudes towards violence. Arguably, these attitudes blur definitive definitions of violence, suppress support for recourse seeking behavior, and contextually justify actions that violate the laws set by the Vietnamese government to protect people from IPV.

IPV is widely researched among women to understand perceptions of violence and attitudes of recourse seeking behavior; however, knowledge is lacking about men's perceptions and attitudes of either of those elements. The purpose of this qualitative analysis is to explore how a sample of Vietnamese men from rural and peri-urban Vietnam conceptualize and define IPV, as well as to understand their attitudes regarding women's recourse following exposure to IPV across various contexts.

Research Questions

To extend and supplement prior research in this population, showing inconsistencies regarding perceptions of IPV related behavior (Schuler et al., 2014), the following research questions frame the present analysis:

- How do Vietnamese men perceive and define intimate partner violence?
- How do Vietnamese men negotiate whether IPV warrants recourse seeking?
- What are Vietnamese men's attitudes toward women seeking recourse following exposure to IPV?

Method

Data Collection

Details of the data collection methods from the original study are described elsewhere (Schuler et al., 2014; Yount et al., 2014a) and are only briefly described here. The formative qualitative research was conducted in four communes of My Hao district, Hung Yen province, Vietnam. The purpose of this research was to investigate men's and women's attitudes and opinions of IPV against women, the contexts in which IPV may occur, the forms of recourse that are available to women, and agreement on situational events involving varying forms of IPV.

The first phase of qualitative data collection involved 20 semi-structured in-depth interviews (IDI) conducted with 10 men and 10 women. Concurrently, four focus group discussions (FGD) were also conducted, two with women and two with men. In addition, FGDs were stratified by age, each gender having one older group (35 years or older) and one younger group (below 35 years). Participants of the initial phase had educational backgrounds that varied from 9 to 12 grades and ranged in age from 18 to 49 years. Both IDIs and FGDs were between 60 and 90 minutes in length. All interviews were conducted in Vietnamese by a team of Vietnamese researchers with extensive training on research methods. This team later transcribed, de-identified, and translated each interview into English. Other phases of formative data collection are described elsewhere (Schuler et al., 2014; Yount et al., 2014a), for the purpose of this study, men's first phase qualitative interviews were selected for secondary analysis.

Sample Interviews for Secondary Analysis

Data analysis focused exclusively on in-depth interviews and focus group discussions with men from the parent study (Schuler et al., 2014). The interview guides for IDIs and FGDs included mainly open-ended questions to facilitate rich conversation and nuanced perspectives from male participants. Interviews during the second phase of data collection were structured using cognitive interviews (CIs), which is a technique used to understand responses given by

participants. Compared to interviews conducted in the first phase, CIs during the second phase consisted of less open-ended questions. As such, interviews from the first phase of data collection (i.e. IDIs and FGDs) were selected for analysis. Furthermore, as the preponderance of IPV related research targets the perspective of women, this paper has chosen to focus on the perspective of men, to inform a multifaceted understanding of men's views about IPV.

Approval through the Institutional Review Boards (IRB) of Emory University and CCIHP were sought after and approved for formative data collection (Yount et al., 2014a). The current study analyzes entirely secondary data, which were fully de-identified and stored in a password protected Emory database prior to analysis. This secondary analysis is not considered human subjects research and was exempt from review by Emory University's IRB.

Grounded Theory

Data analysis was conducted following the rigorous procedures of grounded theory (Glaser & Strauss, 1967). Grounded theory is a systematic process to examine data, which iteratively compares codes and themes in interviews throughout analysis with the purpose of generating an inductive theory of phenomena, 'grounded' in data (Glaser & Strauss, 1967). Grounded theory was chosen for this paper to rigorously examine men's perspectives and attitudes of IPV and recourse.

Data Analysis

To begin analysis, de-identified hard copies of 10 IDI transcripts and two FGD transcripts were read and memoed to initially capture broad themes and describe preliminary thoughts of behaviors seen within each interview. Memos then informed the creation of an initial codebook. The codebook included both deductive (derived from literature) and inductive (derived from the data) codes, and was systematically modified throughout analysis to better reflect phenomena within the interviews.

The transcripts were then uploaded to MaxQDA11 software and subsequently coded with codes developed earlier. Coding was conducted independently; however, segments of de-identified transcripts were reviewed by other researchers to detect bias and reinforce reflexivity. Re-coding occurred when adjustments to the original codebook were made. The coding process ended once saturation was reached (i.e. no new information was emerging).

Codes were compared across FGDs and IDIs to note consistent themes. Themes seen across all transcripts were further analyzed to find associated codes and discover depth and nuance within interviews. Primary themes and codes were used to generate a conceptual framework that reflects factors that contribute to men's conceptualization of IPV and attitudes toward women seeking recourse (see Figure 1).

Results

Among the Vietnamese men within this study, there was clear variation in views on what constituted violence. Subsequently, certain types of IPV that occurred within specific contexts were minimized, unrecognized as IPV, contextually justified, or completely justified. As such, contextually ambiguous IPV was not heavily supported as an incident that warranted formal recourse. Men's attitudes regarding recourse shifted depending on the context presented.

The following are themes that emerged through grounded theory analysis: 1) inconsistent definitions of IPV, 2) minimized and unrecognized perpetration, 3) contextually justified IPV, 4) contextually dependent attitudes toward recourse seeking. Themes were then grouped together and presented as such to address aspects of the research questions posed.

Defining Violence

Inconsistent Definitions of IPV

Throughout the IDIs and FGDs, respondents regularly used ambiguous terms to describe the physical act of violence (e.g. beat, cuff, smash). Ambiguous terminology that described the frequency or severity of IPV was generally presented dichotomously (e.g. serious/not serious,

severe/not severe, excessive/not excessive, normal/not normal). When asked to further define these terms, interpretations varied from person-to-person. An example of these ambiguous terms follows:

If the behaviors of the husband are excessive, the wife can notify the police officer. If the behaviors of the husband are not excessive, the wife can notify the authority or the group of reconciliation so that they will come to provide encouragement and mediation. (39-year-old man, married for 15 years)

Undoubtedly, one man's perception of 'excessive' may not be the same as another.

Interestingly, respondents often suggested that interpreting behaviors and reacting appropriately was the wife's responsibility. For example:

It will depend on the level of violence situation. If it is mild level of abuse, the wife should not (overreact)...If the problem of a married couple is just a normal fighting, the wife should keep it in silent. (FGD, men older than 35 years)

This man described a "mild level of abuse" or "normal fighting" as a situation that does not warrant recourse seeking; however, he does not later elucidate or quantify what is mild or normal. And although the participant shifted the onus of identifying IPV to the victim, he also does not explain how the victim is to understand whether the violence she is experiencing is mild or normal.

Perceptions of IPV

Minimized and Unrecognized Perpetration

Men within the FGDs and IDIs who used ambiguous terminology also commonly minimized the perpetration of IPV. For example:

They were not seriously beaten because their husbands only gave them slight slaps in their faces when their husbands were not pleased with them. Their husband gave their wives serious slaps or slight ones, which depends on their wives. They slap their wives in their faces for warning them. Slapping in their faces for

warning them is different from that on purpose. (25-year-old man with 12 years of education)

As evidenced from the quote above, the interpretation of violence changes when intent is known. The respondent also added a distinction between slapping ‘for warning’ versus slapping ‘on purpose.’ In this case, the man minimized physical IPV, despite being aware that some harm occurred—since the husband’s intention was to warn his wife.

Another example shows a situation where a respondent commented on a husband who “beat his wife with (a) knife once or twice to threaten her.” Similar to the previous example, the respondent’s attitude toward IPV shifted, and perceived the husband’s actions to be forgivable—as his intent was to threaten. He later acknowledged this definitional dilemma by stating, ‘she did not understand that he beat her to threaten her.’

Among men’s interviews for this analysis, attitudes toward the term ‘threaten’ ranged widely in acceptability. This suggests that even among men within this sample, there is disagreement on whether threatening actions should be considered as IPV. Unfortunately, in some cases, IPV perpetration was seemingly unrecognized. For example:

I: In your opinion, in which cases do you think it is totally acceptable for a husband to beat his wife?

R: Because I have never been in that situation, I cannot answer you. I don’t know how to handle this situation. I don’t know how to explain correctly.

(married man with children, education unknown)

The participant above does not have a response when asked directly about acceptable cases where a husband can beat his wife. However, earlier in the interview, this respondent affirmed that slapping to warn is an acceptable behavior. Although his definition of slapping and beating may be different, this quote is an example of how certain forms of perpetration are unrecognized.

Negotiating Whether Violence Warrants Recourse Seeking

Contextually Justified IPV

While respondents generally held negative attitudes towards IPV, certain contexts were noted to absolve perpetrators of their actions. Those contexts are as follows: (1) when a wife challenges gender roles, (2) a husband is hot-tempered, (3) a husband is drunk, and (4) if it is the wife's fault. It is important to note that these contexts are not independent of one another and these situations frequently overlapped.

In Vietnam, challenging established gender roles have been noted to lead to exposure of IPV (Rydstrom, 2003). Among respondents, negative perceptions of women were commonly seen when they departed from the patriarchal construct of a 'good wife.' An example of this interaction was shown when a focus group moderator asked, "In which situations does a woman make mistakes and she should keep silent when she is beaten by her husband?" Responses included her involvement in an affair, her being unwelcoming to the husband's friends/guests, or if she is lazy but 'spends extravagantly.' Not only did participants contextually condone IPV, they coupled these actions with the wife's silence—an indication that she deserved the violence being perpetrated against her. The following is an excerpt from one focus group discussion:

- I: So in that situation, the wife made some mistake, right? Or the wife understand the characters of her husband that after he beats her, the conflict will be over and the next day he will go out to buy a bowl of noodle for her, right?
- R: (laughing) If the wife does not let her husband beat her, he may smash all the furniture and it will be terrible if they have to buy new ones. (FGD, men 35 years or younger)

This quote is an example of how engrained patriarchal roles are among these men. Note that the respondent states, 'If the wife does not let her husband beat her.' Implying that it is her duty to be beaten in order to mitigate escalating violence.

‘Hot-tempered’ was described by a majority of respondents as an occurrence where a man loses control of his emotions, and becomes aggressive, combative, or even dangerous. To that extent, wives are encouraged to avoid their husbands during this period and not engage them until they have calmed down. Interestingly, some participants also described ‘hot-temper’ as an inherent quality in men, thus inevitable. For example:

All men are hot-tempered. When the husband is hot-tempered, he may not explain with words but scold his wife. If the wife is not smart, she also argues back and the husband may beat her. The wife only wants to prove something is right or wrong but the husband does not understand and when he is hot-tempered, conflict will happen. If a wife is smart, she will avoid the conflict with her own way. She may not argue with her husband when her husband is hot-tempered. She may avoid him by going somewhere, for example, she may go to the kitchen to clean up. When the husband’s anger is over, she may talk with her husband at a suitable moment. (older married man, farmer)

In the situation above, the respondent expressed that the conflict could be avoided ‘if the wife is smart’ (i.e. not arguing, avoiding husband). Additionally, during one IDI, the respondent ostensibly excused the perpetration of IPV by stating, “actually, men sometimes are hot-tempered and may cuff their wives. It is not avoidable” (married man with children, education unknown) Situations that are ‘not avoidable’ may be extrapolated to be perceived as normal.

Respondents disagreed on whether drunkenness excused IPV perpetration. However, among men who contextually justified IPV if a husband was drunk, they explained themselves using a narrative similar to that of ‘hot-tempered’ men. The following two quotes demonstrate the similarities between attitudes toward drunk and ‘hot-tempered’ men.

For example, if a woman is beaten by her husband when her husband is drunk she may think that because he is drunk, he beats her. Therefore, she thinks that she should not say anything. If she says something when her husband is drunk, it will not be nice. (26-year-old man with 12 years of education)

The women should not blame their husbands' fault of drinking alcohols. Sometimes alcohol makes the men out of mind for sure. So the wife should solve her problem wisely. If the wife overacts, absolutely she is adding the fuel into the flames, her husband will be mad. (FGD, men older than 35 years)

For either context, respondents characterized these men as lacking control or agency. As such, perpetrators of IPV are contextually pardoned for their actions, while victims are left to be responsible for pacifying and avoiding their husbands.

Similar to findings in Schuler et al. (2014), victim blaming was commonly seen throughout all interviews. Contextually, victim blaming was portrayed by respondents as an outcome of a wife's actions. During a FGD, one respondent stated, "The wife should know to stop, should know when it's right to say something." He continued his statement by saying, "so it is not just arguing it turns worse to violence and abuse activity." The following is an excerpt from an in-depth interview:

Some people said that after being beaten, they may realize it was their fault. Or the fight was because the husband got angry, he may beat his wife one or two blows, then the conflict will be over, no more problem...if the conflict is minor but the whole village already knows about it, the wife should change her behavior as she would make their marriage life unpeaceful. Because of the gossip, the wife may make the minor conflict becoming serious one. The conflict is easily over if it is a domestic issue, that only husband and wife know; but if the whole village knows about the conflict, it may become a severe one and the husband and his wife may continue to have argument and fighting. (Vietnamese man, education unknown)

This quote serves as a proxy for the general attitudes of all respondents in regard to victim blaming. The quote above is also indicative of how multiple factors inform the justification of IPV as well as suppression of recourse seeking.

Attitudes Toward Women Seeking Recourse

Contextually Dependent Attitudes Toward Recourse Seeking

These interviews included many examples of contextually dependent attitudes toward recourse seeking. These attitudes ranged from directly rejecting notions of women seeking recourse, to fully supporting recourse depending on the situation. Differences in attitudes between respondents primarily related to support for formal recourse (i.e. police or commune authority involvement). In general, respondents had a high standard for warranting formal recourse. For example:

I: Which cases do you think a woman should notify the police?

R: If the husband intends to kill his wife or to break his wife's arms or legs, the intervention in time of the police is needed. (39-year-old man, married for 15 years)

For this respondent, intention to kill or break bones is what necessitates police intervention. However, later in the interview, there is an attitudinal shift:

I: If the woman's arms or legs are broken after the fighting and even though she is advised not to notify the police, she still notifies the police of the fact that she was beaten by her husband, what do you think about that woman? Do you think that the woman is living without affection?

R: If the husband did not do it on purpose but by accident and he already felt sorry about his action and wanted to fix his fault and the wife still notified the police, it is unacceptable. (39-year-old man, married for 15 years)

Note that the respondent found police notification unacceptable, despite knowing that the woman's arms or legs were broken. Since the husband's physical IPV was an accident and "he already felt sorry about his action," the respondents' attitude toward formal recourse seeking shifted from supportive to unsupportive.

One respondent noted that he was supportive of a woman who sued her husband if he was at fault. The interviewer then asked if he would continue his support for a wife who ‘has no fault,’ if he knew that the husband earned more money, but still beat his wife. He responded:

In this situation, if the wife is wise, she should understand that the main income of the family is from the husband. If the wife does not have any fault at all but she is usually beaten by her husband, she should not notify the legal authority or the mediation team but she should find way to talk with close members in the family like her parents-in-law, her own parents or her own brothers or close friends so that they will help her to advise her husband and to make her husband realize his fault. She should not notify the legal authority. (older married man, farmer)

The primary contextual change of the previous statement was that the husband provided financial security. In this case, the participant shifted his support from formal to informal recourse, as opposed to withdrawing support altogether. Other contexts that negatively changed attitudes toward formal recourse seeking included perceived severity, normality, fear of increased violence, and the possibility to bring shame upon the family. In general, respondents were more likely to support women who sought informal recourse for most situations. However, similar to examples seen above, context involving frequency or severity shifted participant attitudes of support.

Respondents gave the greatest support for women who mitigated violence themselves—in other words, they did not seek formal or informal recourse. Among respondents that stated they would personally intervene if they witnessed physical IPV, some changed their attitude depending on their perception of potential danger.

Discussion and Conclusions

Results of this study illustrate respondents' ambiguous and inconsistent opinions regarding IPV. As noted in prior research, Vietnam's patriarchal past has influenced and 2006) that were adopted to promote gender equality and to prevent the perpetration of IPV challenge this paradigm (Schuler et al., 2014). As such, ambiguity of responses could be seen as a product of a paradigm shift—where the Vietnamese population is being asked to reject or reinterpret previously held notions of 'normal' or 'acceptable' behavior (see Figure 1).

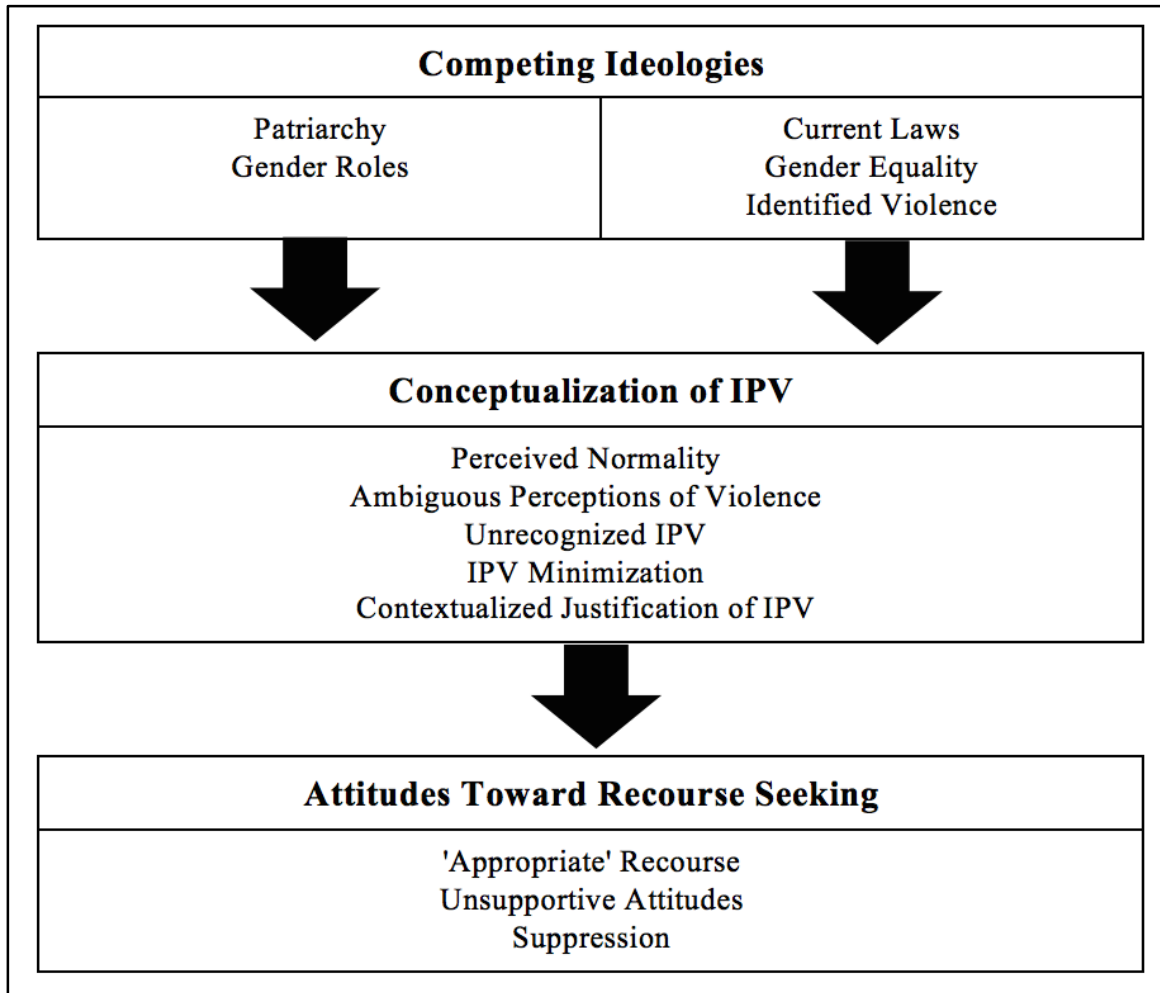


Figure 1. Influences on Vietnamese men's attitudes toward IPV and recourse seeking.

Recent research indicated that Vietnamese men and women still hold customary beliefs about gender roles (Yount et al., 2014b). Traditional gender roles in Vietnam are established early, and are intentionally or unintentionally reinforced throughout life (Rydström, 2003; Rydström, 2001). As such, positive attitudes toward ingrained gender roles arguably have informed the acceptance and normalization of IPV. Across various contexts, respondents referred to this conception of normality with regard to a woman's exposure to IPV. In other words, participants expressed that they generally accepted an undefined frequency or severity of violence.

Results revealed dichotomized terms (i.e. 'serious/not serious', 'severe/not severe', 'excessive/not excessive', or 'normal/not normal') that suggest some acceptable threshold of violence. As the threshold to interpret this duality was not consistently defined across interviews, certain violent actions were minimized and portrayed as commonplace. Nevertheless, respondents still held generally negative attitudes toward the perpetration of IPV. Despite these attitudes, consequences of failing to reject this concept of a 'threshold for acceptable perpetration' may result in reinforcing 'normal' violence. Specifically, actions that are not considered to exceed this arbitrary boundary are thusly justified, minimized, or remain unrecognized.

Depending on the context presented, participants minimized or justified IPV perpetration. Additionally, the context for perpetrated violence informed attitudes toward women seeking recourse. Respondents held supportive attitudes toward formal recourse seeking when perpetrated violence was described as more frequent or more severe. Which corresponds with research indicating that women increasingly seek formal recourse as severity or frequency of IPV also increases (Ansara & Hindin, 2010).

Informal recourse seeking was supported over formal recourse seeking when perceived violence was less frequent or less severe. Notably, respondents commonly suggested that the wife should resolve marital problems or certain levels of violence without seeking recourse. These

responses can be reduced to the notion that perceptions of perpetrated IPV, given the context, inform attitudes toward ‘appropriate’ recourse.

Determining what is ‘appropriate’ leads back to the primary finding of this study—that respondents have ambiguous and inconsistent definitions of violence. To this point, establishing definitive ways to negotiate between violence and recourse is unlikely. The idea that survivors of IPV should seek ‘appropriate’ recourse versus seeking any recourse, regardless of context, severity, or frequency should be considered as a barrier to help-seeking.

Ideation of ‘appropriate’ recourse could also be a confluence of other barriers seen in previous studies; such as gender norms (Laisser et al., 2011), lack of education (Scheppers et al., 2006), fear of repercussion (Wolf et al., 2003), or shame and social stigma (Ragusa, 2012).

This study revealed a lack of clarity and understanding in regard to defining IPV. Unfortunately, this uncertain base knowledge was seen to inform attitudes and support for women seeking recourse. Schuler et al. (2014) adapted an ecological framework (Heise, 1998) to analyze phenomena among interviews. This framework acknowledges the influence of environmental factors or systems that influence ideation of recourse seeking and assistance related to IPV (Schuler et al., 2014). Factors detailed by Schuler et al. (2014) include the macrosystem (i.e. patriarchy, gender norms, cultural norms), exosystem (i.e. laws, media, police, social networks), and microsystem (i.e. husband’s control of family and economic resources). Although the current study did not formally use an ecological framework to structure analysis, results reinforce this model—since factors that are among the macrosystem, exosystem, and microsystem may influence how respondents’ conceptualize IPV.

Limitations of this study involve aspects of the methodology and analysis. In terms of methodology, men’s interviews were conducted in Vietnamese and translated into English, thus contextual nuances or cultural expressions described by participants may have been lost. Additionally, considering that secondary data was analyzed, interview guides used to conduct IDIs and FGDs were developed to address questions that differed from research questions

specific to this paper. As such, probing questions that could have directly answered current research questions were not asked. Lastly, cultural bias may have also influenced analysis.

To balance these limitations, weekly meetings with advisors and peers were held to address findings, reinforce reflexivity, and share insight on cultural nuances. Initial results were also reviewed and checked for bias by peers experienced in qualitative research. Additionally, grounded theory allowed research questions to iteratively develop throughout analysis. As such, despite having dissimilar research questions than the parent study, responses to these questions were information rich.

The strength of this study was its intentionality to focus on Vietnamese men. By doing so, this study contributes to a knowledge gap of men's conceptualization of IPV and serves a foundation for research in this area. Findings from this study also contribute to the growing body of IPV related research in Vietnam. Results illustrate a need to improve comprehension of current laws, identification of IPV perpetration, and strategies that encourage men to support any recourse seeking behavior. Culturally competent interventions need to be developed that expand IPV education and increase a 'no tolerance' stance on IPV. There also is a great need to positively reinforce attitudes toward gender equality, and early education to deconstruct current patriarchal practice.

Vietnam's current environment has been influenced by deeply rooted patriarchal customs. Thus, ambiguity, as seen in this study, is arguably an outcome of competing philosophies regarding gender equality and intimate partner violence. As such, it is important to involve men as partners, to help shift this old-world paradigm.

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PUBLIC HEALTH IMPLICATIONS

Intimate partner violence is widely recognized as a preventable public health concern (CDC, 2014). As such, it is important not only to develop strategies to support survivors of IPV, but to enforce policies to protect people from exposure to IPV. This study builds on previous research that illustrated IPV related ambiguity among Vietnamese men and women (Schuler et al., 2014). Ambiguous definitions of violence are particularly important within the context of Vietnam, since the most recent national survey on domestic violence revealed that 32% and 54% of ever-married women experience physical and sexual violence by husbands in their lifetime, respectively (GSO, 2010). This high prevalence of violence was reflected by participants through their contextual justification of IPV and suppressive attitudes toward women seeking formal recourse.

IPV related ambiguity among participants highlight the need for continued education. This education should be culturally competent and include components that clearly define IPV, elucidate current laws, and promote gender equality. Additionally, as this study also revealed contextually dependent attitudes towards women seeking recourse; training that targets men are needed to challenge these attitudes while addressing their perceptions of normal or acceptable violence.

Future directions for research should involve developing or piloting curricula for educational training described above. Accordingly, research that evaluates the efficacy of these trainings should also be implemented. Ultimately, IPV perpetration in Vietnam cannot be stemmed unless it is identifiable and perceived as categorically wrong—especially by men.

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