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Family and Community Context of Intimate Partner Violence in My Hao, Vietnam

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Family and Community Context of Intimate Partner Violence in My Hao, Vietnam

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Abstract

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By Kelsey Salazar

Intimate partner violence is a global health problem that disproportionately burdens women. Intimate partner violence is associated with many negative health outcomes including depression, injury, and death. Men's perpetration of IPV against women is under-researched in low-income settings. In Vietnam, approximately one-third of men self-report IPV perpetration. Vietnam is also bound by a unique socio-historical context of hierarchical gender roles and intergenerational violence of fathers to sons, necessitating contextualization of men's roles in violence as both perpetrators and potential survivors of violence. This analysis sought to a) understand how family and community context of violence influence men's roles in perpetration and intervention, and b) determine how these intersecting roles could shape men's participation in anti-violence initiatives.

Married Vietnamese men (n=31) ages 18-49 were recruited for this cross-sectional qualitative study. Participants were purposively sampled from each of 8 mutually exclusive categories, which were differentiated by men's experiences of IPV perpetration vs. non-perpetration and childhood exposures to violence. Each participant took part in an in-depth, semi-structured interview. Participants also completed a brief questionnaire to document demographic information such as age and education. This analysis employed grounded theory and narrative analysis as guiding methodological approaches.

Findings suggest men identified certain common elements in IPV events. Their descriptions of IPV yielded a cultural narrative of how mechanisms leading to IPV are perceived in Vietnam: economic pressures lead to a man perpetrating physical IPV against his wife when she fails to complete a task, or a man engaged in alcohol consumption while bonding with other men, and perpetrated physical IPV against his wife when she challenged him. This cultural narrative presented a restrictive and incomplete view of IPV perpetration. Perpetrators minimized the effects of their violence and distanced their own perpetration from the narrative. Both perpetrators and non-perpetrators described intervening in IPV in their communities, but also expressed a sense of helplessness and futility in intervention.

Future research should investigate men's perceptions of, and attitudes toward, psychological IPV. Future practice should focus on expanding men's perceptions of mechanisms leading to IPV and provide formal, effective recourse to combat men's sense of helplessness.

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Chapter I: Introduction

Impacts of intimate partner violence on women

Intimate partner violence (IPV) refers to a spectrum of coercive or aggressive acts against a current or former spouse or partner (Garcia-Moreno et al., 2013). Behaviors constituting IPV include physical violence, sexual violence, threats, and emotional abuse (Understanding Intimate Partner Violence, 2012). The World Health Organization identifies IPV as a global health problem that disproportionately affects women. The WHO Multi-Country Study on Women's Health and Domestic Violence Against Women found that 13- 61% of ever-partnered women in 10 geographically and culturally diverse countries reported experiencing physical IPV, 20-75% reported experiencing sexual IPV, and 20-75% reported experiencing psychological IPV in their lifetime (Garcia-Moreno, Guedes, & Knerr, 2012). WHO further estimates that 30% of women worldwide who have ever been in a relationship have experienced some form of IPV (Garcia-Moreno et al., 2013). In particular, both women and children report high rates of violence experience in Southeast Asia (Devries et al., 2013; Garcia-Moreno et al., 2013).

There are numerous negative social, economic, and health outcomes that result from intimate partner violence. In the United States alone, the Centers for Disease Control and Prevention estimate that the cost of IPV exceeds $5.8 billion per year, and results in a loss of close to 8.0 million days of paid work (National Center for Injury Prevention and Control, 2003). Studies in countries such as the United States, Nicaragua, and India have shown that IPV presents an economic burden by decreasing women's productivity, diminishing the probability of reliable employment, and impacting women's earnings, with women who experienced IPV in Nicaragua earning 46% less than women

who had not (Krug, Dahlber, Mercy, Zwi, & Lozano, 2002; Morrison & Orlando, 1999).

Globally, it is estimated that 42% of women who had experienced physical or sexual IPV have experienced physical injuries resulting from that violence (Garcia-Moreno et al., 2013). In addition to direct physical or sexual trauma, IPV also places women at increased risk for other negative health outcomes. Women who are survivors of IPV are 16% more likely to bear a low birth weight baby (Garcia-Moreno et al., 2013). Across studies measuring effects of IPV experience, women's pooled odds of having an abortion are 2.16 times higher (Garcia-Moreno et al., 2013). Several mental health outcomes have also been associated with experience of IPV across the literature. Across six studies, surviving women's pooled odds of experiencing depression are 1.97 times higher than women who have never experienced IPV (Garcia-Moreno et al., 2013). Across three studies, the pooled odds of women committing suicide were 4.54 times higher for women who had experienced IPV versus those who had not (Garcia-Moreno et al., 2013). Golding found that between 31% and 84.4% of women experiencing IPV met criteria for Post-Traumatic Stress Disorder (PTSD) with a mean PTSD prevalence of 63.8%, compared to a lifetime prevalence between 1.3-12.3% in women generally (1999). Finally, violence against women is accompanied by a high mortality rate, with as many as 38% of all murders of women being committed by intimate partners (Garcia-Moreno et al., 2013). These findings demonstrate manifold health outcomes for women who have experienced IPV across global contexts, although it is probable other yet undocumented negative outcomes also exist.

Impacts of IPV on children

IPV does not only affect adult perpetrators and survivors. It also has pronounced effects on children worldwide, although the extent of those effects are not always well understood (United Nations [UN] Children's Fund & The Body Shop, 2006). There are two primary ways through which children can be exposed to familial violence: they can be witnesses to domestic violence such as IPV, or they can be survivors of violence themselves. Witnessing violence may be broadly inclusive and refers not only to directly observing a violent act, but also to indirect observations such as overhearing a fight or viewing after-effects like broken furniture or physical injuries (Cunningham & Baker, 2004). It is estimated that between 135 and 275 million children are exposed to violence in the home annually (UN Children's Fund & The Body Shop, 2006). Of the regional sub-estimates, only Northern Africa and Southeast Asia lack data (UN Children's Fund & The Body Shop, 2006). Furthermore, country-specific estimates for the number of children exposed to violence annually are limited, and there is no data for Vietnam (UN Children's Fund & The Body Shop, 2006).

Reports have shown that children who witness violence in the home suffer some of the same behavioral and psychological consequences as those who are survivors (UN Children's Fund & The Body Shop, 2006). Children who witness IPV are at higher risk for anxiety, depression, poor school performance, low self-esteem, disobedience, nightmares, and physical health complaints (Krug et al., 2002). Past childhood, those exposed to violence in childhood are at greater risk for substance abuse, juvenile pregnancy, and criminal behavior (UN Children's Fund & The Body Shop, 2006). There is also a well-documented association between co-occurrence of IPV and child abuse,

with studies from countries in Asia, Africa, and the Americas supporting this connection (UN Children's Fund & The Body Shop, 2006). The WHO's World Report on Violence and Health found that at least 40% of children who experienced child abuse reported the presence of domestic violence in their home (Krug et al., 2002).

Men's perpetration of IPV and experiences of childhood violence

Just as women's and children's exposure to violence has demonstrated adverse effects, in many countries researchers have documented a parallel association between men's childhood exposures to violence and adult IPV perpetration (Speizer, 2010; Gass, 2011; Ernst et al., 2009). A recent cross-sectional United Nations study investigated male IPV perpetration rates by surveying representative samples of 10,178 urban and rural men in six Asian countries (Fulu, Jewkes, Roselli, & Garcia-Moreno, 2013). It found that men's childhood emotional abuse was associated with both physical and sexual IPV perpetration in China, Indonesia, and Papua New Guinea, and childhood sexual abuse was associated with physical and sexual IPV perpetration in Bangaldesh, Cambodia, and Papua New Guinea; childhood physical abuse was associated with physical IPV perpetration only in Cambodia, Indonesia, and Sri Lanka (Fulu et al., 2013). This demonstrated connection between childhood violence and IPV perpetration makes it essential to examine men's roles in violence as perpetrators of IPV, but also as potential survivors of violence during childhood.

Unfortunately, while many useful studies have focused on women's experiences as survivors of violence (Garcia-Moreno et al., 2012; Campbell, 2002; Garcia-Moreno et al., 2013), male perpetration of IPV against women remains under-researched globally. In

particular, little is known about IPV perpetration in Southeast Asia, and the recent study described above did not collect data from many Southeast Asian countries such as The Philippines, Thailand, or Vietnam (Fulu et al., 2013). In addition to collecting prevalence data on IPV perpetration and associated experiences, it is essential to understand men's motivations and attitudes surrounding their IPV perpetration. It is important to recognize the relative scarcity of men's-centered violence research, and to address this need by conducting qualitative research focused on men's own perspectives of IPV.

IPV and childhood violence in Vietnam

Within rural Vietnam, a cross-sectional population-based study of 883 married women found that 60.6% reported experiencing some form of IPV (physical, sexual, or psychological) in their lifetime (Vung, Ostergren, & Krantz, 2008). Men in other Asian countries report high levels of IPV perpetration, although it is known that perpetration rates and risk factors can vary widely by country (Fulu et al., 2013). Although Vietnam has not been included in the larger-scale, global prevalence reports of IPV perpetration, other recent studies show that Vietnamese men report high levels of IPV perpetration. A cross-sectional study of 522 married Vietnamese men found that 28.1% self-reported lifetime perpetration of physical IPV (Yount et al., 2014). The same study also found that Vietnamese men exposed to some form of violence in childhood were found to have higher odds of physical IPV perpetration in adulthood, supporting the existence of a connection between IPV and childhood exposure to violence (Yount et al., 2014). However, in order to understand connections of men's childhood exposure and IPV perpetration, it is necessary to gain an understanding of the socio-historical context of

Vietnam and how it affects the conditions under which violence is perpetrated.

Vietnam is a country with a recent history of war, violence, and unrest (Rydstrom, 2006). Research from the social sciences has shown that norms of masculinity, gender roles, and family relationships in rural Vietnam create a unique familial context that may contribute to adult perpetration of IPV (Rydstrom, 2006). This context results in intergenerational father-to-son violence institutionalized as a “just” method of discipline, demarcating types of violence along a local continuum of discipline, punishment, and abuse (Rydstrom, 2006). Resultant social learning may predispose Vietnamese boys who are survivors of violence to adult perpetration of IPV and a cyclical perpetuation of familial violence. In order to implement interventions that systematically reduce male IPV perpetration in Vietnam, it is necessary to contextualize the prior conditions of IPV in light of its potential connection with childhood exposure. Centering research around men’s experiences and attitudes will afford a unique understanding of how men, whose emic perspectives remain under-researched, perceive and structure context of IPV in their families and communities. The purpose of this study is to characterize how nuanced understandings of men’s intersecting roles in violence can inform the development of men-centered anti-violence intervention initiatives in peri-urban Vietnam.

Research Questions

This study seeks to answer the following research questions: How does the family and community context of violence influence Vietnamese men’s roles in intimate partner violence perpetration and intervention? How could these intersecting roles shape men’s participation in anti-violence initiatives?

Chapter II: Comprehensive Review of the Literature

Intimate partner violence is a global, preventable health problem that is connected to other types of violence in the home; childhood exposure to violence is associated with adult IPV perpetration. There is limited data on the prevalence of men's IPV perpetration in many global contexts, including Southeast Asia. Vietnam, a country possessing some limited quantitative data surrounding men's IPV perpetration and experiences of childhood violence, is also a country with a unique socio-historical context of warfare and traditional gender norms that create a broader societal context of acceptance toward IPV in families. In order to reduce men's perpetration of IPV in this context, it is essential to understand how men's potential experiences as survivors of violence in childhood influence perpetration of IPV in adulthood.

Intimate partner violence

Intimate partner violence (IPV) disproportionately burdens women and adversely affects surviving women mentally, physically, socially, and economically. A World Health Organization review of 48 population-based surveys worldwide found that 10-69% of women reported experiencing physical IPV in their lifetime (Krug et al., 2002). While IPV occurs in every country, one of the highest regional prevalence estimates of lifetime IPV against women is found in Southeast Asia, with 37.7% of ever-partnered women reporting experience of IPV (Garica-Moreno et al., 2013).

The recent United Nations report on male IPV perpetration in Southeast Asian countries found high rates in every country studied, but the range varied widely between

sites: across all countries, between 25.4% and 80.0% of ever-partnered men reported having perpetrated some type of physical or sexual IPV (Fulu et al., 2013). In the majority of sites, the rate of IPV perpetration was between 30.3% and 56.7% (Fulu et al., 2013). This broad range of perpetration rates demonstrates the need for country-specific IPV research in Southeast Asia that expands its focus to countries such as Vietnam, which has not been included in many large-scale multi-country studies documenting IPV experience or perpetration (Krug et al., 2002; Fulu et al., 2013; Garcia-Moreno et al., 2013). In Vietnam, 32% of ever-married women report having experienced physical IPV, and more than half of those women reported that their children witnessed the violence at least once (General Statistics Office, 2010). In lower-income countries, research has largely focused on women's experiences of IPV, and normative causes of male perpetration remain understudied (Jewkes, 2002; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Garcia-Moreno et al., 2013). Further research that focuses on men's attitudes and experiences is needed to address IPV in its full family and community context in order to comprehensively understand men's roles in IPV.

Negative outcomes of childhood exposure to violence

Globally, IPV has negative health outcomes not only for the surviving partner, but for children. Children may be exposed to violence in one of two ways: they may witness IPV in a home, or they may experience violence themselves. There is a documented connection between household IPV and violence against children (Pinheiro, 2006). These childhood experiences have been associated with a multitude of health outcomes, such as substance abuse, cancer, chronic lung disease, depression, liver disease, and

obesity (Pinheiro, 2006). In a 2013 study, children in their first 72 months of life who were exposed to IPV and parents' psychological distress were more likely to fail at least one developmental milestone (Gilbert, Bauer, Carroll & Downs, 2014). This study involves a domestic sample, and many systematic reviews documenting health outcomes of childhood exposure to violence have also focused on effects of children in domestic settings or English-speaking countries (Osofsky, 1999; Adams, 2006). There is a dearth of original research that investigates the negative health outcomes of childhood exposure to violence in a broader global context and specifically in Vietnam.

Connections between childhood exposure to violence and adult IPV perpetration

However, studies around the world have shown that exposure to intimate partner violence in childhood is associated with adult perpetration of IPV (Speizer, 2010; Gass, 2011; Ernst et al., 2009). Multiple studies concurred that boys who witnessed IPV were more likely to display external expressions of aggression towards friends and other individuals as compared to girls (Wood & Summers, 2011). Ernst et al. found that IPV perpetrators were significantly more likely to have been exposed to violence in childhood than non-perpetrators (2009). 45% percent of perpetrators were found to be victims of violence compared to 20% of non-perpetrators, and 55% of perpetrators were found to have been child witnesses of IPV as compared to 27% of non-perpetrators (Ernst et al., 2009). A nationally representative study of men and women in Uganda found that men who had witnessed their fathers perpetrate physical IPV against their mothers were 1.84 times more likely to report IPV perpetration in adulthood (Gass, 2011). Another nationally representative study of married South African adults found that men who

perpetrated IPV were 3.53 times more likely to have experienced physical violence in childhood and 4.20 times more likely to have witnessed IPV in childhood than non-perpetrators (Speizer, 2010).

In Vietnam, recent findings have also supported the established global connections between childhood exposure to IPV, child violence, and adult IPV perpetration. One report found that women in Vietnam with violent husbands were also twice as likely to report that their husband had perpetrated violence against their children, and husbands who were perpetrators were three times as likely to have been a survivor of violence as a child (General Statistics Office, 2010). A cross-sectional study of Vietnamese women found that the 16% who witnessed interparental violence in childhood were 2.85 times more likely to have experienced IPV in adulthood, with 40% of them reporting some lifetime experience of IPV (Vung & Krantz, 2009). A cross-sectional study of 522 married Vietnamese men found that men who had been exposed to violence in childhood, either through experiencing child violence or witnessing IPV, were 3.28 times more likely to report adult IPV perpetration than unexposed men (Yount et al., 2014).

Despite this essential evidence, quantifiable rates of IPV perpetration and childhood exposure are insufficient in the search to understand the underlying motivations for the perpetuation of IPV and its deeper relationship with childhood exposure to violence. It is essential to determine how distinctive family and community contexts contribute to family violence in Vietnam. It is also essential to recognize and interpret how these contexts are influenced by socio-historical articulations of gender norms and expectations that uphold an established, normative construction of strictly delineated, hierarchical family roles.

Socio-historical context of familial violence in Vietnam

In Vietnam, social science research has shown that a unique socio-historical context inculcates perspectives derived from a Confucian tradition of hierarchy, gendered family roles and responsibilities, and gendered behavioral expectations which ultimately shape family violence (Rydstrom, 2006). In the family, men are thought to embody the patrilineage and possess the capability to continue the family line, whereas women are considered to exist outside that lineage and have a subsequently inferior position in the family (Horton & Rydstrom, 2011). In the family, the man has historically been seen as "the pillar," the decision-maker, and the breadwinner, while the woman is considered responsible for minor decisions that impact running the household (Rydstrom 2006). Vietnamese women's participation in the labor force is as high as 78%, but they still retain responsibility for the majority of household labor (General Statistics Office, 2010). Although this provider burden placed on men under Confucian and feudalist traditions has shifted to a shared responsibility between both spouses in recent decades, many men have not abandoned their self-concept as provider and leader, and women are encouraged by community organizations to respect the traditional patrilineage despite their own marked increase in the labor force (Schuler et al., 2006).

Expressions of gender are also strictly delineated. Men are also seen to have innate and uncontrollable gender-based characteristics that give rise to "hot" tempers (Rydstrom, 2003). Masculinity is traditionally expressed through aggression, power, superiority, and the right to action (Rydstrom, 2003). In addition, alcohol, which has been documented as a risk factor associated with IPV in multiple global contexts (Jewkes,

2002; Fulu et. al, 2013), is considered a “hot” drink (Rydstrom, 2003). Men are expected and encouraged to consume it as a marker of their masculinity, although they risk becoming too hot with excessive consumption (Rydstrom, 2003; Horton & Rydstrom, 2011). By contrast, women are expected to be “cool” and passive, enduring a husband’s hot explosions or outbursts of uncontrollable emotion (Rydstrom, 2003). In many ways women may be thought of as acting like a mirror or reflection in their marriage, such that their husband’s behavior reflects on them and they are held accountable for his actions. Rather than possessing their own innate character, women are taught to be compliant and contextually adjust their behavior to particular social situations; this accommodation is called having “sense” (Rydstrom, 2003).

Moral socialization of children also follows these gendered expectations. Children are seen as “white pieces of paper” and expressions of gender are instilled early on: boy children are encouraged to occupy more space, be louder and boisterous, and are generally allowed and often expected to ignore adult women’s requests in the family, whereas girl children are expected to comply with adult women’s requests and are encouraged to engage in quieter play centered around learning domestic skills (Rydstrom, 2001). Rydstrom demonstrates that these perceptions of men’s innate qualities and construction of children as blank slates are ultimately incompatible, because during boyhood males are carefully and systematically molded to adhere to the gendered expectations they will embody as men (2001).

This articulation of hierarchical gender norms contributes to an institutionalized and intergenerational acceptance and enactment of familial violence, embodied by father-to-son violence in the form of corporal disciplining (Rydstrom, 2006). The potential

connection between boys' childhood exposure to violence and men's adult IPV perpetration is under-researched given this rich socio-historical context. In order to decrease male perpetration of IPV, it is necessary to ground future research in a theoretical framework that examines the prior conditions that engender violence, and to understand men's roles as potential witnesses and survivors of violence themselves.

Legal context of violence in Vietnam

While this socio-cultural historical heritage still greatly influences perceptions of IPV on family and community levels, other state-level institutions contribute to shaping violence as well. The recent changes in the Vietnamese government's authoritative stance on family violence are critical to understanding how men conceive of violence and IPV perpetration. Vietnam is a tightly organized single-party state, with the Communist Party being the major political force on both federal and municipal levels. In recent decades, Vietnam has taken great strides on a federal level to recognize the problem of familial violence in the country, and has passed sweeping legislation to diminish the prevalence of violence and prevent future violence. The passing of the Law on Marriage and Family in 1986 gave men and women equal rights in marriage, and the Penal Code of the Socialist Republic of Vietnam in 1989 defined penalization for acts of sexual violence (Vietnam Women's Union and Center for Women Studies, 1989; Penal Code, 1989).

The Law on Child Protection, Care, and Education established protection for children's life, body, dignity, honor, and health, and penalized acts that caused harm to a child's "normal development," but did not make specific provisions regarding acts of violence against children (National Assembly, Government of the Socialist Republic of

Vietnam, 2005). The Law on Gender Equality in 2006 attempted to eliminate gender-based discrimination and curb extant differential rights (National Assembly, Government of the Socialist Republic of Vietnam, 2006). The 2007 law passed by Vietnam's National Assembly further illustrates the federal government's commitment to addressing IPV by defining physical, psychological, sexual, and economic violence in an effort to prevent and decrease domestic violence (National Assembly, Government of the Socialist Republic of Vietnam, 2007). Despite these factors, IPV remains a known health problem in present-day Vietnam.

IPV in Vietnam

These manifold factors all have intersecting influences in acts of family violence perpetrated in Vietnam today. With only limited data, it is difficult to provide a complete and current assessment of IPV in Vietnam, but there are some studies that have examined how IPV is perpetrated and experienced in Vietnam's current context. In a cross-sectional study of 883 women in northern Vietnam, 49.4% of women exposed to violence in the past year reported physical injuries, and among those, 57.5% sought health care as a result of those injuries (Vung et al., 2009). One 2005 study conducted focus group discussions among rural health workers in northern Vietnam to understand how workers perceived consequences of IPV and the infrastructure of intervention (Krantz, Van Phuong, Larsson, Thi Bich Thuan, & Ringsberg, 2005). These health workers reported perceiving physical violence as associated with rural or less educated populations, with mental health issues being a primary outcome of both physical and psychological violence; sexual violence was infrequently discussed (Krantz et al., 2005). Health

workers also discussed a low level of recourse-seeking among women who had experienced IPV, and were divided in their perceptions of extant reconciliation practices (Krantz et al., 2005).

Reconciliation practices primarily refer to "reconciliation groups," or committees intended to provide recourse for conflict resolution in families facing difficult situations, such as violence or divorce (Gardsbane et al., 2010). Their composition typically includes the chair of the local People's Committee, representatives from some of the relevant mass unions like the Women's Union or the Fatherland Front, and the village head, as well as other community volunteers (Gardsbane et al., 2010). Physicians found this form of remediation ineffective and under-utilized, while other allied health workers regarded it as an important step in violence cessation (Krantz et al., 2005). Health workers generally had little knowledge about the prevalence of IPV in their communities and expressed a reluctance to intervene (Krantz et al., 2005). The authors concluded there is a lack of infrastructure in the health care system to adequately prepare health professions to handle IPV cases, and that policy-makers must invest in anti-violence program development at all levels (Krantz et al, 2005). Although approximately half of the health professionals who participated were active members of reconciliation groups, further investigation of these groups would be helpful in determining their efficacy and reach in IPV cessation and prevention.

Another more recent qualitative study used in-depth interviews and sex-disaggregated focus groups with both women and men to investigate recourse-seeking in peri-urban north Vietnam (Schuler et al., 2014). These participants expressed a lack of confidence in the efficacy of formal recourse-seeking, such as mediation with the village

head or reconciliation groups (Schuler et al, 2014). One village head interviewed in the study disclosed that he did not intervene in IPV situations because it was ineffective, and a member of a reconciliation group revealed that the groups only intervened after perpetration of violence and in cases where their intervention was unlikely to "backfire," or cause the husband to perpetrate further IPV against his wife (Schuler et al., 2014). These findings show that current anti-violence initiative are under-utilized and poorly received, indicating a need for modification to existing programs. This study collected multiple types of qualitative data, interviewed both women and men, and interviewed key sources such as the village head and active group members, which demonstrates its ability to capture a range of perspectives among members of rural communities.

Other research has also shown that members of reconciliation groups lack gender-sensitive training, and pressure women to capitulate in order to report higher numbers of successful reconciliation to the local authorities (Gardsbane et al., 2010). This practice capitlizes on women's learned susceptibility to sacrifice her well-being to promote family and community harmony (Gardsbane et al., 2010). Recent work has endeavored to implement women's empowerment programming by creating conditions where women could exercise agency, to encourage an enhanced response to gender-based violence (GBV) (Schuler et al., 2011). Enabling conditions identified through qualitative research included local people's growing perception that they have the right to intervene in cases of GBV, and doing so more quickly and effectively than in times past (Schuler et al., 2011). Methods of leveraging these conditions included establishing GBV "focal persons" within the local People's Committee, the police forces, and mass unions (Schuler et al., 2011).

These efforts to increase women's empowerment in addressing IPV met with mixed results. Some women were comforted by the efforts and empowered to effect change in their own relationships, and community response to IPV events increased from the project (Schuler et al., 2011). Still, the project encountered some challenges: community members involved in the project frequently did not know how to empower or support women who survived violence, and male perpetrators tended to resist or be unresponsive toward engagement in the project (Schuler et al., 2011). This work demonstrates that engaging women and agents of formal recourse, such as law enforcement and health care providers, is only part of the solution to combating IPV in Vietnam; the authors conclude that future projects should engage male perpetrators.

In addition to a thorough understanding of male perpetration, it is essential to understand the potential for men to enact multiple roles in IPV, in order to decrease its prevalence. Since men may have multiple roles, both as perpetrators but also as potential survivors of violence, addressing how these intersections are realized given family and community context is crucial. Anti-violence intervention infrastructure in Vietnam is lacking, and the current programs and recourses do not emphasize the critical roles that men play in determining the course and scope of violence. Men-centered anti-violence program development is crucial for engaging men to reduce IPV perpetration, and for building more effective program infrastructure to combat violence. This study aims to characterize how family and community contexts of violence influence men's intersecting roles in violence as survivors, perpetrators, and interveners, to better inform the development of successful anti-violence programming centered around actively engaging men.

Chapter III: Methodology

Sample

The target population included married Vietnamese men residing in in peri-urban areas of Vietnam. Eligible participants were Vietnamese men married for at least 12 months who were residents of My Hao District, Hung Yen Province, literate, and between the ages of 18 and 49 years. Being married for at least 12 months was required, as men married for less than twelve months may not have had sufficient time in the marital relationship to have perpetrated intimate partner violence against their wives. We purposively sampled men from 8 mutually exclusive categories based on their exposures in childhood to violence and adult perpetration of IPV (Appendix 1).

Table 1: Target recruitment of married men, ages 18-49: Number of In-Depth Interviews per category

Exposure	IPV Perpetration	No IPV Perpetration
Not exposed to violence in childhood	4-6	4-6
Exposed to IPV in childhood only	4-6	4-6
Exposed to violence against child only	4-6	4-6
Exposed to both IPV and child violence	4-6	4-6

Study Setting

My Hao District is a peri-urban region of Hung Yen Province in northern Vietnam,

approximately 30 kilometers from Hanoi (Schuler et al., 2014). The federal government is a single-party state with the Communist Party of Vietnam in power. The federal Communist Party provides oversight into municipal governing efforts and engages ideologically with communities. One method of disseminating government-sanctioned news and propaganda is through the Voice of Vietnam, a national radio program that broadcasts over a village loudspeaker (Schuler et al., 2014). The local government also oversees mass social organizations such as the Youth Union, the Women's Union, and the Peasant's Union. There are also the previously discussed, legally sanctioned reconciliation groups at the commune level designed to resolve conflicts within families, which require no professional training (Krantz et al., 2005). Interviews took place at two communes within My Hao District in Hung Yen Province.

The My Hao health officials, Emory University, and a Vietnamese non-governmental organization, the Center for Creative Initiatives in Health and Population (CCIHP), all collaborated previously on research projects. Emory University and CCIHP approached My Hao health officials for approval to conduct the study in the district. The Emory University Institutional Review Board (IRB) and the Vietnam Union of Science and Technology Associations (VUSTA) approved this project.

Participant Recruitment

The research staff, working through contacts at the Center for Creative Initiatives in Health and Population, hired recruiters from the two local health stations in two My Hao communes. The hired recruiters had prior relationships with CCIHP's research and program initiatives, and were familiar with the local community. They initiated contact with men in the study community to be screened for the study. These men were either

current patients at the health station or were known members of the community. Research staff used an eligibility screening form to ensure participants met the criteria for participation in the study. The screening form was also used to recruit men in exposure/perpetration categories that had not yet been saturated. Other items, unrelated to the central research topics, were included in the screening form so participants would not be primed to expect an interview about violence. An example item of a screening question unrelated to the research topic included “Do you exercise at least three times a week?” Interviewers also administered the screening form with participants prior to the interview to verify eligibility.

Data Collection Procedures

Before initiating the fieldwork, the Emory research team intensively trained interviewers regarding the scope of the project and administration of all data collection materials. Interviewers were undergraduate students at the Hanoi School of Public Health and established volunteers with CCIHP. They had prior experience in qualitative interviewing and were familiar with the host organization’s prior work in gender-based violence. Both interviewers were male, to assure gender-matching with participants. Interviewers aimed to conduct 4-6 interviews for each of the 8 exposure/perpetration categories, or until categories reached saturation. Due to the sensitivity of the research topic, interviewers obtained verbal consent prior to each interview. They obtained consent in the presence of a Vietnamese-speaking member of the research team who acted as witness, in keeping with Emory University and CCIHP’s prior research practices

in the region. All interviews were conducted in a private room at one of two commune-level health stations. A total of 31 interviews were conducted.

After administering the screening form and obtaining informed consent, the interviewer conducted the in-depth, semi-structured interview (Appendix 2). An in-depth interview guide was used that included questions on family and community norms regarding IPV perpetration, men's perceptions of exposure to violence in childhood and its impact on adult IPV perpetration, and identification of the perceived existing local taxonomy of violence. Items included open-ended questions such as, "Why do parents physically discipline their children?," "For children, how does seeing their mother being beaten by a father or other man affect them?," "In your opinion, what is the difference between discipline, punishment, and violence in a family?," and "When is it considered acceptable for a man to beat his wife in your community today?"

After the in-depth interview, the interviewer administered a short, structured questionnaire. The questionnaire included general demographic questions such as age, education level, and length of current marriage, as well as questions regarding exposure to violence in childhood and perpetration of IPV. Total participant burden did not exceed 1 hour. To compensate for their time and effort, participants received an incentive of 50.000 VND (approximately $2.5 USD) calculated as comparable to incentives offered for previous research in 2012.

All interviews were audio-recorded, and the original audio files remained with CCIHP after the research team completed in-country data collection. All audio files, interview transcripts, and questionnaires were labeled with a numeric identification code assigned when the potential participant scheduled a screening appointment. Participants'

names were not collected. All written data were stored in a locked cabinet in a secure, locked room within the host organization. All electronic data were kept in encrypted files on a password-protected computer.

Grounded Theory and Narrative Analysis

Grounded Theory will serve as a guiding methodological approach for data collection and analysis for these qualitative data (Glazer & Strauss, 1999). Grounded Theory was first developed by Glazer and Strauss in 1967 as an iterative, systematic process of qualitative data collection and analysis (1999). Grounded theory is a rigorous methodological approach to which many qualitative researchers have contributed since its development. This study relied on abductive reasoning in data analysis as described by Strauss and Corbin, to recognize that the current study is necessarily informed by previous research (1998). Parts of the study design were initially deductive, as the researchers used findings from previous studies to inform purposive sampling and data collection in this study (Schuler et al., 2014; Yount et al., 2014). Data analysis focused strongly on inductive reasoning, grounding the theory development in the data and centering around the participant's perspective. This approach is a practical acknowledgment that research is not conducted in a vacuum, and both inductive and deductive reasoning can prove useful in building a grounded theory.

Narrative Analysis serves as a complementary approach to data analysis. Narrative analysis is used to examine formal, identifiable properties that comprise structure of narrative and stories within qualitative data (Coffey & Atkinson, 1996). Narrative analysis was incorporated into the data analysis process out of recognition that men's

interviews included rich narratives describing experiences of violence that necessitated analyses exploring how men's choices in constructing narrative forms ground their perceptions of violence.

Data Analysis

All audio recordings of interviews were transcribed verbatim into Vietnamese by native Vietnamese speakers in-country. Native Vietnamese speakers with English fluency then translated the Vietnamese transcripts into English. Translation efforts were supervised and periodically spot-checked by a bilingual member of the research team. After translation, the research team reviewed the documents for initial quality control and highlighted any sections that required clarification. The research team also de-identified all transcripts. The transcripts were then given to the bilingual team member for final review against the original audio files. In the event of any unresolved issues related to regional linguistic differences, questions regarding accents, or Vietnamese idioms, the bilingual team member consulted the original translator. Together they reviewed the audio and discussed how best to reflect the participant's words and meaning in the English translation.

A single researcher used MaxQDA version 11 software to facilitate data analysis. Codebook development relied on abductive reasoning to identify key themes, based both on previous findings and repeated review of the data. An example of a deductive code is "social evils," which refers to a set of acts (known as *te nan xa hoi)* in Vietnam that transgress moral standards, such as alcohol consumption, gambling, and drug addiction. These acts and their social context have been previously described (Horton & Rydstrom,

2011; Rydstrom, 2003; Rydstrom, 2010). An example of an inductive code is "neighbors," which captured all references to neighbors, either as actors or witnesses in an event involving the participant and his family, or as part of an event being acted on or witnessed by the participant. A single coder debriefed on the process of codebook development with a research team on a weekly basis. Coding was an iterative process and the researcher continued to revise codes until additional review of the data yielded no inconsistencies between code definitions and their applications. The researcher began analysis by comparing and contrasting central codes to understand the variation within them, and to explore the relationships between them. A within-case analytic memo was developed for each participant to explore their core narrative and the roles they have experienced in childhood violence and IPV. The researcher also compared relevant codes across cases based on participants' exposure/perpetration categories to determine if there were resultant systematic differences. These comparisons elicited extensive analytic memos. Examples of this comparative analysis include contrasting accounts of IPV events and related attitudes across IPV perpetrators versus non-perpetrators, and contrasting beliefs about outcomes of childhood exposure to violence across men who were exposed to violence in childhood versus men who were not. This was an iterative process wherein analytic steps were frequently revisited and revised as analyses progressed. As established by grounded theory, these steps helped inform a theoretical framework that conceptualized men's understandings of the mechanisms that lead to IPV perpetration in their communities.

Narrative analysis was incorporated into the analytic process out of recognition that the data included rich narrative accounts of IPV perpetration and intervention as well as

experiences of childhood violence. Narrative analysis consisted of applying Labov's evaluation model to systematically analyze narrative structure (Coffey & Atkinson, 1995; Cortazzi, 1993). The researcher selected narrative accounts of violence from transcripts and parsed out elements of the narrative including its abstract, orientation, complication, evaluation, result, and coda (Coffey & Atkinson, 1995; Cortazzi, 1993). This close analysis of specific narratives generated a rich and deep understanding of how and why men choose to tell stories of violence. This analytic approach complemented grounded theory because it was rooted in the data and promoted a unique way of analyzing narrative textual data in order to better understand narrative forms and functions. Narrative analysis played an essential role in the grounded theory process of generating theory and verifying its authenticity, as the resultant conceptual framework recognizes a broader cultural narrative to which men's individual narratives subscribed.

Chapter 4: Results

Men's descriptions of IPV in communities

Men's accounts of IPV differed drastically in terms of severity and frequency. One man summarily describes the spectrum of severity, saying:

> There are many such cases. Some who are more gentle just bruise the face. Sometimes they throw whatever they can reach. I'm near the health center so I've witnessed a lot, and some women have 4-5 stitches. Like my neighbor, but he regrets it now. When they were harvesting the rice, I don't know why they fought, but the husband somehow poked his wife's eye out. So now every time he sees his wife, he regrets the incident, and he's never rude to her anymore (age 45, married 20 years).

Some men described isolated instances where they had perpetrated against their wives, without violence occurring again. "I beat my wife only one time. I slapped her one time, then we had a big argument" (age 29, married 8 years). Other men also described perpetration of violence they considered less severe. One man said, "I went out too late, drank with a friend until 11 or 12. Then she got mad, and I slapped her. So she cried, and the next day I felt bad about myself, and sorry for her" (age 30, married 6 years).

Other men described extremely serious occurrences of IPV. One man described the perpetration of a man in his village:

> He was drinking, and his wife yelled at him. He yelled back and slapped her. When it happened, the wife immediately called out for help. He took a broom and beat

> her, but she fell and broke her arm. He then stopped and took her to the hospital (age 34, married 11 years).

Another non-perpetrator describes his neighbor:

> I've never forgotten this beating scene -- a brutal beating scene -- since I was single until now, when I got married. In my opinion, he had no mercy. I mean, he hit wherever he possibly could. After that he knocked over all the items in the house….It seems like every year he beats his wife. (age 30, married 4 years).

There was also a single description of a couple who perpetrated IPV bi-directionally. A man who also admitted to perpetration against his wife explained, "I was too drunk, she was too impetuous and tried to beat me. She slapped me, so running away was the best option" (age 22, married 1 year).

Men's exposure to violence in childhood

In general, men were very willing to describe childhood exposure to IPV, detailing both physical maltreatment and witnessing IPV among their parents. Although almost all men who experienced physical maltreatment in childhood were beaten by their father, one man described his mother lashing him for stealing fruit from neighbors and throwing rocks at their farm animals (age 29, married 8 years). He recalls one time when he misbehaved around the house, "At the time, my mother was about to lash me with a rod, but my father pushed her aside and did not allow her to lash me." He adds later, "My feeling when my father defended me from beating…it made me love my dad. I was a little boy, so I appreciated that."

Men typically viewed their experiences of violence in childhood as disciplinary in nature, with one man explaining,

> [Parents] beat the children in order to teach them and hope they grow up. However they still love, love them so much, even if they beat them. Normally parents beat them. They'll hurt, and parents will hurt too, but they want them to grow up (unknown age/length of marriage).

One of the most common examples of boys being corporally punished was for unsupervised swimming. One man recalls, laughing at the recollection:

> Almost all parents are the same. You know, in the countryside, it's common to swim in the river, and they are afraid of their kids going swimming in such places so it's forbidden, and also you get lashed if you go…I, a small kid who didn't know how to swim, also went there to bathe. When I went home, my father found out and lashed me (age 24, married 2 years).

It was evident, however, that some men were deeply affected by their experiences of childhood maltreatment:

> Participant: When they lash like that, a child will be scared….
>
> Interviewer: And after that, does it influence a child?
>
> [*Participant begins to cry*] (age 20, married 2 years)

Men also described witnessing IPV as children, and in general they tended to express stronger negative feelings as a result of these experiences than men who described instances of child maltreatment they experienced. One perpetrator notes,

> I know that my father beat my mother when I was very young. I was so angry because my mother hadn't made a mistake, she just came home when she had

> finished working and she was so tired…but a child cannot do anything. I cannot support my mother. (age 59, married 18 years)

Another perpetrator describes his sympathy for his mother after a beating. He touches on his inability to influence his father as a son, occupying the role of a hierarchically subordinate child of the same gender as his father:

> I feel sorry for her. She just worried for my dad, but he could not stay calm so he beat mom. I was really mad, wanted to have a one-on-one conversation but I couldn't -- I'm his son. The next day me and my sister talked with my dad and asked him, 'why did he do that?'…. He just ignored me; listened but did not answer. (age 22, married 1 year)

Both men who were exposed to IPV in childhood, and those who were not, posited a shared pattern of events relating exposure to violence in childhood and IPV, and the data suggested no overarching structural differences in these beliefs between the two groups. Generally, men expressed that daughters witnessing IPV in childhood would feel fear that their husband might perpetrate IPV against them in adulthood. Men believed that sons could react to witnessing IPV in two ways: either by mimicking their father's behavior and perpetrating IPV in adulthood, or by resenting their father; sympathizing with their mother; and refraining from IPV perpetration in adulthood.

Finally, there were some instances when men described childhood maltreatment and IPV perpetration occurring in tandem. One non-perpetrator remembers a time when he was at his neighbor's house and the husband hit his wife, and then hit him. In this case he was acting as a child witnessing violence and attempting to intervene:

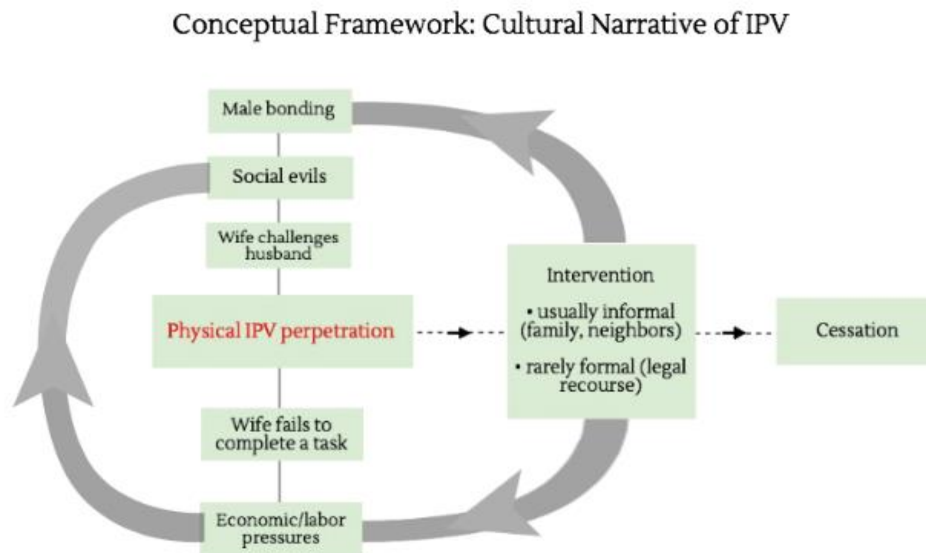
> I felt really distressed. I tried to stop them but they also hit me. He hit her in the face and threw all the furniture outside…The family had three daughters. When I witnessed the fight in their family, the youngest one couldn't stop them and didn't know what to do. Her drunk father always hit her, and her mother (age 24, married 2 years).

There are additional descriptions of witnessing similar family violence in adulthood, with one man saying, "I have seen a man, an alcoholic, drunk and fighting all the time…the husband beats the wife, then dad and son also fight. Even the son got stabbed in the head" (age 44, married 17 years). These acts of violence against children are tied to children's witnessing IPV and children's subsequent attempts to intervene, either in their own families or in other families within their community.

The cultural narrative of IPV

Men's interviews afforded diverse and extensive accounts of IPV in their families and communities. After multiple readings of the data, a distinctive pattern in the way men described these events began to emerge. Many accounts of IPV were specific events, experienced or witnessed firsthand, but others were more general references to violence. Many of the violent accounts men described adhered to a similar set of circumstances that seemed to define what men perceived to be a "typical" experience of IPV. This cultural narrative of IPV, as depicted in the conceptual framework below, can be understood as indicative of men's collective perceptions of a cyclic set of circumstances surrounding IPV.

Figure 1: Conceptual Framework of the Cultural Narrative of IPV



Within this cultural narrative of IPV, there are two primary behavioral pathways that lead to IPV. In the first pathway, the husband engages in male bonding, such as "going out" with friends, during which they engage in social evils. These types of activities are considered normative within Vietnamese constructions of masculinity as influenced by Confucian tradition. Social evils as described in this data typically refer to the excessive consumption of alcohol, but may also be gambling. The wife challenges the husband's behavior when he arrives home late, which instigates his physical IPV perpetration.

The other set of typical circumstances, depicted in the second pathway, is when the husband and/or wife are subject to economic or labor pressures. These pressures may present as exhaustion from working long hours or anxiety about constrained finances. When the wife fails to complete a task that is expected of her, such as cooking, caring for the children, or arriving home from work on time, this failure instigates the husband's physical IPV perpetration. These two pathways may co-occur and may bidirectionally influence IPV perpetration. For instance, men who have economic or labor pressures may use social evils, such as alcohol consumption, as a coping mechanism, which may indicate interconnectedness between the two pathways. Intervention may occur, usually through informal avenues such as family and neighbors, and husbands will either cease, or persist in, perpetration.

One man unites many of these circumstances in his explanation of his own perpetration:

> I had pressure at work. When I came home, I was so upset, and I just went for a drink with friends. We had stayed quite late, my child is so little -- that is one of the pressures. When we are at work, we can't know all the things that happen at home. Maybe when you are tired, and you get angry easily. Especially when you are drunk, you get angry, you beat her, just one slap. It's not a heavy beating….When I came back home late, my wife was grumbling so I got angry. Normally I wouldn't beat her but at that time, I was drunk, so I couldn't control myself (age 25, married 1 year).

In addition to these specific occurrences, which recounted narratives from men's direct experiences that were constrained to a specific time, space, and set of actors in

memory, there were also a number of general references to IPV. These references were recalled in a general, familiarized manner, rather than constrained to a defined time, place, and set of actors. When one man is asked to describe an occurrence of IPV from his community, he begins, “It’s just like the story of the husband who gets drunk, then beats his wife” (age 59, married 18 years). Another man explains, “I have heard a story about family violence. The husband got drunk and then he got angry and beats his wife, kicked her out of the house” (age 23, married 1 year).

These general descriptions of IPV begin to reveal a common understanding of how the enactment of IPV is perceived in these communities. This common understanding supersedes individual experience, and may be described as a cultural narrative. This cultural narrative contributes to how men explain occurrences of IPV in their families and communities. These explanations offer a limited set of circumstances that lead to IPV, and the explanations given almost universally lead to physical IPV. When explaining the reasons behind IPV, one man says, “When a husband is drunk and sees his wife doing something wrong, and then it makes him angry so he beats his wife” (age 32, married 2 years). Another man demonstrates this typical understanding of how IPV unfolds. As he explains, he simultaneously shows his admitted inability to further explain the course of events, or to identify a supporting case:

> P: Generally, it involves the husband blaming the wife for whatever; drinking is quite a popular [*signifying: common*] cause.
>
> I: Can you describe an instance of such violence?
>
> P: Eyewitness is difficult. But usually, I see the husband drinks, yells at the wife, and beats her.

I: How does it happen? From yelling to beating?

P: I don't know. I only know that he drinks alcohol, and starts beating up his wife. (age 45, married 14 years)

Other men offer similarly generalized, simplistic explanations of the context of IPV:

P: Maybe because the husband after working on the field goes home and doesn't pay attention to meals, or because the husband drinks and starts beating up the wife.

I: Have you seen them doing such things?

P: No, I haven't. It was in a different village.

I: Do you know how it happened?

P: I think it was working too hard, then drinking, then the violence. (age 27, married 4 years)

In addition, there are a number of first-hand, specific accounts that contradict this normative understanding of factors leading to IPV perpetration. These contradictions demonstrate that other forms of IPV exist within peri-urban Vietnam, and other contextual factors influence its occurrence. One man volunteered an instance when the wife was violent to her husband's family, explaining:

I know a case where the wife is very insolent with her husband's mother. Through fighting, she even broke her mother-in-law's arm. No wonder her husband beats her. From what I know he is a teacher, the wife is very insolent, but he is a really nice guy (age 29, married 8 years).

Another man describes the potential for psychological IPV, which is much less commonly discussed in these data: "There are families that look happy on the outside, but on the inside they are very harsh when they quarrel. That's a kind of mental violence"

(age 45, married 14 years). He adds that the wife may become "depressed or stressed." There were several other references to psychological IPV, describing it as an "emotional embargo" or a "cold war," but overall men's descriptions of violence emphasized accounts of physical IPV. These situations demonstrate how the cultural narrative of violence limits understandings of IPV to a set of circumstances that do not adequately recognize the full scope and breadth of IPV in Vietnamese communities, normalizing a specific set of occurrences to the exclusion or minimization of other understandings of IPV, such as psychological or sexual violence. This shared cultural narrative results in a very restrictive common understanding of what constitutes IPV, and what factors lead to its perpetration.

Entrenchment in the cultural narrative

Although many men's descriptions of specific IPV events have aspects that conform to this cultural narrative, previous research shows that the reality of IPV in Vietnamese men's families and communities is not limited to this normative explanation of how IPV occurs (Gardsbane et al., 2010; Vung, Ostergren, & Krantz, 2008; Vung, Ostergren, & Krantz, 2009). Both perpetrators and non-perpetrators, however, are entrenched to some extent in this cultural narrative. For example, among some men the narrative becomes their very definition of violence. When asked to delineate discipline, punishment, and violence, several non-perpetrators identified violence as conforming to the pathways explicit in the shared cultural narrative of IPV. One explains, "Violence is a completely different story. Drinking and going home to beat your wife and kids, that's violence" (age 45, married 14 years). Another non-perpetrator adds, "The man in the

family should not use violence like a drunken man or an evil man" (unknown age/length of marriage). Many perpetrators similarly limit their definition of violence to this constrained understanding. One perpetrator says, "Family violence is the case I just told you -- that man who is drunk that beats the wife -- is violence" (age 30, married 6 years). There were multiple accounts of men contributing themselves to this cultural narrative, even as they distanced themselves from that contribution. One perpetrator explained:

> My friend invited me over to eat and drink wine. I wasn't sober, and I never spoke loudly to my wife, I just lay down on the bed….However, she belittled me, made fun of how I like to eat, and that means she insulted me. I reminded her 1 or 2 times but she didn't get it. I got hot-tempered and slapped her, just to warn her, I really didn't want to beat her. Community members in society misunderstand, they'd say I was drunk and beat my wife. (age 39, married 16 years)

This account demonstrates a perpetrator's minimization of his own role in violence by attributing blame to his wife, and a denial of his contribution to the shared cultural narrative of IPV by claiming that the surrounding community will misconstrue the event.

There is some evidence that the cultural narrative of IPV is changing to recognize a more inclusive definition of IPV and men's relationships with IPV. Across the data, non-perpetrators generally displayed somewhat more sensitivity than perpetrators to circumstances around IPV that extend beyond the accepted cultural narrative. One non-perpetrating man tells a very different type of story:

> I have not witnessed it -- but I heard a story about a man who used to beat his wife, but then he became an activist. In the past, he never stopped beating his wife. Then one day he read about it, and after a beating, he lay down and thought about

> everything….After reading about it, he really felt for his wife. He eventually got a very stable job, becoming the broadcaster of the village (age 45, married 14 years).

In addition to this cessation narrative, other non-perpetrators also show evidence of recognition that IPV may extend beyond physical perpetration, such as the man presented in the section above who discusses psychological IPV and how it may lead to, or result from, stress and depression. Another non-perpetrator remarks, "Mental violence….if he does not beat, but he uses bad words to insult, then the situation is worse than beating" (unknown age/length of marriage). However, these examples of a broader understanding of IPV are typically expressed by non-perpetrators; there is very little evidence within the data that perpetrators acknowledge the existence or importance of psychological IPV.

Perpetrators versus non-perpetrators: intersecting roles and attitudes towards IPV

Despite delineations based on exposure and perpetration, men do not always enact mutually exclusive roles in IPV. They may also be simultaneously acting not only as survivors and non-survivors, perpetrators and non-perpetrators, but also as interventionists, witnesses, and bystanders. One perpetrator (age 59, married 18 years), who openly discusses his perpetration ("When I'm angry, sometimes, I slap [her] on her face, or kick or beat her body") also explains instances in which he has intervened in IPV in his community:

> He closed the door and broke the chair and table and beat his wife. Then the neighbors heard her screaming….I jumped over the wall to prevent it and called his children to open the door. Then I took the wife to the hospital.

By contrast, some non-perpetrators express ambivalence and remain inactive when encountering IPV in their community. One man describes an instance when his father chased his mother, lashing her with a rod as she ran, and he said, "It made me laugh. It was not a big deal" (age 34, married 5 years). In his adult life, he has also witnessed violence without acting. When discussing a neighbor who perpetrated IPV, he said, "The neighbors prevented it. Usually, I did not help prevent it."

However, some general distinctions in attitudes towards IPV are discernable between perpetrators and non-perpetrators. Generally, both groups of men may express negative attitudes about IPV: one non-perpetrator claims, "Beating your wife is unacceptable under any circumstances. Even if the wife hangs out or something, you cannot beat her" (age 44, married 17 years). A perpetrator similarly claims, "[Beating] is already unacceptable, no matter the level of severity. We are men. We cannot beat women" (age 22, married 1 year). But perpetrators also tend to distance themselves from their own perpetration, with almost all minimizing their roles as perpetrators, dismissing the violence as unimportant, or speaking with levity about IPV. One perpetrator explains, "When I have beaten my wife, it is not beating. It is just a few times using some violence" (age 38, married 14 years). Another says, "I am not really a husband who beats his wife" (unknown age/length of marriage). This quote is in direct contrast with an account of perpetration later in his interview, when he says, "I only slapped her 1-2 times...my wife cried and left. I did not do anything wrong." Another man recounts,

> …The next day my wife told me, and asked 'why did I beat her?' I denied it, I totally forgot, but my wife looked really upset. Then I thought I must have been

drunk yesterday. There have been several times [*laughs*], but that was the most severe time because she got bruises all over" (age 22, married 1 year).

Perpetrators also tended to view their perpetration as isolated events, suggesting a lack of consideration that the wife may suffer far-reaching adverse effects. One said, "I don't remember what she said but it hurt my pride, and she muttered something, I can't remember what….I slapped her face. After that, we slept separately in each room, and the next day, we healed" (age 38, married 14 years). Some also overstate the normality of IPV perpetration, claiming, "Well, [beating] is still normal, every family is like that" (age 22, married 1 year). Very rarely did perpetrators express regret or accept accountability for their perpetration. One man who did reassess his actions explained,

> The first thing was 'Why do I do that?' After that, I consoled her, sweet-talked her. My wife is sympathetic toward me, toward the pressures that I had. And I thought, 'When I am at work, I have pressure, and my wife stays at home but she also has pressures: pressures about her child, her relationship with her mother-in-law. She has more pressure than me, so me beating her is not right' (age 25, married 1 year).

Men's perspectives on IPV intervention

A number of men described instances of their own intervention in IPV. However, many men expressed a sense of helplessness. These men felt a certain futility in intervening against IPV, and perceived IPV as a continual cycle without hope of cessation. Many men describe this sense of helplessness when relating childhood experiences. One man explained how he felt when witnessing IPV in childhood: "Unsettled. Especially when I was that young, I could not do anything, so I was very

angry…the daughter came to stop the father. The father then beat the daughter as well" (age 45, married 14 years). This sense of helplessness in childhood may engender a sense of inevitability, and this sense of IPV's inevitability may play some role in men's adult perpetration. This inevitability leads to a sense of futility among men who intervene against violence, which discourages them from intervention.

Men describe this futility in adulthood when they discuss ongoing interventions against repeat perpetrators. One says,

> In this neighborhood, there is only this family which has conflict every year. Some particular men are like that; sometimes we want to talk to them, but we can't. The more we intervene, the more he beats his wife, so everyone recognizes this kind of man who is so bad (age 30, married 2 years).

This apparent futility engenders a sense of exhaustion among men who intervene against IPV.

When asked how to stop cases of IPV, a non-perpetrator says, "It's impossible for me. Neighbors try to stop those cases, but…I really don't want to think about that anymore" (age 24, married 2 years). Some men also professed a fear of violent backlash against intervention. One perpetrator says, "As a man I can talk to the husband and advise him. Besides that, I have no measures to prevent it. When they are fighting, they will even beat me too" (age 59, married 18 years). Another echoes, "If they get angry they might throw whatever is in reach, and that would be dangerous. Not only to them, but to ourselves. If they get angry, they might take up a stick and stab me" (age 45, married 20 years). In some intervention cases, such violent backlash does occur. One perpetrator recounts,

> The day I came to intervene he threw a brick at me, and threw a brick at my house also. The morning after that, he came to apologize and then I felt sympathy. However this man always beats his wife so much when he's drunk (age 59, married 18 years).

In addition, there are still a number of men who remain unfamiliar with formal mechanisms of recourse. When asked what ways will help prevent a man from beating his wife in his community, one man answered, "I heard of some services like calling or television to reconcile. I don't really know…when the violence has started, call the service to prevent it. Generally, I do not know much about it, I just heard about it" (age 34, married 5 years). Some men were familiar with the local reconciliation groups, however, and responded positively to them. When asked about their effectiveness, he responded, "It's pretty okay. When they get involved, community members respect them and also follow their lead" (age 39, married 16 years).

Some men offered advice on how to frame future interventions. Many men suggested changing men's relationships to alcohol. When asked what could be done to prevent violence in the village, one man said, "In my village, only stop alcohol. If you do not allow them to drink, then it might be over" (age 22, married 1 year). Another agrees, saying, "In my opinion, we need to communicate through mass media about the full picture of harmful effects of alcohol" (unknown age/length of marriage). Men also suggested other features important in preventing IPV. One man responded, "Prevention needs everyone to be united, even the village head. If there is any problem, then he will solve [it]. Well, also, because he lives right nearby, it is better than asking the government to interfere" (age 30, married 6 years). Another man recommended, "In the

village they should create a pre-marriage club to identify who we are, how to take responsibility for yourself, your family, and your whole society" (age 30, married 2 years). He goes on to describe an existing example, saying "It's in the nearby village…. So they communicate especially about reproductive health, contraception, what is safe sex, how to avoid being pregnant."

Chapter V: Discussion

The cultural narrative of IPV and Reification of Masculinity

The cultural narrative of IPV presents men's perceptions of acts that constitute IPV and the factors that contextualize IPV perpetration. These perceptions follow specific pathways of behavior that men identify as preceding IPV perpetration. These pathways emphasize specific stressors or triggers that men experience external to their relationship, such as economic or labor pressures, or male bonding and engagement in social evils. When combined with a wife failing to comply with normative gender expectations, such as failing to complete a task or actively questioning or challenging her husband, the pathway culminates in IPV perpetration. I posit the pathways that men describe as leading to IPV present challenges or threats to the way these men conceptualize their masculinity. As discussed, men's normative gender roles have traditionally encompassed being workers and providers for the family. Men are also expected to consume alcohol, which is a "hot" drink that compliments their "hot" temperaments. When encountering stressful external circumstances that threaten their constructs of masculinity, such as economic or labor troubles that challenge their self-concept as providers, men may seek out activities that reaffirm their masculinity, such as male bonding and social evils like drinking alcohol. IPV perpetration may be another mechanism of reifying gender constructions when men already face challenges to their masculinity, instigated especially when combined with instances when wives step outside of their normative gender roles of passivity, contextual behavior modification, and subservience.

The cultural narrative of IPV may often be a true portrayal of specific IPV events. However, it is also a narrow and restrictive understanding of IPV as it occurs in

Vietnamese families and communities, which exaggerates the ubiquity of a certain type of IPV. It constrains men's understanding of IPV perpetration to a limited set of circumstances focused around physical IPV, to the exclusion of other types of IPV and other contextual factors. This restriction has the potential to be damaging to community members and families who experience other forms of IPV that do not align with the accepted understanding of what constitutes IPV. Other forms of IPV that are not adequately recognized by this shared cultural narrative may include women's perpetration against men, bidirectional IPV between partners, IPV surrounded by other contextual factors, and sexual or psychological violence.

Specifically within the context of rural Vietnam, this focus on physical IPV minimizes the injurious nature of more prevalent forms of violence. Cross-sectional data shows that psychological violence is the most common type of IPV that rural Vietnamese women experience, with 55.4% of women reporting experiencing psychological violence at some point in their life (Vung, Ostergren & Krantz, 2008). Psychological and physical IPV experience often co-occur, with 21.2% of women reporting experiencing both types of violence in their lifetime. The limiting nature of this cultural narrative engenders the possibility for other experiences of IPV to be disregarded or negated.

Strengths

This study had several strengths. It emphasized the importance of eliciting data directly from men, whose perspectives offer a unique and important contribution as the primary perpetrators of violence against women. We purposively sampled men with diverse backgrounds of exposure and perpetration to violence, leading to a more

comprehensive yet detailed understanding of men's relationships toward IPV. This study's use of qualitative research methods allowed for nuanced insights into the interplay of circumstances surrounding IPV, which would be difficult to elicit from quantitative data. Conducting individual, in-depth interviews was also an appropriate method for approaching potentially sensitive subject matter. Individual interviews allowed men to disclose personal and controversial information in a more comfortable setting. Finally, by focusing on both family and community contexts in the research question, this study addressed multiple spheres of influence, including interpersonal and community domains, along a socio-ecological model.

Limitations

There were several limitations to this study. First, data collection relied on men's accounts of a highly sensitive topic. In many cases, men recounted experiences or observations from childhood, and some accounts detailed events as many as 35 years in the past. Because data collection relied on men's recollections, men's own attitudes and beliefs may necessarily influence their depictions of some accounts of IPV or childhood exposures to violence. In addition, although the interviews were conducted in a private room at the health station with a gender-matched interviewer, there were two days of data collection where the local police were present at the health station to review and safeguard the research process. Data collection took place in a rural area where the community was largely unaccustomed to foreign presence, and the local officials wanted to verify the safety of both participants and researchers. This setting may still have influenced some participants' disclosure of sensitive or incriminating information.

Finally, this study focused on IPV in heterosexual, married couples. It did not include non-marital intimate partnerships between men and women or between partners or the same gender, although people within those non-traditional partnerships may also have significant contributions to further our understanding of IPV in Vietnam.

Implications

For public health research

This study has several implications for continued public health research on men's IPV perpetration in Vietnam. The interviews conducted for this study referred to IPV generally and asked men to volunteer their own definitions of violence. A few men exhibited knowledge of psychological violence, describing it as a "cold war," "emotional embargo," or "mental violence." Still, men overwhelmingly focused on experiences and observations of physical IPV, and their definitions of violence centered around physical perpetration. This tendency makes it difficult to draw further conclusions surrounding men's understandings of psychological violence in Vietnam. Since previous literature demonstrates that psychological IPV is prevalent in Vietnam, future research should investigate men's perceptions of the effects of psychological IPV on Vietnamese families and communities (Vung, Ostergren, & Krantz, 2008). Future research should also investigate men's attitudes towards perpetration of psychological IPV and the extent to which men acknowledge psychological IPV as a significant issue.

In addition, researchers should conduct a community needs assessment (CNA) to assess the issues and contextual factors surrounding IPV that both women and men in Vietnamese communities would most like programming to address. This CNA should

further catalogue the state of existing anti-violence infrastructure within rural Vietnamese communities. An analysis identifying potential points of access on which to build men's-centered programming will help pinpoint which access points would support realistically achievable and effective programming.

Finally, researchers should conduct extensive evaluations of existing anti-violence recourses. For example, reconciliation groups are founded on a loose definition of their objectives (National Assembly of the Socialist Republic of Vietnam, 2007; Schuler et al., 2014). Furthermore, although they are required to report data on successful reconciliations, data on success may be based on an unclear definition on what constitutes reconciliation (Gardsbane et al., 2010). Researchers should formatively evaluate reconciliation groups and other anti-violence programs using a goals-based evaluation to establish clearly delineated goals, program objectives, and process objectives that are shared across communes. They should also conduct summative evaluations that are process-based and outcomes-based.

For public health practice

To successfully implement men's-centered anti-violence initiatives in Vietnam, public health practitioners should address several factors. First, anti-violence programming must seek to transform the restrictive cultural narrative of IPV by expanding men's perceptions of what constitutes IPV. Second, programming must address men's sense of helplessness regarding the inevitability of IPV in their families and communities. Men must feel empowered to intervene in IPV and to prevent IPV in the future. To empower men, public health practitioners must address men's fear of

violent backlash against their intervention in IPV, and they must change the perspective that IPV is an "inside" issue, confined to the family experiencing it. Previous work has discussed the difficulty of engaging men in anti-violence initiatives, especially particularly severe perpetrators (Schuler et al., 2011). However, such work has also shown promise in reaching some perpetrators through media, and in increasing the self-efficacy for neighbors to take the initiative to intervene on a case-by-case basis in IPV (Schuler et al., 2011).

In addition, men must have an established recourse to access for systematic intervention, rather than addressing every instance of violence as a separate and contained act. Each of the preexisting recourses addressing IPV possesses its own attending difficulties. This study demonstrates that not all men are familiar with reconciliation groups and their mandate. Previous research has shown that reconciliation groups are comprised of community members who lack formal training on violence prevention and gender sensitivity (Gardsbane et al., 2010). Qualitative interviews with reconciliation group members reveal that the groups are hesitant to intervene until after the IPV event is over (Schuler et al., 2014). Other formal recourses, such as the village head or health care practitioners, have also been shown to lack the self-efficacy necessary to confront IPV: one study describes an interview with a village head who sent old ladies to speak with perpetrators rather than intervening personally, because man-to-man interaction might cause the perpetrator embarrassment and endanger the wife further (Schuler et al., 2014). Focus groups with health care providers have shown that providers have preconceptions about violence, believing physical IPV to occur among rural, undereducated populations and psychological IPV to occur among educated populations

(Krantz et al., 2005). Providers had mixed views on the effectiveness of reconciliation groups, but also lacked preparedness to act themselves (Krantz et al., 2005). Another project also described provider resistance against implementing GBV screening and referral systems (Schuler et al., 2011).

Anti-violence programming must empower men to act against IPV. Programming must vigorously recruit men, while simultaneously strengthening the capacity of existing recourses, such as the reconciliation groups. These groups have some established presence in communities and this study shows some evidence for men being receptive to their involvement. These recourses should be externally strengthened with sustainable education and training in gender sensitivity, IPV screening, and counseling. Another potential recourse is the relatively new pre-marriage club that one man described. The curriculum of this program could be expanded to include education about IPV prevention, gender equality, and methods of recourse-seeking.

One point of intervention that men identified in the data was intervening on substance use, particularly the use of alcohol. This area of intervention should be considered as a potential space for limiting predictors of violence. However, anti-substance use initiatives may not comprehensively address factors surrounding IPV perpetration and may having an opposite effect of disengaging those perpetrators who do not use alcohol in connection with IPV. In addition, although men identified alcohol as significant problem related to IPV, some men also tended to rely on alcohol as a potential space for intervention. When giving advice on methods of intervention against IPV, one man suggested, "We can invite them to go to our house for drink and talk about all aspects of their issue" (age 34, married 5 years). This type of anti-violence approach is

problematic in that it perpetuates the cyclical nature of the cultural narrative of IPV, by employing the same tactics that are recognized as precipitating perpetration.

In addition, anti-violence intervention should seek to interrupt other mechanisms identified in the pathways towards IPV, such as men's economic and labor pressures. Improving employment opportunities for men may decrease external stressors and enable men to achieve economic aspirations that may reduce alcohol abuse, resentment of women expanding their normative roles, and IPV perpetration.

It is important to note that interventions must concurrently address gender sensitivity and concepts of family hierarchy to counter men's restrictive understanding of violence and men's tendency to minimize the harmful effects of violence on women. Tangible points of intervention, such as substance use and economic opportunities, may represent manifestations rooted in men's persistent adherence to constructions of masculinity. As such, these interventions have great potential to reduce IPV perpetration by intervening along a pathway towards IPV, but anti-violence initiatives must also seek to fully transform constructions of masculinity and femininity in order to change the socio-historical context of IPV.

Finally, because this study demonstrates that there are a number of men who are still unfamiliar with existing anti-violence resources, education initiatives are a preliminary step to develop consciousness-raising among men. Programming should also expand to develop new anti-violence infrastructure that both women and men can rely on for recourse. One way to incorporate new programming would be to encourage anti-violence partnerships between reconciliation groups and the Women's Union. Another potential avenue would be to engage health care providers and strengthen their capacity

to screen and treat survivors of IPV. These types of partnership might combat the perceptions that a) IPV is an insular experience, and b) IPV against women is purely a woman's issue. To be successful, new programming must be endorsed in multiple contexts, receiving support on individual, community, and policy levels.

Conclusions

This study sought to a) understand how family and community contexts affect the roles Vietnamese men play in violence perpetration and intervention, and b) to interpret the implications of these intersecting roles for men's active participation in anti-violence initiatives.

Men described a breadth of IPV events occurring in their families and communities across a broad span of time. Men also described many instances of childhood exposure to violence, either witnessing IPV or being maltreated as children themselves. Men's descriptions of IPV commonly fit a certain cyclic pattern of behavior, which men identified even when they were not addressing a specific occurrence of IPV. This cyclic pattern of behavior can be thought of as a cultural narrative of IPV shared by their community. Both perpetrators and non-perpetrators subscribed to this cultural narrative of violence to some extent. The pervasive nature of this cultural narrative of IPV, coupled with a fear of exposing themselves to violence if intervening in IPV, lead some men to express a sense of helplessness and futility regarding IPV in their community. The data revealed no rigid, systematic differences separating perpetrators and non-perpetrators besides their perpetration status. Men's interviews showed that men often perform multiple roles related to IPV. There were some general tendencies distinguishing the

degree to which perpetrators versus non-perpetrators accepted the cultural narrative, and in distinguishing their respective attitudes towards IPV. Furthermore, despite their exposure categories, all men had some stories to tell about IPV in their communities, demonstrating that there is no simple connection between exposure to violence and perpetration, because all men have been affected by IPV in some way.

In order to encourage men's active participation in anti-violence initiatives, it is essential to empower men to utilize anti-violence recourses. To achieve this empowerment, initiatives must expand the cultural narrative constraining IPV; combat men's feelings of futility; and make IPV intervention a safe course of action for men. Anti-violence initiatives should identify tangible points of intervention along the existing cultural narrative, such as decreasing substance use and improving men's economic opportunities. Program development should address underlying constructions of masculinity and the socio-historical context of IPV by providing gender sensitivity training and opportunities for men to critically evaluate how their constructions of masculinity in their own families and communities contribute to IPV perpetration. Anti-violence initiatives should either harness existing recourses by strengthening their capacity, visibility, and effectiveness, or implement new programming that is supported on multiple levels.

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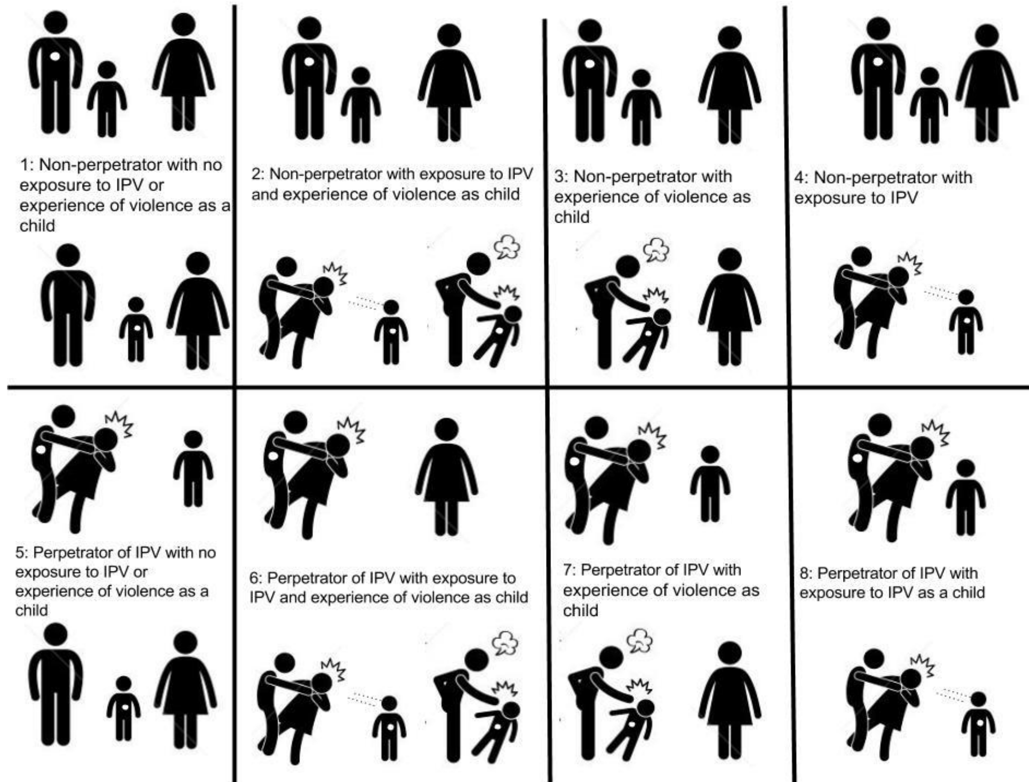
Appendices

Appendix 1: Graphic Illustrating Purposive Sampling of 8 Exposure/Perpetration Categories*

* The figure with the white dot in the chest represents the participant in adulthood and childhood for each category scenario.



Appendix 2: In-Depth Interview Guide

Interview Guide

Prior to beginning the interview, obtain informed consent from participant using the Informed Consent Form.

Introduction

Good day. My name is [interviewer's name] and I am a researcher working on this study for Emory University and with the Center for Creative Initiatives in Health and Population. Thank you very much for agreeing to participate. The purpose of this research study is to understand men's perspectives on family relationships in Vietnam. I am going to ask you some questions about your interactions with your parents and also with your wife. These questions have no right or wrong answer. We're very interested in getting your honest opinion, so please feel comfortable to say whatever you think. Your answers are an important contribution to the research we're doing.

I'd like to explain what we are about to do. We will begin with this interview, which will last about one hour. This interview is completely voluntary. You are free to leave at any time. You don't have to answer any questions you don't want to. I would like to audio-record the interview so the research team can listen to it later. Only the research team will be able to hear the recording. Do I have your permission to record the interview? Thank you.

Do you have any questions?

[**If no further questions, proceed with interview.]**

Let's get started with the questions. First, I'd like to ask some questions about your family when you were a child, until you were about 14.

1. Please describe the structure of your family you lived with when you were a child. How many people lived in your household?

    [Who lived in your household?]

2. When you were a child, what did your father teach you about men's responsibilities in the household?

    [What were you taught about women's responsibilities in the household?]

3. What sorts of responsibilities were you expected to contribute around the house?

    [Did your brothers or sisters have other responsibilities?]

Now let's move on to the next questions, which will be about discipline. I'd like your opinion about discipline in your family, as well as children witnessing discipline between their parents.

4. While you were a child, how did your parents or other adults in the family discipline the children in your family?

[What were the reasons that you punished?]

[Were the punishments different for daughters versus sons?]

5. When you were growing up, did you ever see or hear about a mother getting physically beaten by her husband in your community?

[What did these husbands do to their wives?]

[When you were a child, how did that make you feel?]

6. For children, how does seeing their mother being beaten by a father or other man affect them?

[To what extent do these effects continue into adulthood?]

Now I'd like to ask your opinion on why families sometimes use physical force in different ways.

7. Why do parents physically discipline their children?

[Whose responsibility is it to physically discipline children?]

8. In your opinion, what is the difference between discipline, punishment, and violence in a family?

[Can you give examples of each?]

9. Think of someone in your community who used to use physical force against their wife that doesn't anymore. What do you think was the reason for that change?

[Think of someone who has started using physical force. Why do you think they changed?]

10. Are there other ways for a man to "beat" his wife that are not physical?

Next, I'm going to ask for your opinion about how husbands treat their wives in your community.

11. Have you ever heard about a man you knew who beat his wife? Describe what happened.

[What kind of things did he do?]

[Why do you think he chose to do that?]

12. When is it considered acceptable for a man to beat his wife in your community today?

[When is it considered the wife's fault that she was beaten?]

[When is it considered the husband's fault?]

13. In your community, how do people regard a man who is known to beat his wife?

[How do they treat him?]

[How do they talk about him?]

14. Can you give me an example of a time you used physical force against your wife?
[What were the reasons you decided to do that?]
[What outcome do you think it had?]

Finally, I have a few questions to finish up the interview. These questions are about what you would like to see in your family and your community in the future.

15. What would you like to teach your own sons about household roles and responsibilities?
[What would you like to teach your daughters?]

16. What do you think could help prevent men in your community from beating and physically hurting their wives?
Ask only if not addressed by question 16:
[Are there any resources or services that could be provided to help decrease violence against wives in your community?]

Conclusion:
Thank you for your feedback today. We really appreciate hearing your opinions. Now I will give you the questionnaire we discussed earlier. As mentioned earlier, you may skip questions you do not want to answer. I will step away from the table so you can fill it out in privacy.