

CSAGA
CMRC

DV-52

DOMESTIC VIOLENCE PREVENTION

STATUS, NEEDS AND PRIORITIES FOR
INTERVENTIONS IN PHU THO AND
BEN TRE PROVINCES



UNFPA Viet Nam

1st Floor, UN Apartment Building
2E Van Phuc Compound
Ba Dinh, Ha Noi, Viet Nam

Telephone: +84 4 3823 6632

Fax: +84 4 3823 2822

Website: <http://vietnam.unfpa.org>



PREFACE

Violence against women, also known as gender-based violence (GBV), is a universal and complex phenomenon that poses a major public health problem and leads to widespread violation of human rights. International organizations, policy makers, service providers, women's groups and male networks are increasingly speaking out against gender-based violence. Worldwide, at the very least, one in every three women has been beaten, coerced into sex or abused in her lifetime. The impact of violence on a woman's mental health and well-being is severe often incurring emotional and economic costs to her children family and society.

Since the International Conference on Population and Development (ICPD) held in Cairo in 1994 and the Fourth World Conference on Women held in Beijing in 1995, prevention of violence against women has become a significant part of the United Nations Population Fund (UNFPA) mandate, guided by the rationale that the prevention of violence against women is closely inter-linked with improvements in women's reproductive health and their status in society.

The United Nations Population Fund (UNFPA) in its Seventh Country Programme of Assistance to Viet Nam (2006 -2010) supports the Government of Viet Nam to improve the quality and utilization of gender-sensitive reproductive health (RH) information and services, including sexual health (SH) and family planning (FP). UNFPA also provides continued support to specific central and provincial institutions by addressing gender equality, including domestic violence prevention. UNFPA and the Government have selected two provinces, Phú Thọ and Bến Tre, for promoting gender equality and preventing domestic violence towards women through community-based interventions.

To this end, a study, conducted to assess the incidence and circumstances of DV in selected areas of the two provinces, Phú Thọ and Bến Tre, determined the most appropriate DVP interventions. This report is

based on that study and consists of three main parts. Firstly, it provides background information on the issues, study objectives, research methodology and characteristics of the study sites. Secondly, it provides major findings of the study and lastly, conclusions and recommendations.

We would like to thank the Centre for Studies and Applied Sciences in Gender, Family, Women and Adolescents (CSAGA) and local consultants for their valuable contributions in conducting the study and for their useful comments on the report. We are grateful to the leaders of the People's Committees, Departments of Health, and the former Provincial Committees for Population, Family and Children or Branches of Population and Family Planning as it is now known, UNFPA Project Management Boards and mass organizations in both Phú Thọ and Bến Tre provinces for their cooperation and support of the research team during the data collection process. We are also indebted to the local officers, community groups and particularly those women who have experienced domestic violence in the two selected provinces, for their participation in the focus group discussions and in-depth interviews, providing information and sharing their views on domestic violence and highlighting the need for intervention activities.

We believe that the report will prove useful to policy makers, programme managers and researchers in the implementation of DVP related programmes/projects and contribute significantly towards the achievement of the objectives of the Millennium Development Goals (MDG) and the International Conference on Population and Development in Viet Nam.

Ian Howie

UNFPA Representative in Viet Nam

Table of Contents

Executive summary	7
1. Background	11
2. Study objectives	13
3. Research methodology	13
4. Study limitations	15
5. Characteristics of the study sites	16
6. Major findings	17
6.1. Public awareness of domestic violence and laws on domestic violence and women's rights and the law on DV	17
6.2. Status and severity of domestic violence in the study sites, and barriers that prevent victims from seeking support services in the community	26
6.3. Existing domestic violence prevention activities in study sites, effectiveness and cooperation of the authorities, sectors, and mass organizations in dealing with domestic violence	32
6.4. Collection and recording of information and activities on domestic violence prevention	38
6.5. Identification of local needs and priorities for domestic violence prevention	39
7. Conclusions and recommendations	46
References	51

the general public, and both perpetrators and victims of violence. A total of 190 people participated in this study.

Awareness of DV among local officials and residents

As with previous studies, the research conducted in Phú Thọ and Bến Tre reveals that most local residents and some officials still believe that DV relates only to physical assault, such as beating or scolding. They do not recognize emotional and sexual violence as types of violence. The research findings also show that residents' awareness of their rights to be protected from violence and their legal understanding of DV issues remain limited. Many women do not even recognize that they have been victims of violence and perpetrators are not aware that their actions violate the law. These factors have combined to create an environment where an abused woman's access to sources of support in the community is restricted, and the violent acts of her perpetrator continue.

Although the majority of interviewees held that gender inequality is the root cause of DV, other opinions in the community suggest that DV cases are also caused by economic hardship, gambling, and drinking. The study also showed that in general, many respondents believe women actually provoke their husbands' violence against them. This point of view reflects the significant cultural complexity of the issue particularly in respect to people's perception of what is the expected behaviour of women.

Status of DV in the study sites and difficulties women find in accessing support

DV was reported in all the research sites, although respondents did not consider occurrence to be 'common'. The victims tended to be women, with husbands overwhelmingly the perpetrators. DV by women against men was also present, but not at a prominent level. Commune officials and residents interviewed believed that DV had decreased recently due to an impetus towards building 'new cultural families', and reaping the benefits of

economic development. However, some district officials contradicted this view by suggesting that DV had increased due to certain negative aspects of the developing market economy.

Ultimately, the lack of official data in each locality made it difficult to ascertain whether DV is on the rise or not. But findings still showed that, whatever the level, DV results in serious physical and emotional consequences for women and their children. Abused women rarely seek help from outsiders and often struggle to find their own way out of an abusive situation. In most cases, women are simply silenced by the gender bias inherent in traditional norms that define their role within the family. They also suffer from either inadequate or ineffective support from the community.

Local domestic violence prevention

Most study sites, excluding those under the UNFPA project on Gender Equality in Family (GE project) have not yet initiated specific DVP policies/programs. Thus far, women victims have received support through 'conciliator/mediator' teams in villages and communes. However, as the mediators often lack up-to-date knowledge and skills they are not in a position to settle cases adequately. The process of DV prevention is further impeded by an entrenched gender bias designed to preserve the integrity of the family at the expense of women's safety and rights. Local authorities tend not to adopt measures strong enough to deter perpetrators and provide effective support for women.

In the selected study sites, the dearth of specific DVP programs to handle DV cases also suggested inadequate collaboration among agencies and ineffective means of monitoring, supervision, and reporting.

Local officials and residents identified needs and priorities for developing a workable community DVP programme. Below are recommendations based on these findings and those of the DV study.

Recommendations for DVP activities

- **Develop local documents/policies for the implementation of the DVP Law**
- **Develop a programme of action for DVP in local areas**
- **Strengthen Behaviour Change Communication (BBC) and raise public awareness of gender equality, women's rights and DVP**
- **Strengthen capacity for officers involved in DVP implementation and management, and for those working directly with DV cases in the locality (mediation/conciliation groups)**
- **Establish a support network for victims**
- **Impact on perpetrators**
- **Allocate funding for DVP activities**
- **Integrate DVP into economic support programmes**

1. Background

Gender-based violence (GBV) in general, and domestic violence (DV) in particular, are matters of global concern. These phenomena appear in every country, economy, culture and in every walk of life. DV victims are usually women. Historically, violence against women is based upon the unequal power sharing relationship between men and women. This has led to domination by men and certain forms of discrimination against women that may effectively block their development. The United Nations defines DV as: *"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."* (United Nations Declaration on Violence Against Women, 1993).

International data shows that during their lifetime women are at risk of exposure to different forms of violence including DV, rape, sexual harassment, and forced prostitution. The most predominant form of violence is DV committed by husbands/partners. According to studies conducted in 48 countries around the world, between 10 and 69% of women interviewed reported that they had been physically violated by their husbands/partners (Heise L., Pitanguy, J and Germain, A. 1994). In 2001, the World Health Organization's (WHO) study of 24,000 women over 15 years of age in 10 countries revealed that around 15% to 17% of interviewed women reported suffering at least one incident of physical or sexual violence committed by their husbands/ partners (WHO, 2005).

Many countries and international organizations are striving for the advancement of women and have voiced their concern and intention to curb and eventually eradicate all forms of violence against women. Since the late 1990's, violence against women in general, and DV in particular, have been mentioned in forums and conferences in Viet Nam, paving the way for further research on the prevalence of DV in this country. Though most of the studies have been small in scale, findings show that DV exists in all regions and areas and in every socio-economic class in Viet Nam (Le Thi Phuong Mai, 1998; Le Thi Quy, 1999; Vu Manh Loi,

1999; RaFH, 2000, HLHPNVN, 2001). The latest study, conducted in eight cities and provinces in 2006 by the National Assembly's Parliamentary Committee for Social Affairs, with sample size of 2000 respondents revealed that 2.3% of households have experienced physical violence (beatings), 25% of households have experienced emotional violence, and among of 30% couples the man has sexually coerced his partner annually (National Assembly's Parliamentary Committee for Social Affairs, 2006).

As more people become aware of the consequences of DV on women's well-being and health, more combative initiatives are appearing. Viet Nam has piloted interventions aimed at improving gender equality (GE) and DVP in certain localities and public health care facilities (Le Thi Phuong Mai et al. 2005; RaFH, 2005; ActionAid, 2007). At the national level, the Law on DVP was adopted by the National Assembly on 21 November 2007. According to this Law, DV is defined as "a deliberate act of a family member which harms or is likely to harm another family member physically, psychologically and economically". The DVP Law is applicable to all family members. It includes couples, whether married or divorced, and partners living together without marriage registration.

UNFPA's Sixth Country Programme for Vietnam (CP6) (2000-2005) and CP7 (2006-2010) emphasize GE and the need to integrate gender issues into Population and Reproductive Health programmes. Within the framework of the CP7, UNFPA proposed a pilot model for DVP in Phú Thọ and Bến Tre Provinces that includes: (1) raising people's awareness of GE, most importantly male participation, women's empowerment and stressing the negative impacts of DV; (2) increasing support for victims of DV through appropriate services such as health care, legal assistance and social protection; and (3) strengthening cooperation among agencies from central to grassroots level.

To prepare for the pilot intervention model in Phú Thọ and Bến Tre provinces CSAGA with UNFPA support conducted a study on the status, needs and priorities for DVP. These findings provided baseline data for a pilot model to be implemented in the selected localities identified in the UNFPA Seventh Country Program.

2. Study objectives

- (i) Assess community awareness of DV issues and laws related to DV and women's rights.
- (ii) Assess the extent and seriousness of DV in the study sites and the barriers faced by victims seeking services and support from the community.
- (iii) Assess the availability and quality of DV prevention programmes and collaboration among authorities and different sectors.
- (iv) Identify needs and priorities and recommend appropriate interventions and means of coordination between different sectors for DV prevention.

This study focuses mainly on the analysis and assessment of DV committed by husbands/partners. Other forms of DV reported as rare occurrences in the selected localities, are not highlighted.

3. Research methodology

Scale

CSAGA conducted this study in six communes of Đuan Hùng District, Phú Thọ Province, and in 10 communes of Bình Đại District, Bến Tre Province with the view to selecting a location to conduct the pilot model. Two of the six communes in Phú Thọ have already participated in a UNFPA/SDC project on Gender Equality in Family initiated in 2004. The CSAGA research was conducted from June to August 2006.

Study population

Local officials, agencies, mass organizations at the district/commune level, and residents in the community, including female victims of violence and male perpetrators of DV.