

# Vietnamese Men's Definitions of Intimate Partner Violence and Perceptions of Women's Recourse-Seeking

Journal of Interpersonal Violence  
2021, Vol. 36(13-14) 5969–5990  
© The Author(s) 2018  
Article reuse guidelines:  
sagepub.com/journals-permissions  
DOI: 10.1177/0886260518817790  
journals.sagepub.com/home/jiv



Laurie James-Hawkins,<sup>1</sup>  Monique Hennink,<sup>2</sup>  
Mika Bangcaya,<sup>3</sup> and Kathryn M. Yount<sup>2</sup> 

## Abstract

The Vietnamese government has made efforts to promote gender equality and to discourage intimate partner violence (IPV), yet IPV remains a common experience for married women in Vietnam. IPV leads to severe injury, poor mental health, chronic disease, and substance abuse among women, yet little is known about why men perpetrate IPV. We explored how men defined IPV and perceived women's recourse-seeking following IPV in Vietnam. Using data from 10 in-depth interviews and two focus group discussions with Vietnamese men, taken from a parent study on attitudes about IPV in Vietnam, we found that men often viewed IPV against women as normal and justified violence occurring when a husband was "hot-tempered," drunk, or when the wife was seen as at fault. Men interviewed were often reluctant to endorse recourse-seeking on the part of the woman unless the violence was both frequent and severe. While frequent and severe IPV was seen as warranting recourse-seeking, infrequent or less severe IPV was normalized and seen as a private family issue. For less severe IPV, men felt that women could potentially engage in recourse such as running or hiding from a husband

---

<sup>1</sup>University of Essex, Colchester, UK

<sup>2</sup>Emory University, Atlanta, GA, USA

<sup>3</sup>Independent scholar, Seattle, WA

## Corresponding Author:

Kathryn M. Yount, Asa Griggs Candler Chair of Global Health and Professor of Sociology,  
Emory University, 1518 Clifton Rd., Atlanta, GA 30322, USA.

Email: kyount@emory.edu

to avoid instances of IPV. Only when IPV was happening multiple times per week and was severe enough to warrant medical treatment was recourse such as approaching family or neighbors for help, notifying authorities, and petitioning for divorce seen as appropriate. Interventions with men are needed to support recourse-seeking for women and to reduce IPV in Vietnam.

### **Keywords**

intimate partner violence, men's perpetration, recourse-seeking, qualitative research, Vietnam

Globally, exposure to intimate partner violence (IPV) is more common for women than for men (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; World Health Organization [WHO], 2014). This disparity is especially marked in gender-inequitable countries, such as Vietnam (Krause, Gordon-Roberts, VanderEnde, Schuler, & Yount, 2016; Rydstrom, 2017). IPV elevates the risk of serious health consequences for women and increases the burden on the public health system. Common health consequences of IPV include severe injury (Berrios & Grady, 1991), poor mental health outcomes (Fernbrant, Emmelin, Essén, Östergren, & Cantor-Graae, 2014), chronic disease (Coker et al., 2002), and HIV infection (Hershow et al., 2020), among others. These burdens, combined with gendered imbalances in rates of IPV, have stimulated an increase in research on the measurement, determinants, and consequences of women's exposure to IPV (Hong Le, Tran, Nguyen, & Fisher, 2014; Jansen, Nguyen, & Hoang, 2016; Kwiatkowski, 2013). Yet, with some exceptions (James-Hawkins, Salazar, Hennink, Ha, & Yount, 2019; Yount et al., 2016; Yount, Pham, et al., 2014), research on the reasons that men perpetrate IPV are lacking.

IPV in Vietnam is prevalent, with more than 30% of women reporting having experienced physical violence by their husband (Nguyen, 2006). Vietnam follows the Confucian moral code stating that women must obey their fathers early in life and then their husbands after they marry (Schuler et al., 2006). A wife generally is held responsible for her husband's faults and actions (Schuler et al., 2006) and so may see herself as responsible for or deserving of IPV (Bui et al., 2012; Huong, 2012; Schuler et al., 2006). Although formal recourse ostensibly is available for women who experience IPV, women may fear that if they report IPV they will be considered inadequate or unable to maintain family harmony, an important social expectation of women in Vietnam (Rydstrom, 1998; Schuler et al., 2006). Studies have shown that men and women in Vietnam often support IPV and believe that the wife must have caused the violence (Yount, VanderEnde, et al., 2014). Recourse-seeking is

considered inappropriate when a husband's violent behavior is "unintentional," such as when he is drunk or is in a state of "hot" temper (Schuler et al., 2016). For these reasons, women in Vietnam are often reluctant to seek help when IPV occurs, and when they do seek help, they are likely to find that authorities minimize the issue (Rydström, 2003b).

Given men's disproportionate perpetration of IPV against their wives, research is needed to understand why men engage in IPV and the contexts in which men justify IPV or perceive women's recourse-seeking after IPV as appropriate. Understanding how men define IPV and why they engage in IPV will help with designing programs to reduce perpetration. Furthermore, understanding when men feel recourse-seeking is appropriate will help in identifying ways to increase men's support for recourse-seeking and to expand the circumstances in which men feel it is appropriate for women to seek recourse.

## **Background**

### *Prevalence of IPV*

IPV is a global social problem defined by the WHO (2014) as "behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours." While definitions are not specific to the gender of the perpetrator or survivor, IPV globally is disproportionately experienced by women (Riecher-Rössler & García-Moreno, 2013). This burden is especially high in strongly gender-inequitable societies, such as Vietnam, where men's power over their wives is pervasive (Rydström, 2017).

Among ever-married Vietnamese women, 32% have reported ever experiencing physical IPV, and 10% have reported ever experiencing sexual IPV (General Statistics Office of Vietnam [GSO], 2010). Also, 54% of women have reported lifetime emotional violence, and 25% have reported current emotional violence, by husbands. When physical, sexual, and psychological abuse were combined, 58% of women reported experiencing at least one type of abuse by husbands (GSO, 2010). Among women who reported physical or sexual abuse, 60% had been injured more than once, and 17% had been injured many times (GSO, 2010). However, despite these high prevalence rates, 87% of abused women do not seek recourse (GSO, 2010).

### *IPV and Recourse-Seeking in Vietnam*

IPV researchers working in Vietnam suggest that IPV is an integral part of Vietnamese conceptions of masculinity (James-Hawkins et al., 2019; Rydström, 2003b; Yount et al., 2016). Furthermore, understanding what constitutes IPV

has been found to be ambiguous (James-Hawkins et al., 2019; Schuler et al., 2016), and in many cases, men justify it as part of their role as the head of their nuclear household (Rydström, 2003b). Alcohol is intimately tied to masculinity and IPV, and men often feel that IPV perpetrated while they are drunk is outside of their control (Rydström, 2003b). As most Vietnamese women do not engage in premarital sexual relationships and women are heavily policed prior to marriage (Vinh & Tuan, 2015), laws passed on IPV in Vietnam focus on violence within the context of the marital relationship (James-Hawkins et al., 2019).

In 2006, the Vietnam government adopted the Law on Gender Equality, and in 2007, it adopted the Law on Domestic Violence Prevention and Control (National Assembly, Government of the Socialist Republic of Vietnam [NAGSRV], 2006, 2007). These laws were aimed at addressing gender disparities, protecting survivors of IPV, and encouraging primary prevention. However, despite efforts to enforce these laws, ambiguities on the social and individual level persist about what constitutes IPV in Vietnam and about what forms of recourse are available (Schuler et al., 2016). As such, the general public's ability to identify exactly what IPV behaviors on the part of a husband should be considered actionable and for which women should seek recourse remains limited despite legal changes (Rydström, 2017), leaving those exposed to IPV vulnerable to continued violence (Abramsky et al., 2011). More research is needed to understand the contextual factors that may reinforce men's perpetration of IPV under the guise of gender norms, as shifting these norms may help to prevent IPV and to reduce violence. Contextual factors are particularly important, as social conceptions of what constitutes IPV may differ from legal definitions (Rydström, 2017).

Complicating differences between legal definitions and socially normative definitions of IPV are cultural mores about women's place within the family. In Vietnam, women are considered "outside" of the family lineage and are expected to be subservient to men (Rydström, 2003b, 2017). Centuries of ancestral deference and patrilineal practice have stationed boys to have an enculturated and systemic advantage, thus creating strong and clearly defined models for men's societal roles (Rydström, 2001). Although the Vietnamese government and other agencies have disseminated a narrative that men and women are "equal" (Thorson & Johansson, 2004), continual endorsement of characteristics that define normative behavior for boys and girls reinforces the gender-inequitable power structure (Rydström, 2001, 2017).

The purpose of this study is to understand how men in Vietnam perceive IPV perpetration and when men feel women's recourse-seeking is appropriate. Researchers have found that exactly what constitutes IPV is unclear among men and women in Vietnam (James-Hawkins et al., 2019). In addition, there is disagreement among the populace of Vietnam about the appropriateness of

recourse following exposure to IPV (Schuler et al., 2016). Thus, the present study aims to explore two research questions:

**Research Question 1:** How do men in Vietnam perceive IPV?

**Research Question 2:** What are men's perceptions of the appropriateness of women's recourse-seeking for IPV?

The answers to these questions provide a foundation for developing interventions with men that can address their justifications for perpetration, leading to more effective methods to reduce the risk of IPV. Also, understanding when men feel women's recourse-seeking is appropriate can help to identify the gender norms that need to be addressed, such as the appropriateness of IPV when a man is under the influence of alcohol (Rydström, 2003b).

## Method

### *Data Collection*

This analysis uses secondary data from a parent study. The aims of the parent study were to understand and compare men's and women's attitudes about IPV against women, the contexts in which IPV may occur, and the forms of recourse that are available to women. Data collection for the parent study was conducted in four communes of My Hao district, Hung Yen province, Vietnam. For further details regarding the parent study, please see Schuler et al. (2016). The data used here for secondary data analysis were taken from 10 semi-structured in-depth interviews (IDIs) and two focus group discussions (FGDs) conducted by trained interviewers in Vietnamese as part of the parent study. Interview participants were purposively selected from different communes. Concurrently, two FGDs were conducted, stratified by gender and age, with one group of younger men (18-35 years) and one group of older men (35-49 years). Men in the FGDs were selected from separate villages to mitigate possible harm to participants and avoid disclosure of confidential information. Those who participated in interviews were not part of the focus groups. Semi-structured interview guides were used for both the IDIs and FGDs. IDIs and FGDs lasted between 60 and 90 min. Data were collected in Vietnamese by native Vietnamese researchers with extensive training on qualitative research methods and expertise in IPV. The interview team transcribed, deidentified, and translated each interview into English.

In our analysis, we combined data from IDIs and FGDs to identify men's perceptions from two perspectives, the individual and community (Lambert & Loiselle, 2008). The use of both the interviews and FGDs allowed us to

both explore the individual views of men in the interview setting and to examine how men's views may be influenced by pressure to adhere to cultural notions of masculinity by the presence of other men in the FGDs. FGDs and IDIs have been shown to provide different perspectives on the same topic (Kaplowitz & Hoehn, 2001; Lambert & Loiselle, 2008). FGDs provide a range of views on a specific research topic and are well suited to understand community norms (Hennink, 2014; Hennink, Hutter, & Bailey, 2010), also allowing for interaction among participants, highlighting culturally shared notions of masculinity in relation to gendered interactions in marriage. In contrast, IDIs provide a more confidential setting to collect individual narratives about men's experiences on sensitive topics (Hennink et al., 2010). Researchers have called for use of multiple methods of qualitative data collection to enrich data and to achieve more comprehensive understandings of phenomena (Lambert & Loiselle, 2008). The institutional review boards (IRBs) of the relevant institutions approved the parent study. The current analysis of deidentified secondary data was exempt from IRB review.

### *Recruitment and Sample*

Married men from 12 communes (74 villages) and one district were eligible for the parent study. Men were eligible if they had been married for 12 months or longer, were literate, were between the ages of 18 and 49 years, and were residents of the My Hao district. Men had to have been married for at least 12 months to ensure they had been in their marital relationship long enough to have had the opportunity to engage in IPV. All men participating in the IDIs and FGDs had between 9 and 12 years of education. No further details on the sample were available to the study's authors.

### *Data Analysis*

Using the deidentified, transcribed, and translated transcripts from the parent study, analysts followed a qualitative descriptive design (QDD; Merriam, 2014) which combines inductive and deductive thematic analysis (Fereday & Muir-Cochrane, 2006). Using a QDD allows new insights to emerge from the data in line with grounded theory techniques (Glaser & Strauss, 1967) involving identifying inductive themes and concepts in the data to explain social phenomena. Themes were identified based on ideas raised spontaneously by participants and through identified repetition across participants. Deidentified transcripts of interviews and focus groups were read and memoed to capture broad themes and identify feelings about violence and recourse-seeking reported by men. Memos then informed the creation of an initial codebook.

The codebook included both deductive codes derived from the literature and inductive codes that arose from the data. The codebook was modified throughout analysis to better reflect themes arising from the data. The transcripts were then uploaded to NVivo 11 software (NVivo, 2015) and coded according to the codebook developed. Segments of deidentified transcripts were coded by a third party to manage potential researcher subjectivity. Additional recoding occurred when adjustments to the original codebook were made. The coding process ended once saturation was reached and no new information emerged from the data.

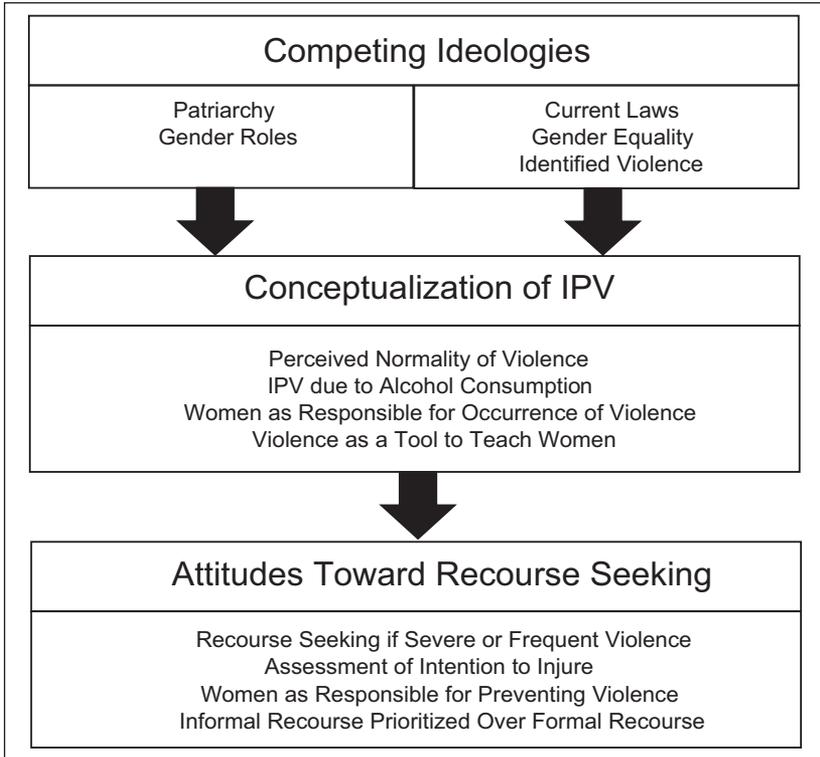
The analysis focused on exploring associated codes to identify depth and nuance in men's varying perceptions of IPV. Constant comparison was used to identify themes common across all interviews and focus groups (Charmaz, 2014). These central themes became the catalyst for developing overarching concepts related to men's perceptions of IPV and recourse-seeking. This process led to an iteratively developed conceptual framework, whereby IPV frequency and severity framed men's conceptualizations of IPV and appropriate recourse-seeking (see Figure 1). Our conceptual framework was validated by continually returning to data to verify themes, concepts, and links were well supported, checking negative cases, and continually reviewing interpretations with other authors.

## Results

Men interviewed felt that IPV was a normal, and therefore justifiable, part of marriage, often attributing instances of IPV to drunkenness or "hot" tempers. Furthermore, men often assigned responsibility for the occurrence of IPV to their wife for provoking their husbands. Men assessed appropriateness of recourse-seeking based on the frequency and severity of IPV. IPV was described as "normal" or "acceptable" when it was infrequent and not severe. Men discussed the appropriateness of informal versus formal recourse when recourse was judged as appropriate.

### *Men's Definitions of and Responsibility for IPV*

Men's perceptions about what constituted "normal" violence against women were inconsistent. However, men agreed that slapping a woman's face was not IPV: "If the wife is slapped by her husband . . . this fighting will be considered a normal or mild level of violence" (FGD, 35- to 49-year-old men). Others also talked about slapping as normal: "Slapping [the] face a couple of times is just common fighting in the family" (FGD, 35- to 49-year-old men). Thus, violence was not necessarily construed as problematic by men interviewed.



**Figure 1.** Conceptual model of Vietnamese men's definitions of IPV and support for women's recourse-seeking.

Note. IPV = intimate partner violence.

Circumstances also helped frame IPV as a normal part of married life. A majority of participants described being drunk or "hot-tempered" as a situation in which a man loses control of his emotions and becomes aggressive, combative, or even dangerous. Alcohol consumption was then used to justify IPV. One man said, "The women should not blame their husbands' . . . sometimes alcohol makes the men out of [their] mind" (FGD, 35- to 49-year-old men). A few men suggested that it was alcohol itself that was perpetrating violence against the wife: ". . . one could say that the alcohol beats the wife" (IDI, 26-year-old man), thus designating any violence that occurred as beyond his control and therefore not his responsibility. The removal of male responsibility for violence illustrates the use of alcohol and hot temper to normalize IPV within Vietnamese culture.

Women were considered to be at fault for “complaining or yelling” while their husband was drunk, thus inciting violence. One focus group participant described this attitude: “Domestic violence exists . . . because of the wife’s habit of complaining and yelling” (FGD, 35- to 49-year-old men). Another focus group participant concurred saying, “A wife is wiser if she knows how to act patiently and graciously toward the drunken husband. If the wife yelled, definitely something bad is going to happen” (FGD, 35- to 49-year-old men). Blaming the wife both for a husband’s drinking and his violence was common in the IDIs and FGDs.

Underlying the view that women are responsible for their husband’s violence was an explicit assumption that because women provoke violence they can control if and when violence occurs. One FGD participant said, “The wife should know to stop, should know when it’s right to say something” (FGD, 35- to 49-year-old men). This man felt that a woman who acts outside of the bounds of a “good wife” by challenging her husband or his behavior was inciting violence and thus was at fault for any violence that occurred. Consequently, men felt that IPV could be avoided if the woman exhibited “good” behavior.

Within the culture of victim blaming in regard to IPV, men felt women should know why they were beaten and how to avoid engaging in bad behavior that could lead to violence. One man felt a wife should talk to her husband about why he beat her: “She must have some talks with her husband to know why she is beaten so much and how he thinks of this matter” (IDI, 26-year-old man). Men also saw IPV as coming from a place of love for their wife and family: “In general, if I love my wife and my kids plus I want them to have good behavior from the beginning, sometimes I have to slap their face slightly” (FGD, 35- to 49-year-old men). These examples illustrate the assignment of responsibility for IPV to women rather than men.

### *Perceptions of Appropriate Women’s Recourse-Seeking*

Overall, men felt that formal recourse and intervention were not appropriate unless violence was severe enough to require hospitalization or if it resulted in visible physical damage. Participants across both IDIs and FGDs used their perception of “normal” violence to inform when women could or should seek recourse. When the violence was perceived as “mild,” men felt that women should keep it to themselves. One focus group participant said, “I don’t think she should tell her parents because it is normal and is not serious” (FGD, 18- to 34-year-old men). Another man used severity to judge the need for recourse: “It will depend on the level of violence situation. If it is a mild level of abuse, the wife should not [overreact] . . . the wife should keep it in

silence” (FGD, 35- to 49-year-old men). Because most violence discussed was described as “mild” or “normal,” recourse-seeking was endorsed only for the most frequent and injurious forms of violence.

**Severity.** Participants agreed that formal recourse was warranted if weapons were used. However, the type of recourse thought to be appropriate differed, even with frequent or severe forms of IPV. Complicating this issue, men noted that assessing the severity of violence was sometimes difficult:

. . . in some cases, a wife is beaten very severely by her husband, but nobody sees her bruises. In other cases, a wife is slapped once but her face gets swollen, or her eyes turn bluish black or she gets bleeding, it sounds very serious, although she may recover very soon . . . It is difficult to distinguish if a case is serious or not. (IDI, 41-year-old man)

This man recognized that some of the most severe and painful forms of injury, such as broken ribs, are not easily visible, even to those close to the victim. Given the difficulties associated with determining the severity of violence, many men turned to the frequency of violence to determine when recourse-seeking was needed.

**Frequency.** Men felt frequent violence necessitated outside intervention: “If a husband beats his wife many times, she should notify the authority” (FGD, 18- to 39-year-old men). However, men often used ambiguous language like “many” or “most” to define excessive violence: “If the fighting happens only once, the wife may not ask for the intervention of legal authority but if the fighting happens many times, she will do it” (IDI, 48-year-old man). Other men tried to quantify how often beatings had to occur to qualify as frequent. One man felt once or twice a month qualified as frequent: “If [violence] happens frequently and most of the time, she’d better tell someone for help . . . For example, twice a month and the level of violence is extremely bad is considered frequent abuse” (IDI, 38-year-old man). Other men thought even more frequent violence was needed to justify recourse-seeking. One man thought once or twice a *week* was necessary to be considered frequent: “The severity level of violence is like the wife is beaten frequently, about once or twice a week” (FGD, 35- to 49-year-old men), while other men felt that only *extremely* frequent violence qualified as frequent: “If a wife is beaten by her husband every day or several times per day and she keeps silent, it is not acceptable” (IDI, 26-year-old man). Finally, some men felt that violence should be *both* frequent and severe to justify formal recourse-seeking:

In my opinion, a wife should notify the commune authority if she is beaten about 15 times per month . . . [but] only when a wife is beaten severely to the extent that she has to be brought to the hospital many times. (FGD, 18- to 34-year-old men)

These varying descriptions of what constituted “frequent” violence contributed to men’s hesitancy to support formal recourse-seeking.

*Intention.* Men relied heavily on assessment of intention when determining when recourse-seeking was appropriate. If violence was severe and *intentional*, formal recourse-seeking was warranted. However, if the violence was *not intentional*, formal recourse was frowned upon, though informal recourse was sometimes suggested. One man described an appropriate situation for formal recourse-seeking in this way: “If the husband intends to kill his wife or to break his wife’s arms or legs, the intervention . . . of the police is needed” (IDI, 39-year-old man). Later in his interview, the same participant reinforced this idea, saying, “If the husband did not do it on purpose, but by accident, and he already felt sorry about his action and wanted to fix his fault, and the wife still notified the police, it is unacceptable.” This participant’s attitude toward seeking formal recourse shifted from supportive to unsupportive, partly because in the earlier situation the man perpetrating violence was described as being intentional, while in the latter situation, the husband’s actions were described as unintentional and evoking remorse.

*Formal versus informal recourse-seeking.* Participants held clear standards for justifying recourse, either informal (i.e., interventions by family, friends, or neighbors) or formal (i.e., police or commune authority involvement). Men saw a clear order for recourse-seeking. The first two steps were informal recourse-seeking: (a) running or hiding, and (b) seeking help from in-laws or neighbors. Steps (c) and (d) were formal recourse-seeking: (c) seeking help from the local commune or authority, and (d) seeking formal legal recourse such as divorce.

*Informal recourse: Hiding or running away.* Most men felt that a woman’s first response to violence should be to run away or hide from her husband. One focus group participant said, “It’s better to stay away from the monster and keep silent” (FGD, 35- to 49-year-old men). The need for running or hiding from their husbands was particularly important when a man was drunk, and hiding was encouraged and considered the appropriate response in these cases. One man said, “In the situation in which her husband beat the woman when he was drunk . . . the best solution for that wife was to stay away from

him to avoid his violence” (IDI, age unknown). Wives were encouraged to “avoid him by going somewhere [else]” (IDI, age unknown) until her husband was sober and calm.

Almost all men felt that hiding or running from the husband was the best initial response to imminent IPV. This feeling was at least partially motivated by concern that if a husband was out of control in some way and the woman did not hide, she might be severely injured: “She should try to escape from the reach of her husband and run away. If she stays still, her husband may use a brick to beat her, and she will die.” When running and hiding away was not enough to reduce or eliminate IPV, informal methods of recourse-seeking such as asking one’s in-laws or neighbors for help or intervention were considered appropriate.

*Informal recourse: Help from family or neighbors.* As violence escalated and running and hiding became difficult or was no longer possible, seeking informal help from a woman’s in-laws or neighbors was seen as appropriate. One man said, “Firstly, she must tell her husband’s family she is beaten so much by her husband” (IDI, 26-year-old man). If the in-laws were not physically close enough to the couple, men suggested neighbors instead: “If her relatives do not live nearby, neighbors are the closest, and if [IPV] happens, her neighbors can help her” (IDI, 26-year-old man). Another man concurred that neighbors were an appropriate resource for women: “If the husband is excessive, I think the best solution for the wife is going to her neighbor’s house. First, she will avoid being beaten. Second, she can ask for the intervention from her neighbors to stop the fighting” (IDI, 39-year-old man). Thus, both in-laws and neighbors were thought to be appropriate people to go to for informal recourse depending on the woman’s individual circumstances.

In most cases, men felt that a woman should not go to her natal family as it could cause trouble between the two families. One man said, “It’s better to talk with the husband’s family side first. If the woman decides to talk with her [natal family], she has to think carefully” (FGD, 35- to 49-year-old men). Another man agreed, “The wife should not tell her violence situation to her [natal family]. I think only the husband’s side can help” (FGD, 35- to 49-year-old men). This attitude makes it more likely that women experiencing IPV will be cut off from the support of her natal family even when IPV is frequent and severe. Overall, informal recourse-seeking was strongly preferred over formal recourse-seeking: “In our area, notifying the authority is the last option” (IDI, 48-year-old man). However, there were instances in which seeking help from the authorities was deemed necessary.

*Formal recourse: Help from the village authorities.* In cases where men determined that violence was frequent and severe according to their own personal definition, and where they felt the woman was not at fault, men supported

formal recourse. Local village support and then commune intervention were seen as appropriate before involving the court system. In fact, the court system was seen as a last resort only to be used when the woman desired a divorce. A man who worked within the local village mediation system said, "When the authority of the village and the commune know about her case, they will definitely find ways to solve it. Even if the wife does not submit any letter of complaint, we still provide intervention" (IDI, 48-year-old man).

In this case, the man suggested that if the authorities know about violence occurring, they will intervene, although not officially if a woman has not made a specific complaint.

*Formal recourse: Legal proceedings and divorce.* Men interviewed warned that legal intervention likely meant the end of the marriage and thus should not be taken lightly: "Going to the [local] family organization or the court, it's the end of a marriage" (FGD, 35- to 49-year-old men). Thus, formal recourse-seeking within the court system was seen as leading directly to divorce, and consequently, men felt it should be sought only when all other avenues of recourse had been exhausted. Men felt that there was a steep price to be paid for formal recourse-seeking given the impact a divorce has on the family as a whole. One focus group participant said,

If the domestic violence is extreme violence, the only way to solve [it] is going to the Court or the people's committee . . . [but] the last solution for the wife is going to the Court. If they really have to go to the Court, they will lose family, kids, happy time and memories. (FGD, 35- to 49-year-old men)

Despite this hesitancy, overall men supported women who felt they had no other options besides divorce. One man said, "If a woman is beaten severely and she has to suffer the violence from her husband very often, it is absolutely legitimate for her to decide to get divorce" (IDI, unknown age). Other men agreed, "When a woman sues her husband to the court, it means the violence in the family is very severe and the wife cannot stand that life. She cannot endure being beaten and suffer from violence anymore" (IDI, 26-year-old man). The idea that women cannot stand to endure or suffer more beatings was generally stated as a reason to support formal recourse-seeking and divorce. One man said that divorce is necessary in cases where violence outweighs affection in the marriage:

The most importance in the marriage life is that the husband and the wife can share their sentiment toward each other. When the husband beats his wife, it means he disregards her. It is unacceptable for a husband to beat his wife. It is not suitable to the tradition of Asian people. (IDI, 39-year-old man)

Interestingly, this man cites Asian culture specifically as not accepting of IPV. However, despite this man's feelings about what is acceptable in Asian culture, the idea of men as being "hot-tempered" in Vietnamese culture specifically contradicts this notion and suggests that a certain level of intimate partner and other violence is normalized as part of masculinity in Vietnam.

## **Discussion**

Both the context of IPV and the frequency and severity of the violence influenced men's attitudes about recourse-seeking. Results of this study illustrate the degree to which normalization of violence as part of masculinity is present in Vietnam as has been previously found (James-Hawkins et al., 2019). Men's hesitancy to endorse recourse-seeking for women suffering from IPV likely results, at least in part, from gender norms and structures that privilege men in Vietnamese society despite recent laws designed to promote gender equality and prevent the perpetration of IPV (NAGSRV, 2006, 2007; Schuler et al., 2016). Thus, men's perceptions of what constitutes an appropriate situation for recourse-seeking—either informal or formal—may partly result from exposure to competing gender ideologies that are challenging men in Vietnam to sustain, reject, or reinterpret notions of "normal" or "acceptable" masculine behavior. This finding is important, given the known difficulty in influencing social norms within a culture through legal means (Castro & Batel, 2008).

Research in Vietnam suggests that men and women still hold customary beliefs about gender roles (Krantz & Vung, 2009; Pells, Wilson, & Thi Thu Hang, 2016; Schuler et al., 2006; Vu, Schuler, Hoang, & Quach, 2014), and gender roles in Vietnam are established early and are reinforced across the life course (Rydström, 2001, 2003a). As such, the internalization of certain gender norms—such as men's "hot temper"—has normalized men's perpetration of IPV and heightened the tendency to attribute blame to women for violence (Rydström, 2003b). Across various contexts, participants expressed that they accepted some violence in marriage. It is notable that men in this study had a fairly narrow definition of IPV, in contrast to IPV research which engages with a wide variety of types of violence perpetration (i.e., emotional, economic, sexual, physical). Men in this study talked almost exclusively about physical violence. Given this mismatch between broader understandings of what constitutes IPV and Vietnamese men's narrow perceptions of IPV, more research is needed to explore other types of IPV and men's reasons for perpetration of IPV beyond physical violence.

Participants often used binary terminology (i.e., "serious/not serious," "severe/not severe," "excessive/not excessive," or "normal/not normal") to distinguish acceptable forms of violent behavior from unacceptably violent

behaviors. Because the threshold to demarcate violent behaviors as acceptable/normal or unacceptable/unjustified was subjective, a range of violent behaviors was portrayed as commonplace. Thus, despite generally negative attitudes about men's perpetration of IPV, the failure to reject a threshold approach (Hamby & Turner, 2013) for acceptable perpetration may perpetuate an interpretation of IPV as normal behavior. Although some men attempted to quantify what constituted frequent or severe violence, the wide variation in their definitions and frequent use of ambiguous language suggests that boundaries are subjective and arbitrary and heavily influenced by contextual justification.

The context of violence informed perceptions of whether or not women should seek recourse and the type of recourse that was deemed appropriate—informal or formal recourse. Participants were supportive of formal recourse-seeking when perpetrated IPV was described as frequent or severe, which corroborates research indicating that women seek formal recourse as the severity or frequency of IPV also increases (Ansara & Hindin, 2010; Yount, 2011), or when gender attitudes begin to shift toward equality (Schuler & Nazneen, 2018). Informal recourse-seeking was preferred to formal recourse-seeking when IPV was perceived to be less frequent or less severe. Still, participants often suggested that the wife should resolve marital problems or certain levels of violence without seeking recourse at all. This view was entwined with the idea that women's violations of gender roles and their deviation from being a "good wife" were often at the root of men's perpetration of IPV, thus placing the responsibility for IPV on women (Yount, 2011), as has been found in other contexts (Hassouneh-Phillips, 2003; Klevens et al., 2007; Ting & Panchanadeswaran, 2009). Thus, women were considered as responsible for IPV directed toward them and were also seen as having some control over when and if IPV occurred by altering their own behavior.

Overall, men's responses suggested that their definitions of the types of behaviors that constitute IPV strongly influenced men's attitudes about appropriate forms of recourse. The requirement of frequency and severity of IPV as a prerequisite for recourse-seeking in light of the variation in definition of what constitutes frequent and severe should be considered as a barrier to help-seeking. Ideation of "appropriate" recourse also could be a confluence of other barriers identified in prior studies, such as gender norms (Laisser, Nyström, Lugina, & Emmelin, 2011; Schuler, Bates, & Islam, 2008), lack of education (Scheppers, Van Dongen, Dekker, Geertzen, & Dekker, 2006), fear of repercussion (Schuler et al., 2008; Wolf, Ly, Hobart, & Kernic, 2003), or shame and social stigma (Ragusa, 2013; Schuler et al., 2008).

A few limitations of this study should be noted. First, men's interviews were conducted in Vietnamese and translated into English. Thus, contextual nuances or cultural expressions described by participants may have been lost in translation. However, bilingual translators in Vietnam who were fluent in English and Vietnamese translated the data. Second, because we analyzed secondary data, the IDI and FGD guides for the parent study were developed to address research questions that differed from those explored here. As a result, probing questions that would have been more tailored to our research questions may not have been asked. However, weekly meetings with the research team were held to discuss the findings and to ensure reflexivity by considering how the cultural location of the research team members may contribute to the interpretation of findings. These meetings helped researchers to think about how their own cultural lens may influence their interpretations and allowed in-country researchers to share insights on cultural nuances that may have otherwise been missed. In addition, our QDD allowed research questions and thematic foci to emerge inductively throughout data analysis. Third, this study sample was recruited from two provinces in Vietnam, and as such, the results cannot be applied to the country as a whole. Nevertheless, the privileging of men and men's behavior is common throughout Vietnam, and it is likely that recourse-seeking as a threat to men's superiority is widespread; thus, our study adds to the growing body of knowledge about men's reasons for IPV perpetration in the context of Vietnam. Finally, the use of focus groups is likely to have increased pressure for men to conform to masculine social norms because they were expressing their views in a group with other men, which could have influenced the results. However, understanding masculinity and masculine norms as part of IPV perpetration is necessary to develop interventions to reduce IPV behavior among men, and as such, data from focus groups and other settings which may help to explicate norms of masculinity are important.

A strength of this study was its intentional focus on Vietnamese men's perceptions of IPV. This focus helps to fill a gap in knowledge about men's conceptualization of IPV, attitudes about it, and women's recourse-seeking in response to it, and thereby provides a foundation for future research in this area. Another strength is the participation of colleagues experienced in qualitative research in Vietnam, who reviewed the initial results and checked for potential cultural bias. Findings from this study also contribute to the growing body of IPV-related research in Vietnam. The results presented here expose an urgent need to broaden men's definitions of the behaviors that constitute IPV, to disassociate these behaviors from expected expressions of masculinity, and to curb men's attribution of IPV perpetration to women's violation of customary gender norms of femininity (Schippers, 2007).

## Conclusion

Given the known negative influences of IPV on women, particularly in gender-inequitable societies such as Vietnam, it is important to determine what factors motivate men to engage in IPV against their wives. This study demonstrated the complex interplay that occurs between men's differing views of what constitutes "normal" violence in marriage, their ideas about appropriate masculinity, and their perceptions about the locus of responsibility on women for a husband's IPV perpetration. While some men did recognize that IPV was a problem for women, they frequently did not endorse recourse-seeking on the part of women beyond attempts to avoid their husbands when violence seemed imminent. Although the government of Vietnam has made efforts to promote gender equality and prevent IPV, given the known difficulties in changing powerful social norms such as gender, it may require collective commitment and action among men in local communities (Bicchieri, 2005) to bring about any change in IPV perpetration. Such collective commitments may take the form of encouraging new norms for masculine behavior, endorsing bystander response to observed instances of IPV perpetration, or visible support for women who wish to seek recourse in response to IPV on the part of individual men and women within a community, as well as support from community leaders and organizations, as changes only in legal definitions and actions are unlikely to bring about change without normative intervention (Rydström, 2017). Thus, to successfully combat IPV in Vietnam, the government must make efforts to address conceptions of masculinity which normalize IPV and discourage women's recourse-seeking.

## Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was funded by grant 5-R21-HD067834-01/02 (Co-Principal Investigators: Kathryn M. Yount and Sidney Ruth Schuler).

## ORCID iDs

Laurie James-Hawkins  <https://orcid.org/0000-0002-8085-9346>  
Kathryn M. Yount  <https://orcid.org/0000-0002-8085-9346>

## References

- Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., . . . Heise, L. (2011). What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health, 11*, 109-125. doi:10.1186/1471-2458-11-109
- Ansara, D. L., & Hindin, M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine, 70*, 1011-1018. doi:10.1016/j.socscimed.2009.12.009
- Berrios, D. C., & Grady, D. (1991). Domestic violence. Risk factors and outcomes. *Western Journal of Medicine, 155*, 133-135.
- Bicchieri, C. (2005). *The grammar of society: The nature and dynamics of social norms*. New York, NY: Cambridge University Press.
- Bui, T. C., Markham, C. M., Ross, M. W., Williams, M. L., Beasley, R. P., Tran, L. T. H., . . . Le, T. N. (2012). Dimensions of gender relations and reproductive health inequity perceived by female undergraduate students in the Mekong Delta of Vietnam: A qualitative exploration. *International Journal for Equity in Health, 11*, 63-73. doi:10.1186/1475-9276-11-63
- Castro, P., & Batel, S. (2008). Social representation, change and resistance: On the difficulties of generalizing new norms. *Culture & Psychology, 14*, 475-497. doi: 10.1177/1354067x08096512
- Charmaz, K. (2014). *Constructing grounded theory*. London: Sage.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*, 260-268. doi:10.1016/S0749-3797(02)00514-7
- Ellsberg, M., Jansen, H. A. F. M., Heise, L., Watts, C. H., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. *The Lancet, 371*, 1165-1172. doi:10.1016/s0140-6736(08)60522-x
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*, 80-92. doi:10.1177/160940690600500107
- Fembrant, C., Emmelin, M., Essén, B., Östergren, P.-O., & Cantor-Graae, E. (2014). Intimate partner violence and poor mental health among Thai women residing in Sweden. *Global Health Action, 7*, 1-12. doi:10.3402/gha.v7.24991
- General Statistics Office of Vietnam. (2010). "Keeping silent is dying": Results from the national study on domestic violence against women in Vietnam. Available from [www.gso.gov.vn](http://www.gso.gov.vn)
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Hamby, S., & Turner, H. (2013). Measuring teen dating violence in males and females: Insights from the National Survey of Children's Exposure to Violence. *Psychology of Violence, 3*, 323-329.

- Hassouneh-Phillips, D. (2003). Strength and vulnerability: Spirituality in abused American Muslim women's lives. *Issues in Mental Health Nursing, 24*, 681-694.
- Hennink, M. M. (2014). *Focus group discussions: Understanding qualitative research*. New York, NY: Oxford University Press.
- Hennink, M. M., Hutter, I., & Bailey, A. (2010). *Qualitative research methods*: London: Sage.
- Hershow, R. B., Bhadra, M., Mai, N. V. T., Sripaipan, T., Ha, T. V., & Go, V. F. (2020). A qualitative study with women living with HIV on perceived gender norms and experiences of intimate partner violence in Northern Vietnam. *Journal of Interpersonal Violence, 35*(23-24), 5905-5925.
- Hong Le, M. T., Tran, T. D., Nguyen, H. T., & Fisher, J. (2014). Early marriage and intimate partner violence among adolescents and young adults in Viet Nam. *Journal of Interpersonal Violence, 29*, 889-910. <https://doi.org/10.1177/0886260513505710>
- Huong, N. T. (2012). Rape disclosure: The interplay of gender, culture and kinship in contemporary Vietnam. *Culture, Health & Sexuality, 14*, S39-S52. <https://doi.org/10.1080/13691058.2012.675516>
- James-Hawkins, L., Salazar, K., Hennink, M. M., Ha, V. S., & Yount, K. M. (2019). Norms of masculinity and the cultural narrative of intimate partner violence among men in Vietnam. *Journal of Interpersonal Violence, 34*(21-22), 4421-4442.
- Jansen, H. A. F. M., Nguyen, T. V. N., & Hoang, T. A. (2016). Exploring risk factors associated with intimate partner violence in Vietnam: Results from a cross-sectional national survey. *International Journal of Public Health, 61*, 923-934. doi:10.1007/s00038-016-0879-8
- Kaplowitz, M. D., & Hoehn, J. P. (2001). Do focus groups and individual interviews reveal the same information for natural resource valuation? *Ecological Economics, 36*, 237-247. doi:10.1016/s0921-8009(00)00226-3
- Klevens, J., Shelley, G., Clavel-Arcas, C., Barney, D. D., Tobar, C., Duran, E. S., . . . Esparza, J. (2007). Latinos' perspectives and experiences with intimate partner violence. *Violence Against Women, 13*, 141-158. doi:10.1177/1077801206296980
- Krantz, G., & Vung, N. D. (2009). The role of controlling behaviour in intimate partner violence and its health effects: A population based study from rural Vietnam. *BMC Public Health, 9*, 143-152. doi:10.1186/1471-2458-9-143
- Krause, K. H., Gordon-Roberts, R., VanderEnde, K., Schuler, S. R., & Yount, K. M. (2016). Why do women justify violence against wives more often than do men in Vietnam? *Journal of Interpersonal Violence, 31*, 3150-3173. doi:10.1177/0886260515584343
- Kwiatkowski, L. (2013). Domestic violence, ethnic diversity, and political and economic change in an upland community of Vietnam. *Alterstice-Revue Internationale de la Recherche Interculturelle, 3*, 37-50.
- Laisser, R. M., Nyström, L., Lugina, H. I., & Emmelin, M. (2011). Community perceptions of intimate partner violence—A qualitative study from urban Tanzania. *BMC Women's Health, 11*, 13-24. doi:10.1186/1472-6874-11-13
- Lambert, S. D., & Loiselle, C. G. (2008). Combining individual interviews and focus groups to enhance data richness. *Journal of Advanced Nursing, 62*, 228-237. doi:10.1111/j.1365-2648.2007.04559.x

- Merriam, S. B. (2014). *Qualitative research: A guide to design and implementation*. San Francisco, CA: John Wiley.
- National Assembly, Government of the Socialist Republic of Vietnam. (2006). *The law on gender equality* (Law No: 73/2006/QH11), Hanoi, Vietnam.
- National Assembly, Government of the Socialist Republic of Vietnam. (2007). *Law on domestic violence prevention and control* (Law No: 02/2007/QH12), Hanoi, Vietnam.
- Nguyen, T. D. (2006). Prevalence of male intimate partner abuse in Vietnam. *Violence Against Women, 12*, 732-739. doi:10.1177/1077801206291555
- NVivo (Version 11). (2015). Burlington, MA: QSR International.
- Pells, K., Wilson, E., & Thi Thu Hang, N. (2016). Negotiating agency in cases of intimate partner violence in Vietnam. *Global Public Health, 11*, 34-47. doi:10.1080/17441692.2015.1028958
- Ragusa, A. T. (2013). Rural Australian women's legal help seeking for intimate partner violence: Women intimate partner violence victim survivors' perceptions of criminal justice support services. *Journal of Interpersonal Violence, 28*, 685-717. doi:10.1177/0886260512455864
- Riecher-Rössler, A., & García-Moreno, C. (Eds.). (2013). *Key Issues in Mental Health: Vol. 178. Violence against women and mental health*. Basel, Switzerland. Karger
- Rydström, H. (1998). *Embodying morality: Girls' socialization in a north Vietnamese commune* (Doctoral thesis). Linköping, Sweden: TEMA, Linköpings Universitet.
- Rydström, H. (2001). "Like a white piece of paper": Embodiment and the moral upbringing of Vietnamese children. *Ethnos, 66*, 394-413. doi:10.1080/00141840120095159
- Rydström, H. (2003a). *Embodying morality: Growing up in rural northern Vietnam*. Honolulu, HI: University of Hawaii Press.
- Rydström, H. (2003b). Encountering "hot" anger: Domestic violence in contemporary Vietnam. *Violence Against Women, 9*, 676-697. doi:10.1177/1077801203009006004
- Rydström, H. (2017). A zone of exception: Gendered violences of family "happiness" in Vietnam. *Gender, Place and Culture, 24*, 1051-1070. doi:10.1080/0966369x.2017.1347777
- Scheppers, E., Van Dongen, E., Dekker, J., Geertzen, J., & Dekker, J. (2006). Potential barriers to the use of health services among ethnic minorities: A review. *Family Practice, 23*, 325-348. doi:10.1093/fampra/cmi113
- Schippers, M. (2007). Recovering the feminine other: Masculinity, femininity, and gender hegemony. *Theory and Society, 36*, 85-102. doi:10.1007/s11186-007-9022-4
- Schuler, S. R., Anh, H. T., Ha, V. S., Minh, T. H., Mai, B. T. T., & Thien, P. V. (2006). Constructions of gender in Vietnam: In pursuit of the "three criteria." *Culture, Health & Sexuality, 8*, 383-394. doi:10.1080/13691050600858924
- Schuler, S. R., Bates, L. M., & Islam, F. (2008). Women's rights, domestic violence, and recourse seeking in rural Bangladesh. *Violence Against Women, 14*, 326-345. doi:10.1177/1077801207313970
- Schuler, S. R., Lenzi, R., Hoang, T.-A., Vu, S.-H., Yount, K. M., & Trang, Q. T. (2016). Recourse seeking and intervention in the context of intimate partner

- violence in Vietnam: A qualitative study. *Journal of Family Issues*, 37, 1151-1173. doi:10.1177/0192513x14539155
- Schuler, S. R., & Nazneen, S. (2018). Does intimate partner violence decline as women's empowerment becomes normative? Perspectives of Bangladeshi women. *World Development*, 101, 284-292. doi:10.1016/j.worlddev.2017.09.005
- Thorson, A., & Johansson, E. (2004). Equality or equity in health care access: A qualitative study of doctors' explanations to a longer doctor's delay among female TB patients in Vietnam. *Health Policy*, 68, 37-46. doi:10.1016/j.healthpol.2003.07.010
- Ting, L., & Panchanadeswaran, S. (2009). Barriers to help-seeking among immigrant African women survivors of partner abuse: Listening to women's own voices. *Journal of Aggression, Maltreatment & Trauma*, 18, 817-838. doi:10.1080/10926770903291795
- Vinh, N. T., & Tuan, P. C. (2015). Factors influencing unintended pregnancy and abortion among unmarried youth in Vietnam: A literature review. *Tap chi y te cong cong*, 3, 3-16.
- Vu, H. S., Schuler, S., Hoang, T. A., & Quach, T. (2014). Divorce in the context of domestic violence against women in Vietnam. *Culture, Health & Sexuality*, 16, 634-647. doi:10.1080/13691058.2014.896948
- Wolf, M. E., Ly, U., Hobart, M. A., & Kernic, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence*, 18, 121-129. doi:10.1023/A:1022893231951
- World Health Organization. (2014). *Violence against women: Fact sheets*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs239/en/>
- Yount, K. M. (2011). Women's conformity as resistance to intimate partner violence in Assiut, Egypt. *Sex Roles*, 64, 43-58. doi:10.1007/s11199-010-9884-1
- Yount, K. M., Higgins, E. M., VanderEnde, K. E., Krause, K. H., Minh, T. H., Schuler, S. R., & Anh, H. T. (2016). Men's perpetration of intimate partner violence in Vietnam: Gendered social learning and the challenges of masculinity. *Men and Masculinities*, 19, 64-84. doi:10.1177/1097184x15572896
- Yount, K. M., Pham, H. T., Minh, T. H., Krause, K. H., Schuler, S. R., Anh, H. T., . . . Kramer, M. R. (2014). Violence in childhood, attitudes about partner violence, and partner violence perpetration among men in Vietnam. *Annals of Epidemiology*, 24, 333-339. doi:10.1016/j.annepidem.2014.02.004
- Yount, K. M., VanderEnde, K., Zureick-Brown, S., Minh, T. H., Schuler, S. R., & Anh, H. T. (2014). Measuring attitudes about women's recourse after exposure to intimate partner violence: The ATT-RECOURSE Scale. *Journal of Interpersonal Violence*, 29, 1579-1605. doi:10.1177/0886260513511536

## Author Biographies

**Laurie James-Hawkins**, PhD, is a lecturer in sociology and social psychology in the Department of Sociology at the University of Essex, UK. Prior to Essex, she was a postdoctoral fellow at Emory University in the Rollins School of Public Health. She graduated from the University of Colorado Boulder with a PhD in sociology and

studies gender, health, and family in the United States and internationally. She also holds an MA and a BA in psychology.

**Monique Hennink**, PhD, is an associate professor of global health in the Hubert Department of Global Health and associated faculty in sociology at Emory University. Her research focuses on sexual and reproductive health, primarily in developing countries. She has specific expertise in qualitative and mixed-methods research in public health. She has authored four textbooks on qualitative research methods and teaches professional training workshops on qualitative research worldwide.

**Mika Bangcaya**, MPH, is a graduate from the Masters of Public Health program at Emory University and also holds a BA in psychology from the University of Puget Sound. He is based in Seattle, Washington.

**Kathryn M. Yount**, PhD, is an Asa Griggs Candler Chair of Global Health and professor in the Hubert Department of Global Health and Department of Sociology at Emory University. She has more than 20 years of experience conducting large, mixed-methods research projects on women's empowerment, health, and gender-based violence in Africa, Asia, Latin America, and the Middle East. She has directed or collaborated on more than 30 externally funded research grants and has authored more than 130 publications in top journals in the social sciences and public health.