

CHAPTER 1

INTRODUCTION

This chapter presents several topics including the background and significance of the research problem, research question, objective of the study, definition of terms, and scope of the study.

Background and Significance of the Research Problem

Wife abuse is currently a serious health problem worldwide, including Thailand. Around the world, one-third of women have been beaten, coerced into sex or otherwise abused, usually by someone she knows including husbands, an intimate male partner, or male family members (UNFPA, 2005). A number of studies both in the Central, Northeast, and North regions of Thailand report rates of wife abuse from one third to more than half of women respondents (Archavanitkul, Kanchanachitra, Im-em, & Lertsrisuntas, 2003; Sawangchareon, Wattananukulkeat, Chantapreeda, Tanwatanakul, & Itratana, 2003; Sirisunyaluck, 2004). Among pregnant women in Khon Kaen province, northeastern Thailand, Sricamsuk (2006) found that the prevalence of physical, psychological, and sexual abuse were 26.6%, 53.7% and 19.2 %, respectively.

Wife abuse has substantial short and long term impacts on women's health and well being (Heise & Garcia-Moreno, 2002; WHO, 2005). Several surveys from around the world revealed that half of the women who died from homicides were killed by their current or former husbands or partners (Heise & Garcia-Moreno, 2002). Some

studies revealed that Thai abused women usually came to emergency units to receive medical care because of psychosomatic symptoms and physical injuries related to the abuse (Archavanitkul et al., 2003; Grisurapong, 2004; Sripichyakan, 1999; Voraseetakarnkul, 2001). Abused women were more likely to use tranquilizers and pain medication and to be hospitalized for injuries (Archavanitkul et al.). In addition, abuse severely affected women's emotional health through feelings of shame, guilt, fear, anger, self-worthlessness, helplessness, and suicide (Sripichyakan, 1999; Suwannarong, 2002; Voraseetakarnkul, 2001). As reported in Thai newspapers, some women finally responded to wife abuse by suicidal attempts, murder attempts, or even penile amputation (www.friendsofwomen.or.th). Despite obvious need for help from others for abused women, in practice, however, few receive help and support and appropriate services for abused women services because they are less likely to disclose the abuse to anyone, even their family or close friends. In addition, there is no hospital policy to encourage health care providers to inquire routinely about abuse during initial assessments with clients.

Being the victim of wife abuse is perceived as a stigmatizing condition in Thai society (Sricamsuk, 2006; Sripichyakan, 1999). Disclosing abuse or seeking external help is perceived as revealing a bad matter in the family to the public that would bring shame or unjust treatment to a woman and her whole family (Archavanitkul et al., 2003; Sripichyakan, 1999). "*Lifting up cloth to show tinea infections*" is the expression used by northeastern Thai women, which implies that to tell outsiders about the abuse is to show a bad thing in the family (Rujuraprasert, course paper 2004). Therefore, women experience an underlying feeling of shame and choose to conceal the abuse from outsiders. In addition, the woman might feel guilty and blame themselves because

of the belief that the abuse is their fault for not being good wives, mothers, or persons. Furthermore, others may react negatively to wife abuse disclosure and express judgmental attitudes, victim-blaming, rejecting, or stigmatizing. These reactions provoke feelings of hurt and guilt for women (Fiene, 1995). It is not surprising that almost one half of abused women have never disclosed the abuse to anyone (Archavanitkul et al., 2003). Women who are injured and seek medical services may not tell the truth about their injuries because of feelings of shame, embarrassment, and fear. In addition, qualitative studies conducted about the context of wife abuse (Chaisetsampun, 2000; Sripichyakan, 1999; Suwannarong, 2002; Voraseetakarnkul, 2001) reveal that women initially try to keep their abuse experiences within the family, turning to someone for support and assistance only when they can no longer manage or bear the abuse.

Disclosure is generally assumed to be the prerequisite for abused women to obtain primary assistance from informal networks of support and to access professional helpers. The informal helpers such as family members, friends, or other abused women can provide assistance in terms of emotional support and giving advices, emergency accommodation, and material support (Chaisetsampun, 2000; Chatzifotiou & Dobash, 2001; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003). Moreover, they may attempt to intervene by approaching an abuser in order to change or stop the abusive behavior (Chaisetsampun, 2000; Fiene, 1995). Once the abusive situation is disclosed, in addition, professional helpers such as healthcare providers can identify the cause of woman's injuries, validate her abuse experiences, and provide appropriate referrals to support services such as legal aids or shelters (Gerbert, Abercrombie, Caspers, Love, & Bronstone, 1999; Gerbert et al., 1996). That is, disclosing the abuse leads to appropriate

interventions and ultimately decrease exposure to further abuse episode and its negative health consequences, both physical and psychological. As well women are provided with the support and information they need for leaving abusive situation.

In addition to obtaining assistance and support, talking about the abuse experience with others, given the right context, is part of women's healing processes (McClain, 2004) as a means to enhance self-esteem and to release negative feelings such as depression, anxiety, and emotional distress, as well as to renegotiate personal perception of stigma when telling another person about one's discreditable information (Cain, 1991). In other words, individuals sometimes tell others as a way to feel relieved, to feel better about themselves, as well as to let them go and move on their life (Rujiraprasert, course paper 2004).

Because most women regularly access health services at some points in their lives, health care setting is an important place where women undergoing abuse can be identified, provided with support, and referred if necessary to specialized services (Heise & Garcia-Moreno, 2002). Therefore, routine screening of all female patients is recommended in many countries in order to facilitate wife abuse disclosure for early and formal help and intervention (Laing, 2001). Unfortunately, in Thailand, there is no hospital policy to require physicians and nurses for routine inquiry about wife abuse. Even though One-Stop Crisis Centers (OSCC) are set up in all provincial hospitals to provide comprehensive services, directly asking to encourage disclosure is limited only to women who visit emergency rooms with some indications of being abused (Grisurapong, 2004). To ensure accessibility of all abused women to appropriate services, healthcare providers should facilitate women to feel comfortable in disclosing the abuse. In practice, however, healthcare providers are less likely to promote wife

abuse disclosure in all women because wife abuse is perceived as a private matter and asking might be offensive. Moreover, they do not know how to ask appropriately and feel uncertainty whether asking would help the women to address the problems (Sukhum, 1999). Lack of promoting wife abuse disclosure among healthcare providers may lead to poor detection of abused women and poor accessibility of support and appropriate health services available to women.

Despite the importance of disclosing wife abuse, there is still a lack of understanding surrounding disclosure. In the reviewed literature relevant to wife abuse disclosure in Thailand, both qualitative and quantitative, researchers have identified barriers to abuse disclosure among Thai women (Archavanitkul et al., 2003; Chaisetsampun, 2000; Sricamsuk, 2006; Sripichyakan, 1999; Voraseetakarnkul, 2001). The results of these studies, however, have not clearly delineated the process of how abused women come to disclose their experiences to others. Therefore, it is not yet understood when, why, how, how much, and to whom the women disclose wife abuse, what contextual factors influence the abuse disclosure, as well as how people respond to the disclosure of wife abuse. Understanding more about the disclosure process can guide professional helpers in creating a more supportive and sensitive response to wife abuse disclosure. Moreover, knowledge about how abused women come to disclose the abusive experience will be used in developing strategies that facilitate disclosing of wife abuse. This will help women not only get through the emotional healing processes but also seek and obtain appropriate help and support.

This study focuses on wife abuse because it is the vast majority of domestic violence cases. The term of wife abuse is informed by feminist theorists intending to acknowledge the gender-based violence and the power disparities between perpetrators

and victims (Bograd, 1990 cited in Boonzaier & De La Rey, 2003). Wife abuse is influenced by the interplay of personal, socio-cultural, structural, and environmental factors that shape not only how and which women are abused, but also how women respond to the abuse they suffer. Therefore, women's experience of wife abuse disclosure is believed to reflect adherence to societal gender role attitudes, which are informed by cultural beliefs and value under a patriarchal society, as well as other socio-cultural contexts such as socio-economic status or educational level (Chatzifotiou & Dobash, 2001; Rodriguez, Quiroga, & Bauer, 1996; Washington, 2001).

Like other societies, social-cultural beliefs and gender role attitudes strongly influence how Thai women experience and disclose abuse. The problem of wife abuse occurs in Thai society because of social inequality between genders. Men are socialized to be heads of families; thus, many Thai men still believe that husbands have the right to control and punish wives if needed and that violence can be legitimately used as a means to control and punish women (Sawangchareon, 2002). Some women also perceive wife abuse as a part of marriage, as not a serious problem, so they do not identify the need to tell others (Archavanitkul et al., 2003). Thai society still holds a traditional belief that wife abuse is a private matter within the family in which outsiders should not intervene, even when problems are serious (Foundation for Women, 1993). Moreover, the concept of preserving the family is still widely recognized in Thai culture. Thai women are always taught that once they get married, the couple should remain together until death. Because Thai society places a high value on a woman being a good housewife and being loyal to only one man after marriage, divorce is still regarded as an embarrassing matter (Kongbua, Leelamane, Bhongvej, & Thomson, 1999) and indicates the failure of being a good wife. Therefore, women are pressured to

maintain family harmony; seeking external help or disclosing the abuse might come about the family breakup. As a result, abused women have to consider carefully before they decide to talk about the abuse.

In order to look at women's issue beyond the lens of the status quo and to disengage from the perspective of professionals, feminist studies focus on giving a voice to women themselves so that their lived experiences can be known in their authentic form, as much as possible, and so that their needs can be recognized and legitimated. According to feminist standpoint theory, women's interpretations, values, and actions can differ dramatically according to their social context with regard to gender, culture, race, education, class, and sexual orientation (McCorkel & Myers, 2003). As such, women's interpretations, values, and actions can differ dramatically according to their social contexts. Besides the valuing of individual women's voices, feminist standpoint research attempts to raise women's consciousness and bring about changes in the women's situation. Therefore, feminist perspectives can be used as the lens for critique and understanding of abuse disclosure among northeastern Thai women. It is clear that abused women are at the margins, oppressed by the patriarchal and hierarchical social structure. Disclosure of abuse is critical in the lives of women.

The abuse disclosure is shaped not only by personal views but also by patriarchal socio-cultural beliefs. Through feminist research, abused women speak freely from and about their reality during the study, unseen aspects of the dominant social structures are revealed, and consciousness raising is promoted.

A grounded theory approach is employed in this study to gain understanding of process by which women disclose the abuse. Grounded theory is a qualitative method useful for understanding social process within social structure (Glaser & Strauss, 1967).

This approach focuses on discovering the participants' meaning toward the phenomenon of interest derived from interpretive process in order to understand and explain the behavior (Milliken & Schreiber, 2001). Therefore, a grounded theory approach can be used to understand and explain the disclosure of wife abuse through uncover the meanings of experiences that northeastern Thai women perceive and interpret these experiences. As the disclosure of wife abuse is a process, not a single event, which varies within each social context (Fiene, 1995), a grounded theory approach is appropriate to elucidate the process of wife abuse disclosure among northeastern Thai women. A feminist perspective integrated to grounded theory will increase the emphasis on capturing diversity and strength in women's experiences while reinforcing the importance of attending to the broader social context influencing the abuse disclosure process. Through consciousness raising, abused women can critically reflect and reconsider their disclosure experience as produced by hierarchical social structure. This will bring about change in disclosing the abuse.

Objective of the Study

This study aimed to understand the process by which Northeastern Thai women disclose the experience in wife abuse.

Research Question

In an attempt to gain an understanding of the process by which Northeastern Thai women disclose their abuse experiences, the question addressed in this research was "How do Northeastern Thai women disclose their experience of wife abuse?"

Definition of Terms

The terms employed in this study were defined as follows:

1 “Disclosure of wife abuse” is defined as revealing wife abuse experience to either professionals such as healthcare providers, social workers, and policemen, or non- professionals such as friends, family members, and colleagues.

2 “Northeastern Thai women” is defined as women who reside in Khon Kaen and other provinces nearby Khon Kaen and have disclosed their experience in being abused by their husbands or ex-husbands.

3 “Wife abuse” is defined as any assaultive and coercive behavior of husbands or ex-husbands, including physical, psycho-emotional, or sexual attacks used toward their wives or ex-wives.

Scope of the Study

The study describes the process of disclosing the abuse among Northeastern Thai women. The study was conducted among Thai women residing in Khon Kaen Province and other nearby provinces in the northeast of Thailand. Data collection and analysis lasted for 1 year and seven months from June 2006 to January 2008.