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Japanese Women's Perceptions of Intimate Partner Violence (IPV)

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Abstract

Intimate partner violence (IPV) is a serious problem in Japan. The purpose of this study was to describe IPV as perceived by Japanese adult females who were in a heterosexual marriage and lived with their spouses at the time of IPV. Using a cross-sectional retroactive qualitative description research design with individual face-to-face in-depth interviews, a purposive sample of 11 Japanese adult females from three urban areas in Japan was interviewed. All women reported that they and their husbands were born in Japan. At the time of the interview, the women had a mean age of 38 years whereas at the time of the IPV, their mean age was 28 years. Data was analyzed using the directed qualitative content analysis method. The results revealed that IPV occurred at the women's homes primarily at night. All the women reported that they experienced physical and emotional abuse and 82% reported experiencing sexual abuse. Additionally, 64% reported that their parents-in-law emotionally abused them. Communication between these women and their husbands were characterized as unilateral with the husbands initiating and dominating the conversations with orders, lectures, and reprimands. The women identified that the cultural influences of the Japanese patriarchal system that reinforces male superiority and dominance and women inferiority were directly related to IPV. The implication is that health professionals need to actively advocate for effective legislation and policies to address IPV in Japan.

Introduction

Intimate partner violence (IPV) is the most common form of violence against women worldwide (World Health Organization, 2007). IPV is a health epidemic that includes three types of abuse that cause physical, sexual, psychological, emotional, economic, or social harm to one's intimate partner. These types of abuse are physical abuse, sexual abuse, and emotional abuse and each is characterized by specific behaviors (Cape Cod Center for Women, 2007). Behaviors characterizing physical abuse are pushing, slapping, hitting, threatening with a weapon, refusing to help when the intimate partner is sick, refusing to buy necessary items for survival, and threatening to injure the intimate partner's family or friends. Behaviors typical of sexual abuse include treating the intimate partner as a sex object, withholding sex and affection, committing cruel sexual acts, and being extremely jealous or accusing the intimate partner of infidelity. Lastly, behaviors exemplifying emotional abuse are constant criticizing, humiliating, and insulting the intimate partner and the intimate partner's family and friends, ignoring the intimate partner, refusing to share financial responsibilities, and preventing the intimate partner from socializing with family and friends (Cape Cod Center for Women, 2007).

In Japan, IPV is a serious problem; it is estimated that 67% to 77% of the women experienced IPV, and 57% to 67% experienced more than one type of IPV abuse (Weingourt, Maruyama, Sawada, & Yoshino, 2001; Yoshihama & Sorenson, 1994). Although Japanese women experiencing IPV are likely to be frequent users of medical services for abuse-related injuries or stress, health care professionals seldom associate Japanese women's physical and psychological problems with IPV (Yoshihama, 1999). In addition, Japanese women tend not to talk about their IPV experiences because they feel ashamed and believe IPV is their fault (Kozu, 1999; Weingourt et al., 2001). According to Yoshihama (2000), Japanese people value endurance and keeping family secrets. These values hinder women from seeking help. Thus, many Japanese people consider IPV to be a private matter that should not be discussed outside the family (Kozu, 1999; Nakamura, 2000; Yahata, 2000). Consequently, IPV stays hidden within the family until the abused woman dies (Yahata, 2000).

IPV is a complex, multifaceted phenomenon that is embedded in culture and interwoven with economic, social, and political issues (Adams, 1995; Brooks, 1998; Women's Aid Organization, 2000). Currently, very little research has been conducted on IPV among Japanese, and consequently little is known about the specific types of IPV manifested in these marriages, the situational factors leading to violence in Japanese marriage, the marital communication, and the factors maintaining IPV. This current study describes Japanese IPV and thereby contributes to the development of a comprehensive picture of IPV among Japanese.

The purpose of this study was to describe IPV as perceived by Japanese adult females who were in a heterosexual marriage and lived with their spouses at the time of IPV. In order to accomplish the aim, the following research questions were addressed: (a) what are the specific types of IPV experienced in the marital relationship, (b) what are the situational factors that lead to violence in Japanese marriages, (c) what communication is manifested in these marriages, and (d) what factors maintain IPV?

Conceptual Framework

The study was guided by the Oppression Dynamics Model (Amaro, 1995; Amaro & Raj, 2000) which originated from the feminist theory. The Oppression Dynamics Model explains intimate partner violence from a sociocultural context with emphasis on cultural values that supports gender role inequality with women relegated to a subordinate position and men given the dominant status within their families and in society. As such within the marriage, the husband is valued and assumes a position of power whereas the wife is devalued and assumes a position of powerlessness and helplessness; she is to be obedient to and dependent upon her husband. The dynamics of power and gender role inequality may lead to violence that is displayed through the dyadic communication occurring between the husband and the wife as well as the wife's communication with significant others, especially her family and friends. Also this dynamics is revealed through interactions with the larger community, including the legal system, that influences the maintenance of intimate partner violence.

Methods

Design

A cross-sectional retroactive qualitative description research design using individual face-to-face in-depth interviews was employed to describe IPV among Japanese marital couples. As explained by Sandelowski (2000), this design is especially useful when limited information is available on a phenomenon of interest. According to Sandelowski, this design will enable

us to provide a comprehensive descriptive summary in terms of who, what, and where of IPV in the Japanese women's own words.

Setting

Research participants were recruited from three urban areas in Japan: Aichi, Mie, and Tokyo. Tokyo is the capital and is considered more progressive, while Aichi and Mie are considered to be more traditional. Inhabitants in Tokyo are from various areas in Japan, as well as from foreign countries. The majority of the individuals in Aichi and Mie tend to be local residents. However, the numbers of the immigrants and foreign workers in these two areas are increasing. All research participants chose the site for the interview which was a private room at the Mie Prefectural College of Nursing or a private room at a local public library in their communities. No one was interviewed at her home to maximize privacy and safety.

Sample

A purposive sample of Japanese adult females who experienced or were experiencing IPV and living in Japan constituted the sample. The participants were self-identified Japanese females who met these selection criteria: (a) experienced or experiencing IPV as victims, (b) adults aged 18 years and over, (c) married to a Japanese spouse and lived with their spouse when IPV occurred, (d) in a heterosexual marital relationship at the time of the IPV, and (e) willing to participate in the interview.

Instruments

The interview guide, developed by the researcher and reviewed by a panel of experts, was based on the conceptual framework discussed above. This in-depth semi-structured interview guide consisted of open-ended questions with probes to explore and specify the women's IPV experiences. The interview topics were IPV types manifested in the marital relationship, situations leading to IPV, communication between the marital couple, and factors maintaining IPV, including cultural values related to marital relationships. The interview took approximately 90 minutes to complete.

The demographic questionnaire elicited information about the woman's age, living arrangement, employment status, monthly income, and educational status; the woman's partner's age, educational status, employment status, and monthly income; and the number, age and gender of children in the household. It took 10 minutes to complete.

Procedures

After approval was obtained from the Institutional Review Board (IRB) at the University of Illinois at Chicago and the IRB at Mie Prefectural College of Nursing, recruitment flyers were placed in community centers, hospitals, shelters, public centers, private centers, and fitness clubs. Interested individuals were instructed to call the investigator using the telephone number on the flyer. After three months with no response to the flyer, the investigator visited public centers, private centers, and fitness clubs, and personally delivered flyers to female customers. Two women were recruited through this face-to-face recruitment approach. After verifying that these women met the selection criteria, a time and place were scheduled for the individual face-to-face interviews. These two interviews were evaluated in terms of the feasibility of the interview guide; no changes were deemed necessary because the women had no problems with responding to the interview guide and all questions were understandable and culturally sensitive. These women voluntarily contacted the investigator a week after being interviewed. One woman reported, "Many people helped me, but nobody listened to my whole story like this. It was good to figure out

what really happened to me.” Another woman said, “I never thought that I could talk about my experiences [of IPV] like that. I feel I am fine now.” They offered to help with recruiting other participants. The investigator found that the interview had therapeutic effects such as catharsis and consciousness raising. Additional face-to-face recruitment was conducted at a women’s center where flyers had been previously distributed. This recruitment strategy yielded nine additional women.

Data were collected between January 2005 and September 2005. After obtaining informed consent, the investigator administered the demographic questionnaires and engaged in general conversation as a warm-up before asking about IPV. The interview was recorded using a digital voice recorder.

Data Analysis

The quantitative data obtained from the demographic questionnaire were analyzed using descriptive statistics (frequency, mean, and standard deviation) with the Statistical Package for the Social Sciences version 14.0 (SPSS 14.0).

The qualitative data were analyzed using the directed qualitative content analysis method designed by Hsieh and Shannon (2005). Analysis began with developing the coding schema, using the predetermined codes developed from our conceptual framework. Additional codes were created for data that did not fit into the existing codes. Each interview was read several times to gain an appreciation of the essence of the interview. The investigator and one of seven research associates who had master’s degrees and experience with qualitative research coded the interviews separately. The investigator and the research associate discussed the parts of the transcripts where they disagreed until 100% agreement was reached. After coding the interviews, matrices were developed per code by interview as a means of organizing and displaying the data. The matrices allowed us to discern patterns or themes in the data. The software ATLAS.ti version 5.0. was used for data management. All data were stored in ATLAS.ti.

Scientific Rigor

To promote scientific rigor, we ensured methodological coherence and sampling sufficiency as suggested by Morse, Barrett, Mayan, Olson, and Spiers (2002). Methodological coherence was achieved through the strong linkages among the research questions, the qualitative description research design, and the directed qualitative content analysis. Sampling sufficiency was achieved through the purposive sample of Japanese adult females who met the selection criteria. We also maintained an audit trail (Denzin & Lincoln, 2005), that is audio-recording of the interviews, transcribing and checking transcripts for accuracy, and meetings with the research team regarding data collection and analysis. Lastly, peer reviews were conducted through the data collection and data analysis phases. In the data collection phase, the interviews were two weeks apart to reduce the likelihood of fatigue (Potter & Levine-Donnerstein, 1999). In the data analysis phase independent coding of the interviews were verified by team members and any discrepancies were resolved through discussion until consensus was achieved (Denzin & Lincoln, 2005). In addition coding of interviews were spaced two weeks apart to reduce the likelihood of fatigue (Potter & Levine-Donnerstein, 1999).

Findings

Participants

Eleven (11) women participated in this study. All reported that they and their husbands were born in Japan. At the time of the interviews, the reported mean ages of women and their

husbands were 38 years ($SD = 14.1$) and 44 years ($SD = 20.5$), respectively. According to the women's reports, at the time the IPV occurred, the women and their husbands had mean ages of 28 years ($SD = 7.1$) and 34 years ($SD = 0.7$), respectively. At the time of the interview, nine women (82%) were divorced or separated. Six women (55%) reported that they had left within the two weeks preceding the interviews, and three (27%) had left sometime within five years preceding the interviews. Nine (82%) women reported having children at the time of the interviews; the number of the children ranged from one to four. The mean length of marriage was 11.4 years ($SD = 19.1$), with 55% reporting being married for 1 to 3 years and 36% reporting 24 to 28 years. Nine (82%) of the women were younger than their husbands, and two were the same age as their husbands.

The majority (55%) of the women reported that they and their husbands had completed high school. Almost half (46%) of the women and their husbands were equally educated. The other half had more (27%) or less (27%) education. Six women (55%) reported that they were employed full time, and five (46%) reported that their husbands were employed full time. The women's occupations were a lecturer, a deliverer, a pinball parlor clerk, a bar hostess, and a licensed nursing helper. The husbands worked in the transport industry, a temporary job agency, and a daily employment agency. Four (36%) of the women said that they were unemployed, reporting they were housewives. The monthly income reported by eight (73%) of the women was less than 238,000 yen (\$1,983) per month. Six women (55%) reported that their husbands' monthly income was less than 238,000 yen (\$1,983). About half of the women had higher income than their husbands.

Types of IPV

All women in this study reported experiencing physical abuse and emotional abuse, and nine (82%) reported experiencing sexual abuse. Physical abuse consisted of their husbands pushing, slapping, kicking and punching them. One woman said:

He grabbed my hair and dragged me around. Hit my face close to my eyes, threw me down, kicked and beat me up using a chair. He prevented me from escaping. He kicked and punched me. I ran away, but he ran after me and grabbed me and dragged me back into the house and beat me up.

As consequences of the physical abuse, women reported that they suffered bruises, sprains, and whiplash. However, they did not go to the hospital because they feared more battering if they saw a doctor. Moreover, their husbands watched them and restricted their seeking medical help. In addition, five (56%) women reported that their husbands also physically abused their children and that their husbands threatened to injure their family or friends.

Emotional abuse was characterized as their husbands constantly criticizing, yelling, and insulting them. One woman said that her husband would tell her, "You are too stupid, a bad mother, and a bad partner." They reported that their husbands had total disregard for their feelings and their existence, manipulated them with lies and contradictions, prevented them from having contact with family and friends, pressured them to choose between the husbands and the wives' family and friends, humiliated them in public, and controlled the money.

In addition to emotional abuse from their husband, seven women (64%) reported that they were emotionally abused by their parents-in-law who verbally insulted and continually criticized and yelled at them. This phenomenon may be uniquely characteristic of the Japanese culture. One woman said:

When I went to the house of my parents-in-law, my mother-in-law told me, "You and your mother forced my son to marry you." Then my father-in-law added, "Well

we had more choices [other candidates to be their daughter-in-law] though.” I did not understand what they were talking about. They also insulted my family.

Sexual abuse consisted of their husbands’ extramarital affairs and of his extreme jealousy and accusation of the wife’s infidelity. One woman said, “He beat me saying, ‘You had an affair, didn’t you? Apologize to me! Confess it! Tell me the truth!’” Another woman reported:

My neighbor told me about my husband’s affairs. I asked him if he had another woman, but he always denied it, and said that I was the one he loved. But later, it turned out to be true that he did have another woman. It really hurt.

The abuse occurred in a cycle similar to Walker’s (1979) description of battering: tension-building, acute battering incident, and calm loving respite. In order to reduce tension or to reduce the likelihood of their husbands’ becoming angry, nine women (82%) reported that they avoided everything that would provoke him, such as quarreling, disobeying, making demands, performing chores imperfectly, going out and socializing with their family or friends, and socializing with male friends and colleagues. However, six women (55%) reported that their attempts to prevent the husbands’ escalating anger failed. These women blamed themselves and felt guilty. Uncontrollability was reported by nine women (82%) in this study. One woman said, “Something clicked in him, and he became totally uncontrollable, did not listen to any thing I said, and beat me up.” Unpredictability was reported by seven (64%) of the women. All women reported that their husbands were extremely kind and sorry after the battering. This pattern was repeated over and over, with most of the women leaving the marriage and returning several times.

Situational Factors of IPV

For all women, the place where IPV happened was in their homes, primarily at night. All women reported that IPV, especially emotional abuse, happened regardless of drinking alcohol or using drugs. However, with physical abuse, alcohol and drug use might have played an important role, with four (36%) women reporting their husbands’ drinking and one reporting her husband’s drug use as being associated with physical battering. Alcohol and drug use tended to increase the severity of physical abuse.

Communication

Marital communication was discussed in terms of situations where the conversations took place and conversation topics. All women reported that marital communication took place in their homes. Eight (73%) of the women reported no communication with their husbands. When communication did occur, it typically was unilateral with the husband initiating the conversation and being the main speakers who ordered, scolded, or lectured. The women’s role in the communication was that of the main listeners.

All women in this study reported that the topics discussed with their husbands were related to household chores, preparing dinner, or the husband’s bath. Other topics included accusation of the wife’s adultery, the wife’s social activities, and the wife’s use of money. The women reported trying to avoid all topics that would provoke their husbands, because these topics would lead to their husbands hitting, threatening, shouting, and intimidating them.

Factors Maintaining IPV

The woman identified cultural and legal factors that prevented them from leaving the IPV marital relationship. Cultural beliefs about marital relationships provided the rationale for the wife staying in the IPV relationships. These beliefs reported by the women were that

men are dominant, the wife and everything she possesses belongs to the husband, the role of the wife is not important or is insignificant, and wives cause IPV due to her disobedience to the husband. In Japan, women are taught to be dependent on men and to respect and obey their husbands to maintain a happy family. Consequently, these women reported that they felt inferior to their husbands and were emotionally dependent on their husbands, consistent with the traditional values of male superiority. This emotional dependence generated anxiety and insecurity around leaving. One woman said, "Marriage is where women's happiness is. They are anxious if they jump out from the secure cage." As such, they hoped that their husbands would change so they could avoid the anxiety related to leaving the marriage. All the woman reported that due to the husband's dominant position, husbands are to be given their proper place in the family and that wives are not to talk about IPV occurring in the home because it would embarrass the husband.

Family attitudes toward IPV were consistent with the cultural beliefs about marital relationships and played a part in the women's decision to stay in their marital relationships. When the wives' families became aware that the women were experiencing IPV, nine (91%) of the women reported that their families did not support their leaving. They reported that their families said that they should "Be patient and wait for things to change", that "The wife's attitude is the cause of the trouble," and that "The circumstances of a family depend on the wife's personality. A wife should respect and obey her husband." Because of their families' attitudes, these women tended to stay in IPV relationships.

The legal system also encouraged wives to stay in IPV relationships. The women reported that the police considered IPV to be a personal marital quarrel that the police should not intervene in and that the police would inform the woman that if she pressed charges against her husband, the father of her children would be a criminal. Additionally, the women reported that lawyers were not generally helpful in assisting women to find viable alternatives to remaining in IPV relationships. One of the women abandoned the idea of divorce because the lawyer told her it would take two years of separation to get a divorce.

Other factors influencing staying in IPV relationships are children and women's centers. Eight (73%) of the women reported that they stayed because of their children's need for their fathers. However when they feared that the husband would abuse the children, their children's safety became the primary reason for leaving the IPV relationship. One woman said, "It was OK until we had a baby. I might still be with him finding some reason to stay if we did not have a child." The women also reported that women centers were instrumental in helping them to consider options to remaining in the IPV relationships and to think about what they really wanted. Six (55%) women reported that these centers provided them a place to stay with their children away from their husbands. Although they were allowed to stay in the women's center only for two weeks, these women reported that being in the center helped them to move on with their futures.

Discussion

This cross-sectional retroactive qualitative description research design yielded descriptive data on IPV among Japanese marital couples. These data are consistent with the cultural beliefs of the *Ie system* and with the Japanese cultural beliefs reported in other studies (Weingourt et al., 2001; Yoshihama, 2000; Nanba, 2000; Yoshihama & Sorenson, 1994; Ferguson, 2000; Namba, 2000; Ishii-Kuntz & Maryanski, 2003). The *Ie system* is based on the Buddhist/Confucian/Shintoist philosophy and the policies of the Tokugawa Shogunate (1615–1868) and the Meiji government (1868–1912) (Locke, 1998). Today, Japan is still under the influence of the *Ie system*. The *Ie system* is a patriarchal system with the male in the dominant position; the male is the head of the household and is the primary and only

decision-maker. Male dominance is ranked according to age, with the senior male at top of the hierarchy. Female members of the household are subordinate to the male; males are never subordinate to females. Females in the household are also ranked by age with the older female being senior to the younger females. Upon marriage, wives become members of their husbands' family, and, as such, the husbands' parents have power over their daughters-in-law. All money that family members earn belongs to the household, and the senior male as the head of the household decides how the money is to be spent.

Consistent with the *Ie system* and the Oppression Dynamics Model, the women in this study reported that their husband controlled the money, dominated any communication between them, and treated them as subordinate family members. Emotional abuse focused on the woman being inadequate because she was not meeting the traditional gender role prescribed by the Japanese culture: women are to be good wives to their husbands by obeying their husbands and being faithful to their husbands, good mothers to their children, and good housekeepers by taking excellent care of all domestic chores. Due to gender power differences favoring the male, Kawakita (2005) asserted that women who suffered IPV are ultimately victims of gender disparity.

Seeking help was extremely difficult for the Japanese women in this study, primarily due to the cultural beliefs that supported male dominance, that supported the wife as the cause of the IPV because the wife failed to follow the prescribed gender roles of obedience, and that discouraged the wife from talking about the IPV because of her duty and obligation not to embarrass her husband. Additionally, seeking help from her own family may not be helpful because her family generally held the cultural beliefs that it is the wife's behavior that leads to IPV. Seeking help from in-laws may also be futile because in-laws also abuse wives. This abuse by in-laws is typical emotional abuse, a phenomenon also described by Yoshihama (2005).

Strengths and Limitations of the Study

A limitation of this study was the sample consisted of wives only. Without a description of IPV from the husbands' point of view, we may be limited in our understanding of IPV. However with a sample of 11 wives, we have a comprehensive description of IPV from their perspective, thus promoting an understanding of the dynamic interpersonal relationship existing in Japanese marriages within the sociocultural context that maintains IPV in Japan. This research adds to the literature by providing descriptive information on IPV occurring in Japanese marriages, specifically, the types of IPV, the situational factors leading to IPV, the marital communication, and the factors maintaining IPV.

Implications for Practice

Health care providers need to advocate for effective legislation and policies to support women experiencing IPV. In addition, a thorough assessment of the woman's situation needs to be conducted to determine the level of support and the availability of needed resources. A multidisciplinary approach including health, legal, social, economical, educational, and other institutions and organizations should be in place when working with women experiencing IPV. Promoting beliefs about marital relationships based on gender equality and interdependent relationships could be one way to reduce IPV through education targeting school-aged children, teenagers, and young adults. The multidisciplinary approach should focus on the recovery, specifically dealing with powerlessness and guilt (Konoshi, 2000; Kawakita, 2005) and on the development and implementation of prevention and social programs at the national level (Arai, 2004).

Implications for Research

The descriptive information obtained from this study can lay the foundation for future research to develop and test hypotheses related to the dynamic interpersonal relationships of Japanese marital couples who experience IPV. In addition, to describe IPV more comprehensively, a study that includes the viewpoints of male perpetrators is recommended. Since family support has a significant effect on IPV, studies that explore the roles of family in IPV will also be necessary.

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