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Abstract

Although studies of domestic violence have been conducted over the past twenty years, they have yet to take into account the ways in which ethnicity influences victims’ attitudes and behaviors. For example, little research has been done on domestic violence within the Japanese American community. In addition to cultural differences and language barriers, other variables such as: vertical society, family cohesion, sewa nyōbō, “self-blame” and permissiveness influence Japanese American women’s response to domestic violence. Healthcare providers should keep in mind that traditional indicators of domestic violence, such as post traumatic stress disorder and eating disorders, may be invalid. Disparity between quality of care and access to limited resources and public services is an ongoing problem within this specific population.

Approximately one in every three women in the world has been exploited (Greenfeld et al., 1998), coerced into sex or abused during her lifetime. According to Rennison (2003), more than half a million American women (588,490 females) were victims of nonfatal violence perpetrated by an intimate partner in 2001 (Rennison). In the extreme, more than three American women are murdered by their intimate acquaintances every day (Rennison). Violence by intimate partners also affects healthcare systems. Medical costs of rape, physical assault, stalking and homicide committed by partners total almost $5.8 billion each year (Gerberding, Binder, Hammond, & Arias, 2003). In 1995, more than 550,000 women who sought treatment in emergency rooms for violent injuries reported the offender was her current or former intimate partner (Rand, 1997). A study found that 51% of intimate partner homicide victims were foreign-born (New York City Department of Health and Mental Hygiene, 2004). A national survey of 8,000 women from various ethnic groups demonstrated that 12.8% of Asian and Pacific Islanders experienced physical abuse by their intimate partner at least once during their lifetime, and that 3.8% of abused Asian and Pacific Islanders were raped (Tjaden & Thoennes, 2000). However, the statistics also showed that Asian specific Islanders reported physical assault less frequently than woman from any other race. The discrepancy might be due to underreporting related to insufficient linguistic and cultural sensitivity among service providers (Oloff & Little, 1999), which leads to victimization.

Studies of domestic violence are problematic in that they often do not take into consideration the effects of violence against women across racial groups as a whole. For the past two decades, studies of domestic violence have predominantly focused on European Americans and not ethnic minorities. Orloff and his colleagues (1995) suggested that there are several reasons for underreporting by minorities in general: cultural background (e.g. domestic violence is socially and legally accepted in some countries); inadequate access to legal and social services; holding beliefs that the United States (U.S.) justice system does not apply to them; or that they may face penalties if they report instances of abuse (Orloff, Deana, & Klein, 1995). Studies of a specific minority population—in this case Japanese Americans—have not been fully conducted even though the Japanese American population has been on a steady incline over the past few decades. The purpose of this paper is to explore how Japanese American females suffer from domestic violence and pinpoint the factors that differentiate their burden from that of European American females by probing some distinctive cultural aspects of Japanese society.

While the U.S. legal system defines “Asian American” uniformly, in reality the category is too broad to define. The difficulty stems from whether or not we can categorize people hailing from countries on or near the Indian subcontinent, such as India and Sri Lanka, or in the Middle East, such as Jordan or Israel, as Asian. “Asian American” is broadly defined as encompassing various countries, each with their own distinctive languages and cultures. Therefore, the term may be applicable to specific research data but may not be valid when used to discuss the larger category as a whole. For example, what does an Asian American who comes from a Japanese or Korean ethnic background share with an Asian American who comes from a Filipino or Indonesian background? As these individuals are lumped together in a single ethnic
unit, they may each call themselves “Asian American,” but the histories of their ancestors’ native lands can be quite diverse. Japan and Korea are countries that fall under the Chinese sphere of influence, whereas much of the cultural climate of the Philippines and Indonesia is owed to the dynamic interaction of people throughout Polynesia, Australia, and other Pacific Island cultures. The American justice system disregards the distinction in concepts of marital relationship, domestic violence, and conformity toward domestic violence between cultures, and therefore is often unable to intervene in the plight of the Asian American female.

Studies of domestic violence against Japanese American females are sparse, with Mieko Yoshihama conducting the most research on this subject (Yoshihama, 1999, 2000, 2002, 2005; Yoshihama, Clum, Crampton, & Gillespie, 2002; Yoshihama & Horrocks, 2002, 2003, 2005). Over the past three decades, Dr. Yoshihama has dedicated herself to expanding the study of domestic violence within the Japanese American community. She has shed light on the reality of domestic violence committed against Japanese American females, by calling attention to lower rates of reporting amongst Japanese Americans and revealing the rationale and factors which prevent Japanese American females from fighting against their offenders. Her study is cautious in: using both English and Japanese languages in interviews to assure the questionnaires’ interchangeability; recruiting a larger population in random fashion; using multiple statistics methods; choosing random subjects with Japanese last names but excluding the Japanese Americans without Japanese last names; and drawing only on Los Angeles county (Yoshihama, 1999, 2000, 2002, 2005; Yoshihama, Clum, Crampton, & Gillespie, 2002; Yoshihama & Horrocks, 2002, 2003, 2005). Thus, the applicability of her results is limiting.

Some sociological studies, including Yoshihama’s, name certain factors that influence posture and behavior concerning domestic violence in Japanese/Japanese American females or marital status in general. These factors are: the concept of vertical society; family cohesion; the Japanese concept of “sewa-nyōbō”; bearing burdens; and self-blame.

A vertical society is one that operates on the principle that age and gender are more important than individual ability. People are supposed to conform to a certain role even it is against their own will or the realities of the situation. For example, whether or not they have children, Japanese couples call each other “Mom” or “Dad”. The stereotypical Japanese marital relationship is similar to the mother-child dyad in that the wife takes excessive care of her husband at home. The traditional definition of the Japanese family is based on an anachronistic idea that places the superiority of social role over the individual (Borovoy, 1996). Within this paradigm, the marital relationship is attenuated—the husband considers his partner a caregiver, housekeeper, or sex object instead of an independent person.

Within the definition of the traditional Japanese household is the sewa-nyōbō, or devoted wife. The sewa-nyōbō is a wife who maintains an immaculate home and cares excessively for her husband. She represents not only the idealized notion of a wife but also the frame of mind necessary to become a wife. The role subsequently becomes engrained within the accepted cultural norms of human relationships in Japanese society as a whole (Dutton, Orloff, & Hass G, 2000). A woman’s desire to be good mother, wife, housekeeper and worker outside the home is slighted or degraded by her partner. She therefore loses self-confidence and self-worth as she becomes more and more bound to her social role. Eventually, in domestic violence cases, she internalizes the abuse as an aspect of her societal role and therefore does not seek outside help. The concept of what defines a traditional home also affects other areas of marriage and home life such as bearing children and divorce.

A study conducted by Stanford University and four Japanese universities (Horn, Yeh, & Takai, 1993) showed that 67% of Japanese male students supported the idea that it is better not to divorce in the case of having a child/children; however, only 27% of American females supported this view. They concluded that both Japanese females and males possess a traditional idea that when faced with divorce and children are involved, it is better to remain together than separate (Horn, Yeh, & Takai). The reason for this passive attitude finds its roots not in financial concerns but rather in saving their children’s and their own faces, since in Japanese society single parenthood (especially a maternal one) is inferior to parenthood by both parents. Keeping the family intact and harmonious at any cost is highly valued. Family cohesion, no matter how internally weak, is prioritized over individual well-being and prosperity (Hirayama & Hirayama, 1986). It could therefore be assumed that a battered Japanese woman with children would bear her situation and not seek changes to her marital life.

This Japanese attitude toward bearing burdens and not showing any verbal or nonverbal expression is a habit of social convention. When parenting and marriage are defined by societal roles and reinforce the attitude that it is better to put up with “inconveniences” such as spousal abuse, it makes it difficult for women to struggle against
their attacker. If she has been prohibited from asking for help or fighting against a person, especially a male who is more powerful and/or older, confrontation is not a viable resolution for the battered woman. Japanese communication is “highly contextual”—statements that may seem vague are actually highly imbued with meaning and it is up to the listener to decode the encrypted message (Gudykunst, 2001). For instance, as found in Japanese caricatures, if a husband just coming back home gives the word “bath” to his wife, she is supposed to serve dinner after he takes a bath. This is unlikely to happen in European American culture. Some Japanese American females reported bearing these burdens because they were imposed earlier by their parents (Yoshihama, 2000).

According to Yoshihama, “self-blame” is a culturally-based response to domestic violence (2000). The attitude amongst Japanese American females that one must “bear the burden” finds its roots in the act of excessively taking responsibility—a compulsive reflex that has endured since it was first planted during childhood as daughters watched their mothers’ behavior. The person who lacks the capability of enduring emotional and physical pain is regarded as inferior. Japanese parents of European American offspring highly value personal endurance and may blame their daughters for the abuse that they receive from their husbands. In turn, Japanese American females are apprehensive about seeking help in cases of domestic violence. In addition, Japanese American females tend to view seeking help as provocative, which is then reinterpreted as the primary reason for their partner’s brutality. Even though she does not know the cause of her offender’s anger and subsequent aggression, if verbally insulted about her meal, she might believe that the outburst was caused by the food instead of considering what actually angered her partner in the first place.

It is surprising that these characteristics are found in both Japan-born Japanese American females and U.S.-born Japanese American females (Yoshihama, 2000). In some cases, the label “Japanese American” can also refer to native born Japanese who later emigrated to the U.S. Subsequently, we must then consider issues of acculturation as well. First-generations that were born in foreign countries and immigrated to the United States keep and preserve their ways of life whereas subsequent generations born in the United States after their parents or grandparents immigrated inherit both their ancestors’ cultural heritage in addition to the cultural heritage of the country in which they were born. These two distinct cultures can be at odds with each other. The tension between Old and New Worlds increases as the generations go by. However, one study found that there is no correlation between the length of residency and sexual behavior among Asians (Meston, Trapnell, & Gorzalka, 1996). This implies that we have space to examine the Japanese American attitude toward sex, especially how members of this community react to domestic violence.

Domestic violence causes serious physical and psychological medical conditions in the long term. Not only does physical abuse, such as hitting and kicking a woman weaken the victim’s somatic health condition, but so do a husband grudgingly giving his wife a spending allowance and isolating her socially. Such behavior exacerbates several mental health problems which are easily overlooked.

That ethnic minorities are less likely than European Americans to seek mental health services results in their under-representation in research (Weinick & Krauss, 2000; Wilfley, Pike, Dohm, Striegel-Moore, & Fairburn, 2001). Communication barriers also might prevent victims from seeking help. In addition, prolonged exposure to abusive behavior can lead to the possible diagnosis of posttraumatic stress disorder (PTSD).

According to the definition of PTSD, a person has been exposed to a traumatic event in which both of the following conditions were present: the person experienced, witnessed, or was confronted with events that involved actual or threatened death, serious injury, or a threat to physical integrity of self or others. The person’s response involved intense fear, helplessness, or horror (American Psychiatric Association, 2000). An individual who experienced domestic violence would suffer from PTSD symptoms. The empirical study of PTSD relating to domestic violence is relatively recent because PTSD’s “medical validity” (instead of “historical background”) was acknowledged only after the Vietnam War. Diagnostic criteria and treatment strategies were originally developed to treat veterans. Foa, Keane, & Friedman (2000) indicate that the approach for veterans with PTSD and for other populations might be different than the approach used for abusive victims. Female victims of physical and sexual assault reported a high incidence of arousal/avoidance, numbing, and intrusion (Foa, Riggs, & Gershuny, 1995)—symptoms that are consistent with the diagnostic criteria of PTSD. Women who experienced interpersonal victimization are symptomatic of emotional numbing, an indicator of concurrent and future PTSD diagnosis (Feeny, Zoellner, Fitzgibbons, & Foa, 2000). Trying to confirm a correlation between domestic violence and PTSD is challenging due to the fact that domestic violence victims have been repeatedly abused before seeking health
care or preservation (Yoshihama, 1999; Yoshihama & Horrocks, 2003, 2005). Only three studies examined the relationship between Japanese American women and PTSD (Yoshihama, 2002, 2003, 2005). In one study, a correlation between emotional numbing and the woman’s age, lack of educational background and country of birth was suggested (Yoshihama & Horrocks). If healthcare providers are aware of certain risk factors that only affect members of the Japanese American community, they may be able to prevent and treat PTSD as well as curtail incidents of domestic violence. In addition, the awareness of cultural-specific risk factors also lessens the possibility of an individual’s victimization by the healthcare system itself.

In the United States, 20-40% of females who have experienced traumatic events suffer from eating disorders such as anorexia nervosa and bulimia (Deep, Lilienfeld, Plotnicov, Pollice, & Kaye, 1999). In addition, one study demonstrated the strong negative effects caused by abusive comments about physical appearance made by family and siblings (Taylor et al., 2006). Insulting words exacerbate the severity of eating disorders in domestic violence victims. Overweight women who were verbally abused reported lower self-esteem. Another study revealed the similarities and differences in risk factors for binge eating between white women and black women as related to past histories of abuse, bullying and discrimination (Striegel-Moore, Dohm, Pike, Wilfley, & Fairburn, 2002). Similar findings may suggest that mental distress as caused by physical and verbal abuse is not race dependant. Therefore, the experiences of abused Japanese American females are not isolated ones. To note, no study concerning eating disorders in Japanese American females has been conducted. However this does not mean that Japanese American women do not suffer from eating disorders and so healthcare providers should take eating habits into consideration when treating Japanese American victims.

There is a serious shortage of available resources for helping Asian American domestic violence victims. The major problems are insufficiency of shelters, accessibility of help for some victims, and the shelter’s quality of service. The lack of access to resources therefore results in another level of victimization, not by the original attacker but the support system itself.

In the United States there are over 60 organizations dedicated to saving battered women’s lives and providing food and shelter for recuperation so that they may regain the strength and self-esteem needed to face their attacker. However, there are only four shelters available which service the entire Asian American population in the United States (Honda, 1994; Yoshihama, 1999). The small number of shelters limits the number of Asian American victims that can secure a peaceful place. These institutions are located where there is a dense Japanese American population. Therefore victims who live in rural areas will have to travel a long distance to seek protection. As shelters do not announce their locations to avoid detection by offenders, someone in need of protection needs to secure means of locating and contacting the institution. Even though internet websites are available, women who do not have electronic access such as those in low socioeconomic communities are unable to seek help. Because many websites and links are written in English it is difficult for non-English speakers to seek help.

Another concern for Japanese American woman staying in shelters not specially aimed toward their ethnic community is the kind of care they will receive during their stay. While women who have evacuated to shelters are supposed to do housework, these institutions lack rice cookers and serve American food for every meal (Honda, 1994), which can be an impedance to Japanese American women’s recovery. Eating and food preferences reflect one’s own culture and aid the victim’s convalescence in specific physical and emotional ways. One person’s preferred comfort food made from distinctive ingredients and condiments is not another’s favorite. Care providers need to take into consideration that life in shelters consists of small chores, homemaking, and number of activities that may not be culturally compatible with all its residents.

To conclude, there are many factors that prevent Japanese American abuse victims from seeking proper help in the U.S. In addition, there are a number of obstacles that face victims. A comprehensive literature review has narrowed these items down to the differences in Japanese cultural and ethnic backgrounds as well as limited resource availability. Additional risk factors also need to be taken under consideration. Domestic violence provokes mental health disorders which are accompanied with a high frequency of substance abuse (Curtis, Jason, Olson, & Ferrari, 2005) and require long term intervention resulting in an often costly and unaffordable health care budget. The justice and healthcare systems should be aware of an individual’s cultural background pertaining to domestic violence cases. However, this could also be a double-edged sword. For instance, in 1987, Burton Pasternak, a professor from Hunter College, was a witness for the defense in the case of a Chinese-immigrant male who murdered his wife with a claw hammer. He stated that the defendant’s action constituted a widespread phenomenon in Chinese culture. The prosecutor was unable to rebut this testimony with other
logical support (Volpp, n.d; Willing, 2004). The authority and persuasiveness of the professional opinion may at times overlook the reality of the victim’s interpretation of their own culture. The possible revictimization by a legal body is a present concern. Should victims of domestic violence come across the factors of this specific court case, they may choose not to fight against offenders or report beatings to the authorities for fear that their attackers may go unpunished and their own situation unresolved. The traditional Japanese concepts of society that constitute a component of Japanese American victimization are: a social hierarchically ordered according to age and gender, family cohesion, becoming a devoted wife, enduring burdens and “self-blame”. Effective care is useful only when care providers are aware of the multiple factors underlying a Japanese American victim’s background. Resources for battered Japanese American women are also limited. In order to fully treat the scope of Japanese American women’s issues, more theoretical research into the practical application of caring for abuse victims is necessary.

References


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