

Disclosure of Wife Abuse among Northeastern Thai Women

*Nilubon Rujiraprasert, Kasara Sripichyakan, Kannika Kantaruksa,
Chavee Baosoung, Kaysi Eastlick Kushner*

Abstract : In this feminist grounded theory study, sixteen Northeastern Thai women with wife abuse experiences were interviewed with reflexive discussion and a balanced power relationship. Through the constant comparative method, “Moving to Disclosure for Survival” emerged as the process by which the women concealed the abuse to survive revictimization and then disclosed to survive critical circumstances. Under prejudice regarding wife abuse in Thai society, the women concealed their abuse by: covering, isolating, silencing or revising, in order to protect their sense of self and safety, and their husbands’ image or family well-being in spite of repression, fear or psychosomatic symptoms resulting from keeping a secret. As the abuse continued and escalated, the women moved to reveal their stories by yielding, hinting, telling or sharing to release tension, seeking support, getting through the unbearable point or being free from abuse. The women’s decisions about disclosure also were influenced by wife abuse myths, confidants’ attributes and responses and abuse characteristics. Following disclosure, some women had negative experiences, including shame and guilt, as well as being blamed, revictimized and/or gossiped about. Positively, some of the women felt relieved, had increased self-worth and obtained support.

The findings provide authentic understanding that abused women are not passive, but capable of surviving by concealing or disclosing. Approaching the women with a respectful and non-revictimizing manner is an initial step in empowering them to raise their voice for further assistance and service accessibility.

Thai J Nurs Res 2009; 13(4) 332 - 346

Keywords: concealment, disclosure, feminist grounded theory, Northeastern Thai women; wife abuse

Background and Significance of the Research Problem

Wife abuse currently is a serious health problem worldwide. A number of large sample studies in the Central, Northeastern and Northern regions of Thailand have reported rates of wife abuse from one-third to more than half of women

*Correspondence to: Nilubon Rujiraprasert, RN, PhD Candidate.
Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand.
Email: nilruj@kku.ac.th*

Kasara Sripichyakan, RN, PhD. Associate Professor, Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand.

Kannika Kantaruksa, RN, PhD. Associate Professor, Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand.

Chavee Baosoung, RN, PhD. Associate Professor, Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand.

Kaysi Eastlick Kushner, RN, PhD. Associate Professor, Faculty of Nursing, University of Alberta, 3rd Floor Clinical Sciences Building Edmonton, AB T6G 2G3, Canada.

respondents.¹⁻⁴ Wife abuse has both short and long-term impacts on women's health.^{5, 6} Surveys, from around the world, have revealed that half of the women who have died from homicides have been killed by their current or former husband or partner.⁵ Some studies have revealed that abused Thai women usually come to emergency units to receive medical care because of psychosomatic symptoms and physical injuries related to abuse.^{1, 7-9} In addition, abuse severely affects women's psycho-emotional health. As reported in Thai studies and newspapers, some women respond to wife abuse through attempted suicide, attempted murder or penile amputation.⁸⁻¹¹ Despite obvious needs for help, in practice, few abused women receive the help and support they need because they are unlikely to disclose their abuse to anyone, even their family or close friends. In Thailand, no hospital policies exist to encourage health care providers to inquire routinely about abuse during initial assessments of clients. Being the victim of wife abuse is perceived as a stigmatizing condition in Thai society.⁸ 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 family.^{1, 8} An abused woman might feel guilty and blame herself because of the belief that the abuse is her fault for not being a good wife, mother or person. Furthermore, others may react negatively to wife abuse disclosure and express judgmental attitudes and victim-blaming. These reactions provoke feelings of hurt and guilt for women who have been abused.¹² It is not surprising that almost half of all abused women never have disclosed their abuse to anyone.¹ 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, prior studies, conducted about the context of wife abuse,^{8-10, 13} reveal that women initially try to keep their

abusive experiences within the family, turning to someone for support and assistance only when they no longer can manage or bear the abuse.

Disclosure is the prerequisite for abused women to obtain primary assistance from informal networks of support, and to access professional help. Talking about the abuse experience with others, given the right context, is part of women's healing processes,¹⁴ as a means to enhance self-esteem and to release negative feelings, such as depression, anxiety and emotional distress.¹⁵

In reviewed literature relevant to wife abuse disclosure in Thailand, both qualitative and quantitative researchers have identified barriers to abuse disclosure among Thai women.^{1, 8, 9, 13, 16} The results of these studies, however, have not clearly delineated the process of how abused women come to disclose their experiences to others. Little attention has been given to uncovering the socio-cultural context that influences abuse disclosure. Understanding more about the disclosure process can guide professionals in developing strategies that facilitate disclosing of wife abuse.

A woman's experience of wife abuse disclosure is believed to reflect adherence to socio-cultural contexts, such as gender norms, socio-economic status, and educational level.¹⁷⁻¹⁹ 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.²⁰ Although abused women accurately have been perceived as victims, all women, regardless of background, continue to be blamed by society for the abuse. To understand wife abuse disclosure, this study focused on giving a voice to women themselves so that their lived experiences could be known in their authentic form and their needs could be recognized and legitimated. It is clear that abused women are at the margins, oppressed by the patriarchal social

structure. When abused women speak freely about their reality, unseen aspects of the dominant social structures are revealed and consciousness raising, regarding their situation, is promoted. Thus, the purpose of this study was to critically analyze and describe the process of disclosing wife abuse among Northeastern Thai women. The question addressed in this research was: "How do Northeastern Thai women disclose their experience of wife abuse?"

Methods

An integration of grounded theory and feminist standpoint theory guided the research procedures used in this study. Grounded theory is an approach which provides a rigorous methodology useful for understanding social process within a social structure.²¹ Symbolic interactionism, the theoretical base for grounded theory,²¹ focuses on the meanings derived from the social interaction. The focus of inquiry is to understand the meaning of social situations from the perspective of the individuals and social groups.²² Feminist standpoint theory advocates the construction of knowledge from the perspective of women's lives²³ as less partial and distorted than knowledge generated from men in the dominant groups. Grounded theory provides a way to understand the process of disclosure from abused women's perspective. In addition, grounded theory, informed by feminist standpoint, guided the researcher to examine and explain how gender, the power differentials within society and broader social cultural contexts influence the disclosure process of abused women in Thailand.

Participants: The study was approved by the Research Ethics Review Committee, Faculty of Nursing, Chiang Mai University, and the women's shelter that was used as the site for obtaining initial participants. Purposeful sampling was used to recruit the first three women most likely to reflect their experiences related to abuse disclosure.^{24, 25} Staff at the women's shelter and the researcher's family members, friends and colleagues were asked to assist in recruiting potential participants. The researcher contacted potential participants to explain study objectives and procedures, confidentiality and anonymity, and their rights to withdraw from the study. Through theoretical sampling, subsequent participants were considered so as to recruit a diverse sample based on the emerging ideas from the completed interviews. A non-hierarchical relationship between researcher and participants was promoted throughout the research process.

Ultimately, sixteen women were interviewed. The average age of the women was 40 (range 28 to 56 years). The participants predominantly were Thais (87.4%), Buddhists (93.7%), employed (87.4%) with a minimum of a high school education (68.8%). Ten of the women (62.5%) already had left their husbands. The other six were living with their husbands. All participants experienced psycho-emotional abuse. Twelve (75.0%) of them reported experiencing physical abuse, and three (18.8%) reported experiencing sexual abuse. Characteristics of the participants are shown in **Table 1**.

Table 1 Characteristics of participants (n= 16)

Characteristics	Frequency	Percentage
Age (Years)		
25-34	3	18.8
35-44	10	62.4
45 or more	3	18.8
Education		
Primary school	5	31.2
High school	6	37.5
Diploma	3	18.8
University	2	12.5
Employment Status		
Housewife	2	12.5
Employee	7	43.7
Own business/work	3	18.8
Government officer	4	25.0
Current Marital Status		
Living with husbands	6	37.5
Leaving husbands	10	62.5
Type of Abuse Experienced by all Participants*		
Physical abuse	12	75.0
Psycho-emotional abuse	16	100.0
Sexual abuse	3	18.8

* Participants may have reported experiencing more than 1 type of abuse.

Data Collection: Interviews were conducted in a location of each woman's choosing. Eight occurred at the respective women's workplace or home, and eight took place in the home of the researcher's friend, a private room in a library or shelter, or the researcher's office. The interviews were tape-recorded with each woman's permission, and transcribed verbatim with all identifying information removed. Prior to the interview, each woman was requested to give verbal consent. Safety risks related to study participation were

addressed with the participants. Useful information and a list of appropriate resources also were provided to them.

The first interview was initiated with a broad opening question, such as "Please tell me about yourself and your life now," in order to establish rapport and trust, and to invite the woman to tell her story in her own words and at her own pace. Focused questions, such as "When and how did your disclosure happen?" were raised in order to elicit further detailed information. Subsequent

interviews were conducted to clarify and elaborate what was said in the first interview and to respond to findings from the ongoing data analysis.

Consistent with theoretical sampling, the questions asked in subsequent interviews were modified throughout the study according to the emerging information. Reflexive questions, such as “What suggestions about disclosing wife abuse do you wish to make to other abused women?” were raised to elicit each woman’s critical thinking.

Field notes were written after each interview, and used to supplement audio-tape transcription. In-depth interviews were conducted between June 2006 and January 2008. Each participant was interviewed one to three times, with each interview lasting approximately one to two hours. The total time commitment for the participants was between 60 to 270 minutes (average of 157 minutes).

Data Analysis: Data collection and analysis, using grounded theory, proceeded simultaneously.²¹ Initial interviews were coded line by line, using the constant comparative method. Similar codes were grouped together to form categories, which constantly were compared to illuminate their properties. Consistent with a feminist orientation, during data analysis, particular attention was paid to the ways in which gender biases, cultural beliefs and/or socioeconomic status influenced the women’s abuse disclosure process. The primary researcher wrote memos of insights and key emerging ideas throughout data analysis.²⁶

Following analysis of the interviews of eight participants, the initial core category emerged. Then, the researcher re-coded the prior interview transcripts and interviewed the next participants,

using the selected core category as a guide. Data saturation was considered at the sixteenth participant when additional interviews contributed no new information.²⁷

To enhance credibility of the findings, the emerging theory was taken back to three of the participants for discussion and refinement. To obtain outsider credibility, the analysis process and accuracy of the findings were thoroughly checked, in two formal peer debriefing sessions, with the primary researcher’s supervisors and by two experts who have experience in grounded theory, wife abuse, and feminist and women’ health studies.

Findings

The basic social process that conceptually explained how the women concealed or disclosed their abuse experience to others was entitled “Moving to Disclosure for Survival.” There were two causal conditions or goals determining whether the women disclosed their abuse: (a) desiring to survive revictimization; and, (b) desiring to survive critical circumstances. Moving to disclosure for survival also was influenced by three conditioning factors: (a) wife abuse myths; (b) confidant’s attributes and responses; and, (c) abuse characteristics. Two general strategies of “concealing” and “disclosing” were employed by the abused women. Suffering with a secret was identified as the consequence of concealment. Following abuse disclosure, the women may have experienced negative or positive consequences. A diagram of the process is provided in **Figure 1**.

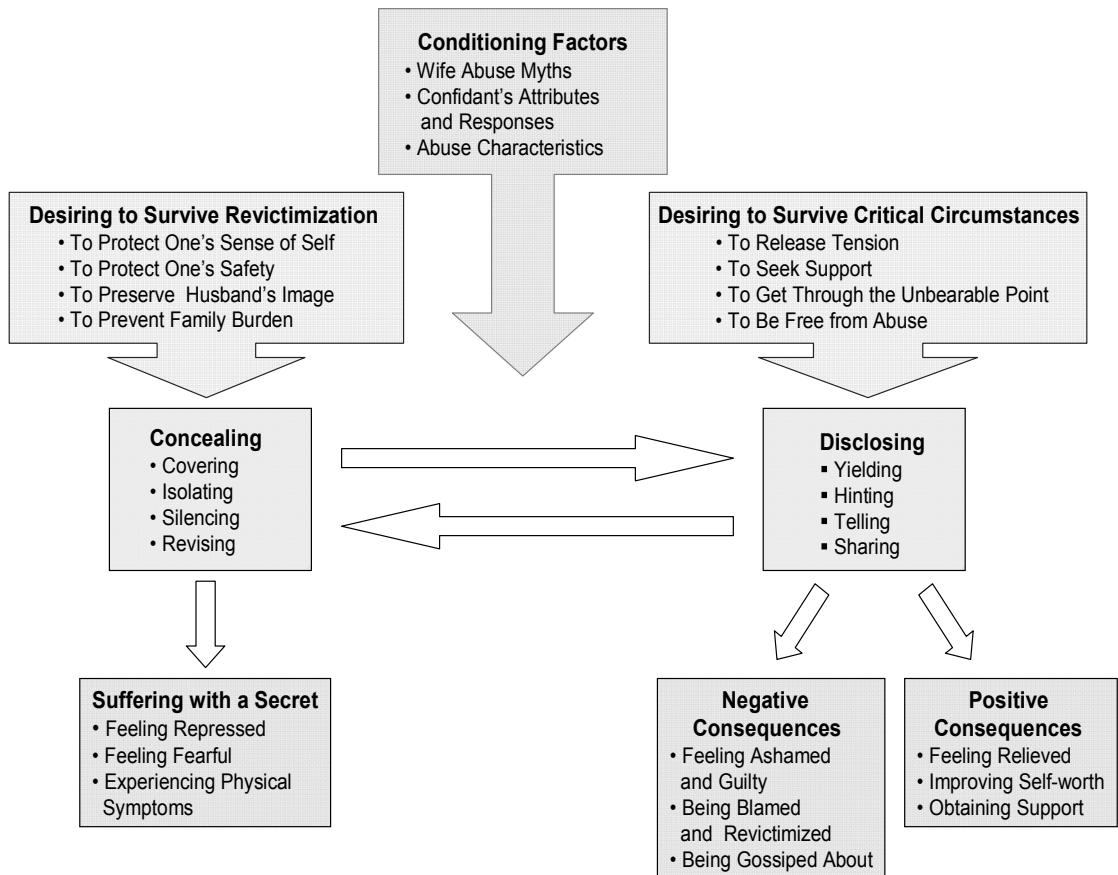


Figure 1 The process of moving to disclosure for survival

Desiring to Survive Revictimization

Desiring to survive revictimization lead the women to engage in concealing their abuse to: protect their sense of self and safety; preserve their husbands' image; or, prevent a family burden. The feelings of shame and embarrassment, self-worthlessness, guilt and self-blame reflected the destruction of self if their stories were found out by others. Their sense of self was destroyed because their abuse was connected with negative views of them as "bad women." One woman stated:

I don't want anybody to know our problem... I feel ashamed that I'm so worthless that my husband dumps me. It makes me think whether I'm not good or worthy at all. They might view that I'm so bad that he left me.

For some of the women, their feelings of humiliation also were linked to negative views of themselves. Their negative views included: "having a bad husband;" "enduring with a bad husband;" "being wrong;" "being unable to protect herself

from abuse;" "being unable to solve abuse problems;" "being unable to leave an abusive relationship;" "being silly and a failure;" and, "being different from other women," as well as reflecting a "bad family."

For some women, keeping silent was a strategy for survival from physical harm or abuse escalation. Fear of harm arose from the husband's threatening actions, as one woman noted, "*I was afraid that he might hit me again after getting back home, so I told the doctor I fell down the stairs. I must survive my life first.*" The women indicated that although their lives were in jeopardy, they still wished others to see their husband as "a good person;" "a good husband;" or, "a good father." For example:

I didn't want to talk about the truth because he was my husband. So I had to respect him. When neighbors witnessed that he wasn't good, I still wanted to keep him a good person in others' eyes because he is still the father of my kids, though.

Most of the women kept silent to protect their family members from the emotional burden of knowing their abuse experience. The women were concerned their stories would cause their parents to feel "uncomfortable" or "worried." One woman said, "*I won't tell my parents and relatives as I don't want to worry them.*" For some participants, concealing being abused was a strategy to prevent their children from having problems, especially mental health concerns.

Desiring to Survive Critical Circumstances

The participants focused on their desire to survive both the critical circumstances presented within the abusive relationship (escalation of abuse) and surviving their situation once they disclosed

the abuse. In stressful circumstances during the abusive relationship, most chose to release their stress by telling someone, as reflected in such comments as: "*I needed someone listen to me;*" "*I had to tell someone;*" and, "*I was about to explode.*" Their statements reflected the necessity of sharing the burden.

Disclosing most commonly was used to help them feel soothed and relieved. The need for financial support and a safe place encouraged abuse disclosure, as reflected in their remarks: "*I told my mom and sister in order to ask for their financial support;*" and, "*Because I have nowhere to go and live, I went to her house and told her.*" If abuse interfered with their employment, the women chose to disclose their experiences to their boss or colleagues in order to maintain stability in their workplace.

Moving to disclose the abuse could occur when the women no longer could bear the abuse. At this point, they felt that if they kept the secret, they risked having the abuse "drive them crazy (to insanity)" or, they would end up "killing themselves" or "killing their husbands." Thus, the women disclosed and sought outside help to get through this unbearable point. Persistent and escalating abuse created the unbearable point that lead to them feeling ready to leave their abusive husband. In addition, some of the women reported they employed abuse disclosure to consult others about whether to leave. As one participant noted, "*I went to consult the nurse at the psychiatric department. She suggested that I leave him as soon as possible.*" In brief, disclosure likely would have been the chosen strategy to ensure the participants' survival when the abuse situation deteriorated and presented critical circumstances. Thus, they initiated disclosure to: release tension; seek outside support; get through the unbearable points; or, be free from abuse.

Conditioning Factors of Concealing and Disclosing

Wife abuse myths: The women viewed wife abuse as a “private matter” within the secret realm that should not be discussed with others. As one woman commented: “*It’s a family affair. I feel like I can’t talk to anyone. It’s like an ancient saying ‘Finai ya nam ok, Finok ya nam kao’ [the fire in the family belongs inside the family, the fire outside the family stays outside].*” Believing abuse to be a private matter implied that no one should get involved. As one woman said: “*A spouse matter should be solved by both of them. The third person could not help.*” They believed the abuse was their responsibility, forcing them to solve the problem alone. A physically abused woman said: “*I already had my own family. I made a trouble that I had to solve myself.*” The women perceived disclosure as “useless” or “leading to revictimization,” as one woman stated: “*I won’t tell anyone. Telling my colleagues is considerably useless, just like ‘Sao-Sai-Hai-Gaa-Gin’ [washing your dirty linen in public]. It could be a topic for others to gossip.*” They held strong personal beliefs about wife abuse as a private or family matter, as well as it being their responsibility for causing and resolving it, with disclosure considered useless. Their references to common expressions, such as “washing your dirty linen in public,” suggests their personal beliefs were a reflection of widely accepted myths about wife abuse and societal beliefs about women and family in the Thai society. These beliefs encouraged them to conceal their abuse experience and to try to deal with it alone.

Confidant’s attributes and responses: The participants’ decisions about abuse disclosure were influenced by the potential confidants’ characteristics, and the confidants’ responses determined further disclosure. They were more likely to disclose their

abuse experiences to confidants who had attributes of trust, compassion, helpfulness, similar experiences, availability and accessibility. They described the confidant to whom they would disclose their abuse to be “a person I can trust in keeping the abuse confidential.” Such statement as: “*If there was sympathy, I would dare to tell;*” or, “*You must tell someone who is willing to listen and understand you. If they don’t, you can’t tell,*” reflected compassion to be an important attribute that encouraged their disclosure. The women also kept disclosing to the confidants, who responded to them, with listening, compassion and respect for their autonomy. One woman stated: “*My friend’s words can make me feel better. She didn’t tell me to take actions like suing my husband, but she gave me encouragement and told me to be patient.*” The women disclosed to individuals who they anticipated to be, and actually were, helpful in providing advice and support. One woman stated: “*Talking with him and asking him advice several times let me think that he could give good advice. When I have any problem, I mostly tell him*” Many of the participants disclosed to someone who had a similar experience, described as ‘*Hua-Oak-Deaw-Kan*’ [being in the same boat], because of having a close relationship and the potential of providing profound advice. The women also preferred disclosing to individuals who were accessible and available to talk.

Abuse characteristics: Visibility of abuse, such as obvious physical injuries, gave the women less choice about disclosure. As one woman asserted: “*The reason why I had to speak about his assault is this evidence (ruptured eardrum). If I don’t have any evidence, I won’t tell.*” The women had more difficulty in disclosing sexual abuse than other types of abuse because sexual abuse was seen as more socially stigmatizing and embarrassing. One woman told her sister about her

physical and emotional abuse, but still concealed her sexual abuse, describing it as ‘*Rueng Nai Muung*’ [an inside-mosquito net matter]. Severity and frequency of abuse also encouraged the women to disclose to seek outside help. Thus, their decision to disclose their abuse was influenced by their abuse characteristics in terms of abuse visibility, type, severity and frequency.

The Strategies of Concealing and Disclosing

Based on the amount of detail given, and the women’s initiative in disclosing their abuse, two major strategies emerged: “concealing,” and “disclosing.” These two strategies were not linear. The women did not progress sequentially from concealing to disclosing. Each strategy could be employed depending on which aspects of survival were priorities, as well as on the influence of the three conditioning factors.

Concealing: The participants described various “strategies” they developed to conceal their abuse, including covering, isolating, silencing and revising. Covering was used to prevent suspicion of abuse from others, as evidenced by one woman choosing to wear a long-sleeved blouse to cover her bruises. If the abuse left a residual effect that could not be covered by clothing, the women isolated themselves from others to avoid being found out that they had been abused. One participant noted: “*When I was beaten, I tried to stay home until I got well. I didn’t want others to know.*” Some of them remained silent, did not reveal anything, even though they were asked about being abused, while some chose to revise their stories. One physically abused woman said: “*I usually told my neighbors that I fell down or accidentally walked into the door.*”

Disclosing: Disclosure could occur in an indirect manner by yielding or hinting. During

some situations, the women yielded to questions, suspicions or comments from others. One woman recounted: “*Actually, I didn’t want to tell, but I couldn’t resist their pressure, so I told my co-workers that I had a ruptured eardrum after my husband slapped me.*” The participants also hinted about their abuse to sound out whether they could continue their disclosure, as evidenced by the statement: “*I only complained to my mom that my husband wasn’t good. Then I didn’t tell her anymore since she didn’t pay attention.*” A more direct approach to disclosing was chosen when they intended to reveal their abuse experiences to anyone whom they trusted or counted on in some way to survive. At some point, all of the participants said they disclosed by directly telling others about their abuse experiences, or by sharing their abuse experiences with someone who had similar experiences. They remarked: “*I told her all details and all aspects;*” and, “*I shared my problem with my best friend because she came to consult me first.*”

Consequences of Concealment and Disclosure

A consequence of concealment that emerged from the women’s stories was identified as “suffering with a secret.” When disclosure occurred, the consequences that were felt by the women were both negative and positive.

Suffering with a secret: Keeping a secret led the women to suffer emotionally from feelings of repression and fear that their secret would be disclosed. As one woman noted: “*I felt utterly repressed. When I was assaulted by my husband, I kept it silent. I kept staying at home, or if I go outside, I won’t talk to anybody for fear that others may ask me.*” Emotional repression brought out undesired physical symptoms. One woman mentioned: “*Suppressing my problems caused me a headache, making me repressed and dull.*”

Negative consequences: The women often described their feelings of shame and guilt following disclosure, as was evident in such statements as: “*I feel ashamed when telling my problem to others that I can’t separate from him;*” and, “*Disclosing his bad thing causes feelings of guilt.*” They also talked about negotiating issues of blame following their disclosure. One woman reported her disclosure was disbelieved and she was blamed for being abused: “*When I said my husband was licentious, they didn’t believe me, saying that I was such a person. It sounded like they blamed me.*” Others mentioned being ‘*Sum Term*’ [re-victimized] as a consequence of their abuse disclosure: “*When I told my neighbor, she exaggerated about me;*” and, “*People don’t only give me advice, but also sneer that my couple life will come to an end.*” Most of the participants reported their stories were spoken of or exaggerated to others in negative ways, and that they were gossiped about. One woman noted: “*I told them a bit. My neighbors then overstated my story and had a bad gossip about me. They could step on me. Afterward I tell no one.*” In brief, the women described feeling ashamed and guilty, being blamed and re-victimized, and being gossiped about as negative consequences of abuse disclosing, which inhibited them from further disclosure.

Positive consequences: Revealing their abuse to others led the women to feel relieved, have improved self-worth and obtain support. The sense of relief at having told someone and still being listened to and accepted was mentioned commonly, as evident in the expressions: “*I feel somewhat relieved that I still have someone who listens to me,*” and, “*I feel better after releasing my problem to my friends. They still listen to me and accept me.*” For some, disclosing strengthened their desire to help others with similar experiences. Doing that led them to gain a sense their voice was valued and improved their self-worth. One woman said:

“I shared my own problem with my neighbor as an example to show that everyone can have problems in order to console better. I feel glad that I can help her.” In addition, tangible supports were obtained, after the disclosure, and included a safe place to stay, money and immediate intervention. Among those who were professionals, the support they received tended to be what guided their choices.

Discussion and Conclusion

The process of moving to disclosure for survival reflected the women’s attempt to deal with and live through their threatening experiences, which were either from the abuse itself or from social responses to the abuse and disclosure. Similar to the findings of Fiene¹² and Landenburger,²⁸ participants, in this study, tried to conceal being abused for a period of time. They were likely to reveal their abuse when they faced situations in which they could not manage alone and, therefore, needed assistance or help from others.

In this study, the process of moving to disclosure framed the women’s decisions and behaviors, in relation to abuse disclosure, as rational according to their goals of surviving re-victimization or critical circumstances. The findings, regarding their decisions about abuse disclosure, support Lutz’s²⁹ findings in that their decisions were influenced by their assessment of risks and benefits of disclosing. For many, concealing was a strategy to avoid re-victimizing responses. It was their best choice to prevent destruction of their sense of self. The term “protecting one’s sense of self,” in this study, is similar to “face-saving” described by Lempert,³⁰ as a strategy to avoid being discredited by maintaining the invisibility of abuse. Finding their feelings of shame and embarrassment were intensified by others’ re-victimizing responses also is consistent with

previous findings.^{8, 9, 16, 31} Moreover, fear of physical harm and abuse escalation were identified as barriers that led the women to conceal their abuse.

Lempert³⁰ suggests that men use various strategies, including bodily harm and abuse escalation, to control potential disclosure of their violence. The desire to preserve their husbands' good social image and to prevent other family members from emotional burden was a key condition limiting the women's abuse disclosure. This condition reflects a shared cultural belief and gender role expectations in Thai society, and contributed to the women feeling responsible for nurturing others and maintaining harmonious family relationships, even to their own detriment.

The women were encouraged to reveal their stories to potentially receive or secure help following abuse escalation. Given the traumatic and stigmatizing nature of wife abuse, keeping the abuse secret can result in emotional burden or distress and development of psychosomatic symptoms. Similar to other studies,^{32, 33} the most common motivation for abuse disclosure was a desire to release emotional tension from being abused and keeping a secret. In addition, as evidenced in previous research,^{34, 35} social support, including emotional, instrumental and information support, was found to be a critical factor for those attempting to resolve their abuse.

Those who continued to keep their experiences a secret could develop intrusive thoughts or violent acts, including insanity and killing themselves or their husbands, which they described as "the unbearable point." Such thoughts and behaviors also were found in Voraseetakarnkul's⁹ study, wherein the women tried to solve their abuse problems on their own and to hide being abused. Seeking outside help and disclosing their abuse were reported as occurring when they could neither bear nor deal any longer with the abuse

themselves.^{9, 13} The unbearable point also has been reported in other qualitative studies, using terms, such as "turning point,"^{34, 36} "breaking point,"²⁸ and "critical juncture,"³⁷ which describe the critical point that lead women to reveal their abuse and seek help. The unbearable point was what led some of the women to feel ready to leave their abusive husbands. In addition, the women, in this study, reported that disclosure was employed to consult others about whether to leave.

The findings extend understanding of abuse disclosure as a complex phenomenon. In addition to the aim of surviving, there were three conditions influencing women's decisions to disclose the abuse. Wife abuse myths reflected through the women's beliefs provide evidence that Thai societal beliefs about wife abuse still influence women's decisions regarding abuse disclosure. The myth of wife abuse as a private matter is evident among the general population in Thai society, which is construed as a male dominant culture.^{1, 33, 38, 39} Not surprisingly, even police personnel, as well as some other professions, share the myth that abuse is a relationship problem and should be handled privately within the family.³⁹ The adherence to privacy regarding wife abuse, in which others should not intervene, "it's not outsider's business," brings out the mistaken belief of disclosure being "useless" or "helpless."^{33, 39}

The personal beliefs identified, in this study, reflect their acceptance and embodiment of the Thai cultural norm that discourages women to reveal their abuse experience to the public sphere. The acceptance of wife abuse myths that internally influence women's decisions in concealing being abused also have been reported in prior studies as a private matter,¹⁶ no intervening by the third person,^{9, 13} and "uselessness" or "helplessness" of disclosure.^{32, 33, 40}

The women also discussed their abuse disclosure based on the abuse characteristics, such

as visibility of abuse. Physical abuse that leaves bruises or cuts is less possible to conceal. Hathaway and colleagues³⁶ found that some abused women disclosed their abuse to health care providers because the outward signs were impossible to deny or lie about. The women, in this study, faced difficulty in talking about sexual abuse because of its stigmatizing nature. Disclosing sexual abuse to others would lead to intense shame. Consistent with other studies on sexual abuse disclosure,^{32, 37} Thai culture still regards sexual issues as a taboo that should not be discussed in private or public.

Generally, disclosure has been conceptualized as a dichotomous variable composed of disclosure and concealment. However, in this study, concealing and disclosing were identified as varying in respect to the detail given to others and the methods used. There was a range of detail given in disclosure from concealing the abuse, by covering, isolating, silencing and revising, to disclosing the abuse, by yielding, hinting, telling a little detail or the entire story and sharing the story with other abused women. Similarly, Gerber and colleagues⁴¹ described “the dance of disclosure” as disclosure behaviors, including telling lies, changing a story or minimizing, revealing bits, dropping hints or telling about the abuse. Consistent with a feminist perspective, revising was a term used in this study for lying or changing the story as preferred by the women, and to avoid using language which depicted women in a negative way. Disclosure is dynamic and runs along a continuum in which any strategy can be employed across situations, depending on which aspect of survival was the priority and other conditioning factors.

A major contribution of the findings to nursing professionals is the new understanding and insight into the phenomena of abuse disclosure among Northeastern Thai women. Specifically, the women should not be seen as passive victims, but

rather as active and capable agents in dealing with abuse and social responses to it. Moreover, nurses should be encouraged to view wife abuse as a significant health problem, rather than as a private matter. Critical elements for approaching women include attentive listening and compassion, as well as ensuring confidentiality, which is a great concern for women when they decide whether to disclose the abuse. Moreover, nurses should demonstrate an understanding and non-judgmental stance, and not blame an abused woman even if she conceals being abused. Abused women have said responses, such as “victim-blaming” following abuse disclosure, are more painful and traumatic than the violence itself.⁴² In addition, many women believe that disclosing is useless. Therefore, initial assistance and information about service availability should be provided. To facilitate disclosure, nurses should be sensitive to various disclosure strategies that a woman might employ, and acknowledge individual differences in abuse disclosure. When a woman denies the presence of wife abuse, nurses should respect her. However, nurses should remain open to the possibility of future disclosure by indicating to her that she always is welcome to disclose and receive help when she is ready.

Limitations and Recommendations for Future Research

There are limitations, related to the study, associated with participant recruitment. There was only one participant, recruited from the women’s shelter, who actually became involved in the study, and no participants were recruited from health care settings. Therefore, the women’s experiences, regarding formal service encounters, were quite limited. To expand knowledge about abuse disclosure, further research should be conducted with abused

women who disclose and seek out medical services or social agencies. Reasons for disclosure, strategies used in concealing and disclosing, and consequences of disclosure within the context of formal services needs further examination. In addition, further research should be conducted among other groups of women experiencing violence against them (e.g., rape, dating violence). This will help in strengthening a substantive theory of abuse disclosure among Thai women.

Acknowledgement

The authors wish to thank the Graduate School of Chiang Mai University, and the Thai Council of Nursing and Midwifery for providing a research grant to support this study.

References

- 1 Archavanitkul K, Kanchanachitra C, Im-em W, Lertsrisuntas A. Women's health and domestic violence against women in Thailand. Nakorn Prathom, Thailand: Mahidol University, Institute for population and social research; 2003.
- 2 Sawangchareon K, Wattananukulkeat S, Chantapreeda N, Tanwatanakul J, Itratana P. Husbands' violence against wives in Northeast Thailand. Khon Kaen, Thailand: Khon Kaen University; 2003.
- 3 Sirisunyaluck B. Understanding wife abuse in urban Thailand: An integrated approach [dissertation]. Starkville (MS): Mississippi State Univ.; 2004.
- 4 Sripichyakan K, Phianmongkol Y, Chaiyos N, Krisnuluck S. Prevalence, factors, and impacts of spousal violence. Chiang Mai, Thailand: Faculty of Nursing, Chiang Mai University; 2002.
- 5 Heise L, Garcia-Moreno C. Violence by intimate partner. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. World report on violence and health. Geneva, Switzerland: World Health Organization; 2002. p. 87-113.
- 6 World Health Organization (WHO). WHO multi-country study on women's health and domestic violence against women: Summary report of initial results on prevalence, health outcomes and women's responses. Geneva, Switzerland: World Health Organization; 2005.
- 7 Grisurapong S. Health sector responses to violence against women in Thailand. *J Med Assoc Thai*. 2004; 87 (Suppl. 3):s227-34.
- 8 Sripichyakan K. Dealing with wife abuse: A study from the women's perspectives in Thailand [dissertation]. Seattle WA): Univ. Washington; 1999.
- 9 Voraseetakarnkul Y. Health impacts and coping among abused wife [thesis]. Chiang Mai (Chiang Mai): Chiang Mai Univ.; 2001.
- 10 Suwannarong S. Meaning of violence: Learning from women with traumatic experiences [thesis]. Bangkok (Bangkok): Mahidol Univ.; 2002.
- 11 Friends of Women. Domestic violence news from newspaper in year 2005. 2006 [updated 2006; cited 2008 February 18]; Available from: http://www.friendsofwomen.or.th/index.php?content=static/stat&id=static/strength_2548.
- 12 Fiene JI. Battered women: Keeping the secret. *Affilia*. 1995; 10(2): 179-93.
- 13 Chaisetsampun W. Experience of abuse and the need for assistance of abused wives. [thesis]. Chiang Mai (Chiang Mai): Chiang Mai Univ.; 2000.
- 14 McClain NM. The process of disclosing childhood sexual abuse [dissertation]. Charlottesville (VA): Univ. Virginia; 2004.
- 15 Cain R. Stigma management and gay identity development. *Soc Work*. 1991; 36(1): 67-73.
- 16 Sricamsuk A. Domestic violence against pregnant women: A Thai perspective [dissertation]. Brisbane (QLD): Griffin Univ.; 2006.
- 17 Chatzifotiou S, Dobash R. Seeking informal support: Marital violence against women in Greece. *Violence Against Women*. 2001; 7: 1024-50.
- 18 Rodriguez MA, Quiroga SS, Bauer HM. Breaking the silence: Battered women's perspective on medical care. *Arch Fam Med*. 1996; 5: 153-8.
- 19 Washington PA. Disclosure patterns of Black female sexual assault survivors. *Violence Against Women*. 2001; 7: 1254-83.

20 Foundation for Women. Beating violence against women. Voices of Thai Women. 1993; 15: 3-4.

21 Glaser BG, Strauss AL. The discovery of grounded theory. Chicago (IL): Aldine; 1967.

22 Benzie KM, Allen MN. Symbolic interactionism as a theoretical perspective for multiple method research. *J Adv Nurs.* 2001; 33: 541-7.

23 O'Brien Hallstein DL. Where standpoint stands now: An introduction and commentary. *Women's Stud Communica.* 2000; 23(1): 1-15.

24 Jeon Y. The application of grounded theory and symbolic interactionism. *Scand J Caring Sci.* 2004; 18: 249-56.

25 Morse JM, Richards L. Read me first for a user's guide to qualitative methods. Thousand Oaks (CA): Sage; 2002.

26 Morse JM, Field PA. Qualitative research methods for health professionals. 2nd ed. Thousand Oaks (CA): Sage; 1995.

27 Glaser BG. Doing grounded theory: Issues and discussions. Mill Valley (CA): Sociology Press; 1998.

28 Landenburger K. A process of entrapment in a recovery from an abusive relationship. *Issues Ment Health Nurs.* 1989; 10: 209-77.

29 Lutz KF. Abused pregnant women's interactions with health care providers during the childbearing year. *JOGNN.* 2005; 34(2): 151-62.

30 Lempert LB. Women's strategies for survival: Developing agency in abusive relationships. *J Fam Violence.* 1996; 11(3): 269-89.

31 Montalvo-Liendo N. Cross-cultural factors in disclosure of intimate partner violence: An integrated review. *J Adv Nurs.* 2009; 65(1): 20-34.

32 Smith SG. The process and meaning of sexual assault disclosure. [dissertation]. Atlanta (GA): Georgia State Univ.; 2005.

33 Sripichyakan K, Parisunyakul S. Women's and men's perspectives on wife abuse and health care services. Unpublished report. Chiang Mai, Thailand: Faculty of Nursing, Chiang Mai University; 2005.

34 Grauwiler P. Voices of women: Perspectives on decision-making and the management of partner violence. *Child Youth Services Rev.* 2008; 30: 311-22.

35 Rose LE, Campbell JC, Kub J. The role of social support and family relationship to women's responses to battering. *Health Care Women Int.* 2000; 21: 27-39.

36 Hathaway JE, Willis G, Zimmer B. Listening to survivors' voices: Addressing partner abuse in the health care setting. *Violence Against Women.* 2002; 8: 687-719.

37 Harrison E. Facilitating disclosure in psychologically abuse women [dissertation]. Tucson (AZ): Univ. Arizona; 1998.

38 Lomratanachai S. Domestic violence and human security. 2007 [updated 2007; cited 2009 May 15]; Available from: <http://humansecurityconf.polsci.chula.ac.th/Documents/presentations/suangsurang.pdf>.

39 Nontapattamadol K. Working with women who experienced family violence: An assessment of the Thai social welfare system. *Thammasat Rev.* 2003; 8(1): 117-37.

40 Iturrioz MV. Disclosure by Latinas of childhood sexual abuse [dissertation]. Alameda (CA): California School of Professional Psychology at Alameda; 2000.

41 Gerbert B, Abercrombie P, Caspers N, Love C, Bronstone A. How health care providers help battered women: The survivor's perspective. *Women & Health.* 1999; 29: 115-35.

42 Brown S. Counseling victims of violence. Alexandria (VA): American Association for Counseling and Development; 1991.

การเปิดเผยการถูกสามีทารุณกรรมของสตรีไทยภาคตะวันออกเฉียงเหนือ

นิลุบล รุจิรประเสริฐ, เกสรา ศรีพิชญาการ, กรรณาการ์ กันธรักษ์, ฉวี เบ้าธรรม,
Kaysi Eastlick Kushner

บทคัดย่อ : การศึกษาโดยใช้แนวคิดเชิงสตรีนิยมกับวิธีวิจัยแบบการสร้างทฤษฎีจากข้อมูลครั้งนี้ สตรีไทยภาคตะวันออกเฉียงเหนือที่ถูกสามีทารุณกรรมจำนวน 16 คนได้รับการสัมภาษณ์ที่เน้นการสะท้อนคิดและความสัมพันธ์เชิงอำนาจที่เท่าเทียมกัน จากริทีการวิเคราะห์เปรียบเทียบพบว่า การเคลื่อนที่สู่การเปิดเผยเพื่อความอยู่รอด เป็นกระบวนการที่เกิดขึ้นโดยสตรีปักปิดการถูกสามีทารุณกรรมเพื่อการอยู่รอดจากการถูกข่มขู่ แต่เมื่อเปิดเผยเพื่อการอยู่รอดจากสถานการณ์ที่บ้าน ภายใต้อดีตเกี่ยวกับการทารุณกรรมภรรยาในสังคมไทย สตรีปักปิดการถูกสามีทารุณกรรมโดยการปกปิดร่องรอย การแยกตัว การเสียบ หรือการแต่งต่งเรื่องใหม่เพื่อปกป้องความเป็นตัวตนและความปลอดภัยของตนเอง รักษาภาพลักษณ์ของสามี หรือความผิดชอบครัว แม่ว่าสตรีรู้สึกยั่งยืน กลัว หรือมีอาการแสดงทางร่างกายจากการปกปิดความลับ ผู้ที่ทำการทารุณกรรมยังดำเนินต่อไปและรุนแรงขึ้น สตรีจะเคลื่อนเข้าสู่การเปิดเผยเรื่องราวของตนเองโดยการจำต้องยอมรับ การเปรียบเพื่อห่างเชิง การเล่า หรือการเล่าเบลี่ยมเรื่องราวเพื่อเป็นการระบาย การแสดงให้ความช่วยเหลือ การท้าวผ่านจุดที่ทนไม่ไหว หรือการหลุดพ้นจากการถูกทารุณกรรม การตัดสินใจเกี่ยวกับการเปิดเผยการถูกสามีทารุณกรรมยังได้รับอิทธิพลจากมายาคติเกี่ยวกับการทารุณกรรมภรรยา ลักษณะและการตอบสนองของผู้ฟัง ตลอดจนลักษณะการถูกทารุณกรรม ภายหลังเปิดเผยสตรีบางคนได้รับผลจากการถูกสามีทารุณกรรมในด้านลบ ซึ่งได้แก่ความรู้สึกอ้าย รู้สึกผิด ถูกดำเนินข้อความ รวมทั้งถูกนินทา ขณะที่สตรีบางคนได้รับผลจากการเปิดเผยในด้านบวกได้แก่ความรู้สึกได้ปลดปล่อย เพิ่มความรู้สึกมีคุณค่าและได้รับความช่วยเหลือ ผลการศึกษาครั้งนี้ช่วยให้เข้าใจอย่างถ่องแท้ว่าสตรีที่ถูกทารุณกรรมมิได้มีนิ่งเฉยแต่มีคักษภาพในการอยู่รอดโดยการปักปิดหรือการเปิดเผยการถูกทารุณกรรม การเข้าหาสตรีหลานนี้ด้วยท่าทีที่ยอมรับนับถือและไม่ชี้ตีมึงเป็นก้าวแรกที่จะเสริมสร้างพลังอำนาจแก่สตรีในการเรียกร้องความช่วยเหลือและการเข้าถึงบริการ

วารสารวิจัยทางการพยาบาล 2009; 13(4) 332 – 346

คำสำคัญ: การปักปิด, การเปิดเผยข้อมูล, การทารุณกรรมภรรยา, วิธีวิจัยโดยใช้แนวคิดเชิงสตรีนิยม ร่วมกับการสร้างทฤษฎีจากข้อมูล, สตรีไทยภาคตะวันออกเฉียงเหนือ

ติดต่อที่ : นิลุบล รุจิรประเสริฐ, RN, PhD Candidate คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ จังหวัดเชียงใหม่ ประเทศไทย Email: nilruj@kku.ac.th
เกสรา ศรีพิชญาการ, RN, PhD. รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ จังหวัดเชียงใหม่ ประเทศไทย
กรรณาการ์ กันธรักษ์, RN, PhD. รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ จังหวัดเชียงใหม่ ประเทศไทย
ฉวี เบ้าธรรม, RN, PhD. รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ จังหวัดเชียงใหม่ ประเทศไทย
Kaysi Eastlick Kushner, RN, PhD. Associate Professor, Faculty of Nursing, University of Alberta, 3rd Floor Clinical Sciences Building Edmonton, AB T6G 2G3, Canada