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## CULTURE OR OPPRESSION?

### An anti-oppressive perspective on women with mental health problems who survived their male partners' violence

*Feminist theory is an important sociological theory that is very often used in social work research focusing on inequalities, power relations and social work gender analysis. Informed by feminist thoughts, domestic violence prevention system was first initiated in 1980's and the lens of misuse/abuse power is emphasized; legal aids, provisions of resources such as protection orders, shelters, etc. are central to the work. In contrast to the traditional view that domestic violence is a private matter, the goal is to indicate that domestic violence is a matter that the State needs to intervene in, take the blame off the victims and place the responsibility on the abusers. Research pointed out that survivors who were reported to the system experienced fragmented services or services that did not meet their needs, and thus it resulted in survivors withdrawing from the helping process, so the problems still occur in their lives on a regular basis. This paper uses examples of women in Taiwan with mental health problems who survived their male partners' violence and were trapped in multiple interlocking vulnerable situations, to demonstrate how various oppressive factors work in survivors' context that stigmatized and constrained survivors. The analysis of vignettes indicated that women with mental health problems who survived their male partners' violence, face many obstacles that put them in vulnerable situations, including female gender norms developed from patriarchal values, coping strategies sanctioned by patriarchal and collective social contexts, and social exclusion developed from discrimination towards mental health problems. Therefore ignoring these obstacles, legal aids and providing shelters are limited. By analyzing interlocking vulnerable factors in survivors' context, it emphasizes the importance of a legal perspective as well as a comprehensive analysis of vulnerable factors in understanding survivors in inferior status. Implications for social work practice are addressed.*

*Keywords: feminist theory, Taiwanese culture, domestic violence, male perpetrators, sexual abuse.*

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#### KULTURA ALI ZATIRANJE? – PROTIZATIRALSKI POGLED NA ŽENSKO Z DUŠEVNIMI TEŽAVAMI, KI SO PREŽIVELE NASILJE SVOJIH PARTNERJEV

*Feministična teorija je pomembna sociološka teorija, ki jo v socialnem delu velikokrat uporabljamo v raziskavah, ki se osredotočajo na neenakosti, odnose moči in analizo spola. Sistem za preprečevanja nasilja v družini so prvič uvedli v osemdesetih letih 20. stoletja in ker temelji na feminističnih idejah, je poudarjen vidik zlorabe moči, ključna pri preprečevanju nasilja pa sta pravna pomoč in zagotavljanje virov, kot so odredba o zaščiti in varne hiše. V nasprotju s tradicionalnim pogledom, da je nasilje v družini zasebna zadeva, avtorica trdi, da je to področje, v katero bi morala posegati država, in da je treba žrtve oprati kriude in odgovornost naprtiti tistim, ki jih zlorabljajo. Raziskave so pokazale, da so ženske, ki so preživele, doživljale zgolj okrnjene storitve zase ali pa storitve, ki niso zadovoljile njihovih potreb, zato so se umaknile iz procesa pomoči in še naprej doživljajo probleme v svojem življenju. Članek se osredotoča na tajvanske ženske z duševnimi težavami, ki so doživele nasilje svojih partnerjev in so se znašle ranljive in ujete v kompleksnih okoliščinah. Pokazati želi, kako delujejo različni zatiralni dejavniki v kontekstu, ki je preživele stigmatiziral in omejeval. Analiza dveh Tajvank z duševnimi težavami, ki sta preživele nasilje partnerjev, prikaže, da so takšne ženske izjemno ranljive in se srečujejo s številnimi ovirami, na primer s spolnimi normami, ki jih določajo patriarhalne vrednote, s patriarhalnim in kolektivnim družbenim kontekstom ter s socialnim izključevanjem, ki je posledica diskriminacije do težav z duševnim zdravjem. Če takšne ovire spregledamo, ne pomagajo niti ukrepi pravne pomoči niti namestitve v varnih hišah. Avtorica analizira preplet dejavnikov v kontekstu preživelih in poudarja pomen pravne perspektive in razumevanja dejavnikov, zaradi katerih so ženske ranljive. Pojasni, kakšne posledice ima takšna analiza za prakso socialnega dela.*

*Ključne besede: feministična teorija, tajvanska kultura, nasilje v družini, storilci, spolna zloraba.*

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## Introduction

Feminist theory is an important sociological theory that is very often used in social work research focusing on inequalities, power relations and social work gender analysis. It encompasses various different perspectives, such as liberal, socialist or radical perspective, which all deal with the analysis of power (Beasley 1999). The liberal perspective for instance, emphasizes the men's denial of women's equal opportunities to choose their life courses; women are encouraged to be assertive, competitive and individualistic. The radical perspective emphasizes that male dominance and control over women are based on biological factors; it focuses on the different ideologies, legislation, that address violence; it deconstructs the patriarchal dominance and allows

women to be powerful as well as defines women's power in the social context as fundamental. The radical perspective on class and gender oppression shows how paid work and unpaid biological reproduction are the sources of women's inferiority; it also shows the interconnection between socialism and anti-oppressive thinking which are both seen as the sources for the liberation of women (Nes, Iadicola 1989). Feminist theory was first grounded from the White women's perspective and was later expanded to include the perspective of Black women and women with diverse ethnicity, sexual orientation, etc. (Beasley 1999).

Regardless of the different perspectives of feminist theory, the ways power manifested in women's lives and the elimination of oppression for women are the common groundwork.

The purpose of adopting sociological theories to inform social work practice is to help social workers to analyze the sources of problems and develop possible interventions (Lancaster, Lumb, 1999). In the area of direct social work practice, feminist theory provides social workers with an overarching framework to help clients understand the power imbalance. The ultimate goal for social workers is to empower clients and facilitate changes (Van Den Bergh 1998). Feminist theory also lays the grounds for social policy makers to create systems/structures that are equal and socially inclusive. For example, the notion of radical feminism that men use dominance over women based on biological factors and violence, is often adopted to analyze the reasons why men sexually abuse women and, based on this analysis, develop relevant laws/policies to raise public consciousness and thus stop this male violence (Lancaster, Lumb 1999). The notion of socialist feminism that the production and reproduction issues oppress women helps to develop policies for helping women have better motherhood. Feminist theory also impacts the epistemology of research. For instance, it emphasizes the necessity and reflexivity of gender, a consciousness-raising as a way of seeing, and the challenging to the norms of objectivity. It also aims to empower women and transform social institutions based on the research results (Fonow, Cook 2005), to position service users as experts for creating knowledge (Coy 2006), and to recognize the asymmetric power relationships between the researched and the researchers (Hunter 2005). It certainly broadened the traditional research epistemology in social science.

Intimate partner violence against women happens around the world. Currently, social work practice with violence against women is predominantly informed by feminist theory. In the perspective of feminist theory the cause of intimate partner violence is that unequal power exists in the intimate partner relationships, the one with more power, most likely men, misuses/abuses the power over the one with less power, most likely women. The one with less power thus suffers and is disempowered in the relationship. The suffering and disempowered situations resulted in the one with less power developed many psychological and mental health problems, such as low self-esteem, posttraumatic stress disorders, etc. Given the harms and traumatic consequences resulted from being abused by the ones who abuse power, it is the state/authority that has the power to intervene in this situation, taking away the blames on the victims and place the responsibility on the abusers (Home of the Duluth Model 2017). Violence against women is considered as a hindrance to women's human rights and freedom (European Union Agency for Fundamental Rights 2014).

Therefore, in 1980's, domestic violence prevention act and relevant helping resources were first initiated due to the arising of feminist thoughts. Mandatory reporting system, legal aids and providing shelters as well as relevant resources are central to the helping process (Simpson, Helfrich 2014).

Undoubtedly, many women who survived their male partners' violence benefited from the system and opened up new chapters in their lives. However, research pointed out that survivors who were reported to the system experienced fragmented services or services that did not meet their needs, and thus it resulted in survivors withdrawing from the helping process so that their problems still plague their lives (European Union Agency for Fundamental Rights 2014, Liu 2016, Warshaw *et al.* 2003). Several reasons may account for this.

Firstly, domestic violence prevention system was developed in the United States in 1980's and is widely adopted and implemented by countries across world. Although many survivors had been helped in terms of safety and legal issues, research indicated that this system was

grounded on the understanding of young, middle aged, heterosexual, married survivors and failed to include lenses of diversity, such as age, disability, and cultures, into consideration. It resulted in ignoring the particular needs/issues of survivors with these various backgrounds (Simpson, Helfrich 2014). For example, the emphasis of helping survivors dealing with the parental custody of young children does not fit the needs of older women since their children had grown up. In addition, divorce is not a preferred or acceptable choice for older women with Chinese cultural background in their old age, therefore the emphasis of providing legal aids to divorce is not a helpful intervention older survivors consider (Liu, Mishna 2015). The needs of LGBT persons also were ignored due to the different legal issues (Simpson, Helfrich 2014).

Secondly, helping survivors with an emphasis on safety, legal and resources issues may result in failing to understand survivors' hesitation to call for help. For example, family centered values and not revealing family secrets, including domestic violence, to any outsiders and thus bringing shames to family are characteristics of collectivist culture such as Taiwan (Yick *et al.* 2003). These cultural values may serve as constraints for survivors and thus silence survivors when they experience intimate partner violence. The cultural values that prevent survivors from calling for outside help make them even more vulnerable in abusive intimate partner relationships (Preisser 1999, Yoshihama 2005). In addition, responses from police to court reinforcing victim-blaming culture still remain and thus prevent women who experienced violence from calling outside for help (European Union Agency for Fundamental Rights 2014).

Failing to explore, and deal with, the unique and interlocking factors that make survivors vulnerable, the effects of protection provided by legal aids and social service are limited. This paper uses examples of women with mental health problems who survived their male partners' violence in Taiwan to demonstrate how various oppressive factors in survivors' context stigmatized and constrained survivors. It uses a framework informed by feminist theory to analyze their multiple interlocking vulnerable situations. It aims to emphasize the importance of a legal perspective as well as a comprehensive analysis of vulnerable factors in understanding survivors in inferior status.

### **Complexity faced by women with mental health problems who survived their male partners' violence**

Intimate partner violence against women is a devastating traumatic experience. Women who had experienced intimate partner violence often developed negative psychological and mental health problems, such as low self-esteem, depression, posttraumatic stress symptom disorders, suicide attempts, etc. and resulted in having problems in dealing with daily life activities (Yoshihama *et al.* 2006). Blasco-Ros *et al.* (2010) indicated that many women who had experienced intimate partner violence were most likely to develop depression; evidence showed that the development of depression and experiencing intimate partner violence are intertwined. This is also the case in Chinese cultural context. In Chinese cultural context, women who experienced verbal and physical violence were reported to have higher rate of developing depression and somatic symptoms than their counterparts who did not experience violence (Yick *et al.* 2003). Interestingly, what is unique to the reactions of female survivors in Chinese cultural context is that they often disclose their depression by talking about somatic symptoms, such as headache and body pains. Yick *et al.* (2003) indicated that the somatic symptoms are associated with the Chinese cultural requirement of not revealing "family secrets" to the outsiders. Thus, women in Chinese cultural context who experienced abuse in marital/family relationships adopt somatic complaints to ask for outside support or recognition of their sufferings. Therefore this points to the fact that women who suffered both from intimate partner violence and depression, in particular women with Chinese cultural backgrounds, are often survivors trapped in complicated situations, such as situations intertwined by cultural and individual factors.

A number of issues that women with mental health problems who survived their intimate partner's violence encountered have been documented. Many female survivors with depression

are often negatively impacted by their depressive symptoms and thus are not able to function well in many levels of their lives. For example, they have difficulties in maintaining employment and thus have individual economic problems. These problems first resulted from female survivors' malfunctions and subsequently made their depressive symptoms worse in return. Therefore many female survivors with depression often got trapped in a spiral circle of problems (Yoshihama *et al.* 2006). Many female survivors were mentally healthy when they got married and developed mental health problems/depressions after they suffered from their intimate partner's violence. However, their mental health problems/depression symptoms often became the focal points and survivors are blamed for causing the problems. By placing the blames on survivors' mental health problems, people in survivors' immediate surroundings are free from responsibilities. The emphasis of depressive symptom without taking the reasons of causing it into consideration served the purpose of freeing their male perpetrators/abusers from any charges. In addition, the emphasis of depressive symptom may bring other negative results to female survivors. For example, their disclosures were not believed, and survivors' receiving social services may lead to lose the custody of their children or to cause perpetrators' further violence (Humphreys, Thiara 2003, Laing, Toivonen 2010, Rose *et al.* 2011). As a result, female survivors with mental health problems first experienced their intimate partner's violence and subsequently suffered from mental health problems and other negative results associated with them.

In addition to the ignorance of interactional effects of intimate partner violence and mental health problems/depression, lack of collaboration between social service system and medical system resulted in survivors experiencing fragmented services. Consequently, their problems remain (Laing *et al.* 2012).

Given the complexity of issues of female survivors with mental health problems/depression, understanding their problems and needs in a perspective of unequal power relationships is crucial (Chang *et al.* 2005).

### **Gender relationships and the social images of people with mental health problems in Taiwan**

Taiwan, as island situated in the east side of China, was used to be a part of Chinese territory in Ching Dynasty.<sup>1</sup> It was given to Japan when the emperor of Ching Dynasty had lost war to Japan. Taiwan was occupied by Japan for 50 years and was returned back to China after Japan lost World War II. Soon after the returning back to China, Taiwan separated from China again because Chiang Kai-Shek<sup>2</sup> lost the leadership of China and retreated to Taiwan. Therefore Taiwanese culture is predominately a culture embedded with the ideologies of Chinese/Confucius and Japanese culture. Taiwanese culture is characterized by rules of interpersonal relationship; the emphasis of family centered and patriarchal values have been prevalent until now. The cultural norm for women, named "The three obediences of Women", meaning women were supposed to be obedient to their fathers before marriage, to their husbands after marriage and to their sons while their husbands passed away, was the source of patriarchal values in Taiwan. It highly emphasizes women's dependence on men and manifests in daily lives. Women in Taiwan currently are still under pressure to conform to the norm of subordination to men (Tsai 2011). Although women's participation in labor force and women's receiving education are increasing, the gender inequality ideology is still rigid and men have more power than women because the privilege of male gender still remains (Xu, Lai 2002).

Patriarchal values in Taiwan include women's subordination to men, gendered division of

<sup>1</sup> Ching Dynasty (1636–1912) was the last dynasty that implemented monarchy in Chinese history.

<sup>2</sup> Chiang Kai-Shek was a president of China briefly after World War II. However, Mao Zedong demolished him and replaced him as the leader of China in 1949.

household work regulated by “men work outside<sup>3</sup> and women work inside<sup>4</sup>” and husbands’ families are their final resting places. Women’s virtues include taking care of others, coping with suffering by endurance and the emphasis on not losing virginity before marriage. Men are legitimate to continue family lines and are representatives of family, therefore producing male heirs are important for married women (Lu 1990). If the husband is not loyal to their marriage, the wife is supposed to wait for her husband to come back to her patiently (Lee 1996). A divorced woman is more stigmatized than a man and a remarried woman is also devalued. Although women in Taiwan currently are able to receive education and participate in labor force, they are still encouraged not to pursue higher education, such as Ph.D and are encouraged to enter into the so-called “feminine professions”, such as school teachers, nurses etc. (The foundation for women’s rights promotion and development 2017). Researchers argue that it is insufficient to change the patriarchal values due to lack of gender role ideological change. Therefore Taiwan’s social context still remains patriarchal although women are bringing resources into the family and are able to bargain power in the family (Hu, Kamo 2007, Xu, Lai 2002).

In addition to the patriarchal values that place women in second-class positions, stigmatization of mental health problems also exists. Most Taiwanese are Buddhists and Taoists and their attitudes towards mental health problems are strongly influenced by their cultural and religious beliefs. Mental health problems were considered to be a moral problem in the family in Taiwanese culture and religion (Wen 2012). It was believed that the ancestors or current family members had done immoral things and the punishment returns back to their offspring.

Therefore, a Taoist priest would be hired to host a worship ceremony to symbolically pay it back or remedy what they had done before. If it didn’t work, then hiding the persons with mental health problems in the house or sending them to an institution out of their family town and never seeing them again are ways of dealing with it in Taiwan still today. This is supposed to cover the “immoral image” of the family. Therefore, Taiwanese cultural and religious beliefs regarding mental health problems dominated the family members’ choices of care for people with mental health problems. The cultural, religious and patriarchal beliefs together create a context that not only stigmatizes but also isolates women who suffered both from their intimate partner’s violence and her mental health problems.

### The history of the Domestic Violence Prevention Act in Taiwan

In 1993, a Taiwanese woman who had suffered from her husband’s long-term abuse cut her husband’s penis while he was sleeping. This woman did not run away after she had hurt her husband. Instead, she had called her husband’s younger sister and had asked her to report her to the police office. She admitted to the police officers that she had killed her husband. During the trial process, dozens of female lawyers and human right activists in Taiwan worked together to lobby a Domestic Violence Prevention Act. They attempted to save this woman and other women who also suffered from their husbands’ abuse by claiming that domestic violence/intimate partner violence is not an issue in private sphere but an issue that needs to be intervened by the law. They successfully initiated Domestic Violence Prevention Act in Taiwan and this Act came into enforcement in 1998 (Domestic Violence Prevention Network 2017). Mandatory reporting, safety and legal aids are central to this Act. Following the enforcement of this Act, a domestic violence prevention system that adopted fully the model developed in the United States was also initiated (*op. cit.*). In this system, social workers cooperate with police officers, lawyers and psychological counselors to help survivors. Providing shelters and other resources, discussing safety plans with survivors, working with survivors to apply protection orders from the courts, etc. are main intervention strategies.

<sup>3</sup> “Outside” refers to employment, rights to raise opinions, etc.

<sup>4</sup> “Inside” refers to household work, caring for the family, no rights to raise opinions, etc.



Taiwan is the first country in Asia to implement Domestic Violence Prevention Act and develop relevant systems accordingly (*op. cit.*). It is an important milestone given that the patriarchal and family centered cultural values are highly emphasized in Asia. It also takes the lead to influence other Asian countries to implement their own domestic violence prevention acts and helping systems in the following years.

Domestic Violence Act in Taiwan had been revised twice to accommodate the social change since its enforcement. In 2007, the violence happening in cohabitation union, including same-sex and heterosexual relationships, was included in the category of domestic violence. In 2015, the violence happening in non-living together union was included in the category of domestic violence (Law and Regulation Database of the Republic of China, 2016). The legislative history demonstrated that the forms of violence vary in Taiwan's social context and the various forms of violence were officially noted. However, although various forms of violence had been included in Domestic Violence Act in Taiwan, relevant practice/services had not yet been developed to respond to them.

### Current Data

Since the establishment of domestic violence prevention system, the official statistics of demographical data of survivors and abusers has also been created. According to the national statistics, approximately 95,000 intimate partner violence victims had been reported to the system each year since 2010, 70% to 80% of the victims are females, in the age range of 30–50 years of age, are high school graduates but are not in paid employment and are at home, the majority of victims are wives without employment (Ministry of Health and Welfare 2017). Among all female victims with a disability, the majority has a diagnosis of mental health illness (*op. cit.*). The statistics indicated that most survivors are middle-aged women with high school education and no employment. It reflects that most survivors still follow traditional female gender role norms. It also reflects that intimate partner violence intertwined with mental health problems. In retrospect, several questions arise: what are the real situations that women who survived their male partners' violence, face since they follow the tradition female gender role norms? Does the system respond to their needs? It also points to the importance of a particular attention to the survivors with mental health illness.

#### *Vignette 1: an aged Taiwanese woman with mental health problems who survived her male partner's violence*

Jan, aged 70, is a woman who survived her male partner's long-term violence. She grew up in 1940's when Taiwan's social context was socially conservative and economically poor. At the age of 18, she was married to a man who was an only son in a rich family that resided in the capital city in Taiwan. According to the female role model of that era, a woman was destined to marry a man and took care of his family and the family she and her husband built. It was considered to be a blessing for a peasant young woman to marry a rich man given that the social context was economically poor.

A few years later, this marriage ended up with divorce. Jan had lived with her husband's family members together in a luxury mansion and realized that her husband and the mother-in-law both had severe mental health problems that she hadn't known before marriage. Her husband and her husband's family members often had abused Jan physically, mentally and economically right after Jan had been married to her husband. After years of being abused, Jan was no longer able to cope with/endure the endless tortures. In order to escape from this abusive marital relationship, Jan gave up the custody of her only son and alimony to get divorced successfully. After divorce, Jan went back to stay with her own parents who resided in a rural village. An adult divorced daughter staying with her parents was considered to be shameful in Taiwan. Therefore, Jan hid herself inside the house most of the time and made herself as invisible as possible in order not to bring shame to her parents.

One day, Jan's cousin introduced a man who worked as a government employee to her. This man behaved and talked gently with Jan. Most importantly, as a government employee, this man was believed to be able to maintain a stable economic situation for the family as well as being a man with good moral conduct. In addition, marrying to this man might serve as a chance for Jan not to count on her parents as well as to end the shameful and self-confined situation. Therefore, Jan agreed to marry this man right after they met although Jan's parents worried about Jan might come across the similar problems that happened in the previous marriage again.

After wedding, Jan realized that her second husband was married before and had a son, from his previous marriage, who would live with them. Although it was again a big shock for Jan, as a woman who married the second time in Taiwan's social context, she had no choice but to work hard to maintain this marriage. However, her stepson was not satisfied with all her hard caring and often accused her of many strange reasons. Unfortunately her husband chose to believe what his son said and pleased his son by blaming and yelling at Jan. Years gone by, Jan and her second husband did not have children of their own and her husband's abusive behaviors escalated. Jan adopted strategies, for example, "keep the mouth shut" and "please the abuser", to cope with the abusive relationship. Since people often place blames more on women than on men if they fail in the marriage twice, Jan decided not to tell her own parents or others regarding what she had been through in her second marriage.

After many years of being humiliated and abused mentally and enduring it without calling for help, Jan developed mental health symptoms and was diagnosed with "major depression" in her sixties and had been on medication since then. Jan was reported to the police station by her neighbor and was referred to the Domestic Violence Prevention Center due to a big fight with her husband. Therefore police officer, social worker and court judge then intervened in their conflicts. However, her husband utilized her mental health problems as an excuse to tell police officers and the court judge that all the fights were caused by her unstable emotional problems. In addition, her husband again talked gently and rationally in front of police officers and the court judge and performed like an "ideal husband". Jan was very upset when she noticed that her mental health problems were blamed for the problems, something that was stigmatized in Taiwan's social context. Ironically, her mental health problems were caused by her husband's abuse however her husband utilized her mental health diagnosis to accuse her. At first, police officers seemed to believe what Jan's husband said and hesitated to take further actions. This upset Jan and placed her in a very helpless and hopeless situation. Jan's husband sensed that and repeatedly utilized this strategy. Fortunately, some professionals checked information in detail and carefully, for example, the date Jan was diagnosed with "major depression", and then found out Jan developed the mental health problems after being married. They realized that Jan developed the problems in her marital relationship and was the victim. The whole story changed since then and Jan got protections from the system.

This was a real narrative derived from an interviewee who was helped by the Domestic Violence Prevention System in Taiwan and voluntarily participated in a research regarding the experiences of women with mental health problems who survived their male partner's violence in 2015. Jan's narrative was typical among other interviewees' narratives: many similar factors in these female interviewees' life scripts make them vulnerable, for example gender role norms, cultural values of marriage and remarriage etc.

*Vignette 2: a middle-aged Taiwanese woman with mental health problems who survived her male partner's violence*

Wen, aged 45, a woman with mental health problems who survived her male partner's long-term violence, grew up in a single parent and economically poor family in rural Taiwan. Wen's mother had run away from this family while Wen was a little girl. Unfortunately Wen's father was long-term unemployed and had alcohol problems. Wen described her childhood as

often being lonely and ignored. Wen fell in love with a boy at the age of 17 and got pregnant. Wen was grounded in the house and was required to get abortion by her family because the unmarried teenage pregnancy was unacceptable and a shame to the family. Wen ran away from home one night and stayed with her baby's father during pregnancy. After giving birth to the child, Wen and her baby's father officially married at the court.

Unfortunately, her baby's father developed drug abuse problems and was not able to work. Therefore, Wen, as a woman without any job training and experiences, had no choices other than to work as a helper for a kitchenware vender in a traditional market to earn money and support the family. Sadly, her baby's father often stole the money she earned to buy drugs and, without money to buy foods, Wen and the baby were hungry all the time. One day, Wen's friend told her one job information that could provide salary and accommodation, so Wen went to the interview and got hired as a waitress in a café. Working in the café allowed Wen to run away from her marriage, save the money she earned and divorce her baby's father.

The male owner of the café was very nice to Wen and Wen's baby and proposed to Wen. "It seemed that I was almost drowned and all of a sudden, a rod come to me, so I grasped the rod with all my strength in order to survive," said Wen about the situation at that point. Wen believed that it is a blessing for her to meet a man who was willing to accept her and her child. Unfortunately, Wen's second husband often sexually abused her and required from her to get his permission before going out of the house after they had married. Wen just realized that her second husband was an extremely controlling man. However, as a twice married woman, Wen told herself that this was her fate and adopted the strategy of "isolating her feelings" to cope with physically, sexually and mentally abusive relationship. Wen was diagnosed with "major depression" after they had been married for 10 years and had been on medication since then.

Wen's second husband often told their relatives and friends not to believe what Wen said because of her mental health problems. Wen stayed in this relationship for 19 years and had 3 daughters with her second husband. One day, her oldest daughter persuaded and encouraged her to take everyone and run away from home while her husband was away. Wen realized that her daughters also suffered and she did not want her children to experience what she had experienced in her childhood, so she and her daughters ran away. Wen's husband went to every relative and friend to look for Wen and their daughters. Wen's second husband behaved like a loving husband, crying and telling everyone that the disappearance of Wen and the children was caused by Wen's mental health problems.

His strategy worked for a while. Wen was emotionally broken down because of her husband's endless threatening text messages and was sent to emergency room one day. She was reported to Domestic Violence Prevention System by the social worker in the emergency room and got help from the system. By looking back at her life story while being interviewed, Wen concluded that she had suffered from the belief that women count on men in every aspect. Wen was also voluntarily participating the same research project as Jan in 2015. Wen's narrative demonstrated that she was trapped in a web of female gender role norms and mentalism.

### **Analyzing vulnerable factors of women with mental health problems who survived their male partners' violence from anti-oppression framework**

The point of anti-oppression perspective is to understand the sources of oppression and how these oppressions result in social inequality as well as social divisions and oppress people in the social context. Thompson (2006) and Dominelli (1996) both indicated that the sources of oppression lay on personal, cultural and structural levels. When a culture contains discrimination/exclusion values imposing stereotypes or negative discourses on certain people, individuals in that particular culture often internalize these cultural values in their socialization process. They treat certain people as "others" and thus create a social structure divided by gender, ethnicity, religion, disability, sexual orientations, etc. based on their internalized



values. This divided social structure excludes and deprives the power of people with certain gender, ethnicity, religion, disability and sexual orientations. Eventually people with certain gender, ethnicity, religion, disability and sexual orientations find themselves in vulnerable/inferior status. The oppressive factors need to be taken into consideration to understand Jan's and Wen's situations.

In a culture where patriarchal values are still prevalent, female gender norms served as constraints for women. Divorce is considered as a failure for both men and women in Taiwan, however, for women it is a shame due to the requirement of women's virginity for her husband. In addition, women are not encouraged to be independent economically; therefore many women experienced economic hardship after divorce. Growing up in a social context that emphasized divorce was shameful to women, people such as Jan, Wen and their parents/relatives/friends all internalized these values. As a result, they were socialized to believe that a divorced woman was less valuable, and that having a divorced family member means losing family's face. These internalized values also shaped women's self-worth. This explains that, as divorced women, Jan and Wen were both not only devalued by people but also by themselves. Therefore, the stigmatization of divorce and low self-worth constrained Jan from participating in outside activities and confined her inside the house after divorce. The stigmatization of divorce and a feeling of losing face also explained why Jan's parents endeavored to make Jan as invisible as possible after Jan had been divorced and had returned back to stay with them. The stigmatization and economic inferior situation made Wen experience even more hardship. This explained why Wen felt like drowned after the divorce from the first husband. Also the stigmatization and low self-worth caused by divorce limited both Jan's and Wen's choices in their life after divorce. Furthermore, subordination to men and dependence on men imply that men are the saviors for women. This explains that they both were only able to, and wanted to, take any men/chances that came to them.

Female gender role norms also require women to care for, and sacrifice themselves for, family. Women's selflessness was notably highly emphasized in the era when Jan grew up. This explains that despite being in abusive situations, Jan was still willing to sacrifice herself to care for her abusive second husband and her stepson. Also, one of women's virtues requires women to adopt the strategy of "endurance" while in any hardships. The requirements of women's sacrifice for family, endurance and that of "for the sake of family" silenced women and put them in extremely disadvantaged situations and thus served as oppressive factors for women in abusive relationships. It is understandable that survivors develop mental health symptoms in such a helpless and hopeless situation.

In a culture of mentalism, people with mental health problems often are not believed and thus are deprived of full human rights to certain degrees in terms of the ignorance and non-response to their sayings from the public. These values and attitudes are widely adopted by many people, including the family members and close friends of survivors with mental health problems. Due to the "madness" stereotypes of people with mental health problems, Jan's second husband, as a "normal" man and a government employee that his occupation symbolized "good moral conduct" in Taiwan, was more believed and trusted by the public. A person, like Jan's second husband, with normality and good moral conduct, is automatically categorized as the privileged and granted with more power. In contrast, a woman with mental health problems is categorized as the others and is deprived of power. This allowed Jan's second husband to utilize his identities as "male gender", "normal person" and "good moral conduct" to cover up his abusive behaviors and placed Jan as the "trouble maker". This also possibly freed Jan's husband from any accusation by formal social systems if formal social systems carry the same stereotypes/discourses regarding mental health problems, normality and government employees. The deprivation of power of people with mental health problems as well as stigmatization (they are sick and are not believable), oppressed Jan in many aspects of her life. For example, Jan accused her husband of abusing her but this was shown as a hallucination, a symptom of her mental health illness. By

interpreting Jan's accusation of her husband as a hallucination, Jan was pushed back to abusive relationships and suffered again. The ideology of mentalism became a source of oppression in such a way. This is also the case of Wen. Leaving the abusive relationships was interpreted by Wen's second husband as misbehaviors caused by mental health problems. Due to internalized mentalism ideology, Wen's relatives and close friends did believe firstly that Wen went "crazy" and tried to push Wen back to stay with her second husband. This placed even more stress on Wen and made her symptoms even worse. Without carefully looking into the story, one may mistakenly reinforce the discourse of mentalism.

Both vignettes are typical stories revealing the complexity of oppression/interaction of patriarchal norms, female gender norms and stigmatization of mental health. Although each culture contains rich resources for people to adopt to and cope with sufferings (Ungar 2010), this paper pointed that values embedded in their cultural context may also serve as oppressive factors for survivors and make them more vulnerable. Therefore culture may be a double-edged sword, and careful examination of the role of culture played in survivors' narrative is required.

### Conclusion and implications

The paper indicated that women with mental health problems who survived their male partners' violence face many obstacles that put them in vulnerable situations, including female gender norms developed from patriarchal values, coping strategies sanctioned by patriarchal and collective social contexts, and social exclusion developed from discrimination towards mental health problems. If we ignore these obstacles, legal aids, providing shelters and other resources are limited.

Identifying these obstacles that put female survivors in vulnerable situations is the first step and follows the transformation of these obstacles. This requires frontline social workers to be culturally competent. Several suggestions are addressed as follows:

- 1). In addition to providing survivors with legal aids, shelters, financial aids, job training and other relevant resources, it is important for frontline social workers to carefully examine factors that make female survivors vulnerable to intimate partner violence.
- 2). Once all factors that make survivors vulnerable to intimate partner violence are identified, frontline social workers then discuss with survivors about the sources and meanings of these factors and develop alternative ways to face these factors.
- 3). In order for frontline social workers to develop the abilities to identify vulnerable factors, in-service training and supervision should include relevant topics to help social workers.
- 4). It is also important for social workers, educators, and activists etc. to work together to raise the consciousness and transform the stigmatization and oppression in cultural and social context. The transformation strategies are suggested as follows. Firstly, in order to transform the ideology that mental health problem is a moral issue, educating the public to understand more about the causes and recovery of mental health problems is important. Secondly, working together to create a more inclusive surrounding, such as friendly dining, living and working places, for people with mental health problems, is necessary. Thirdly, people with mental health problems should be encouraged to go out and participate in social activities. The more interaction people have with survivors who have mental health problems, the more understanding people gain about mental health problems. The more understanding people have about mental health problems, the less stigmatization they retain. Similarly, continuous efforts on working towards gender equality, including in the area of public education, school education, family education and policies, are important. When mentalism and gender inequality are removed from the mindsets of people, the stigmatization and oppression will stop.

Only a comprehensive way should be applied to help survivors, including providing legal aids, shelters, protection orders, relevant resources as well as identifying and resolving vulnerable factors. Only then violence problems can be solved.

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