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# The Intersection of Gender and Other Social Institutions in Constructing Gender-Based Violence in Guangzhou China

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## Abstract

Although violence against women is illegal in China, few studies have been published concerning this issue in that country. This article is part of a program of research undertaken in one province of China. The purpose of this study was to understand, from the perspectives of women who have experienced gender-based violence (GBV), the intersections of gender and other social institutions in constructing GBV in Guangzhou, China. The research question was as follows: For women who have been unfortunate enough to be with a partner who is willing to use abuse, how is gender revealed in their discussion of the experience? Women participants ( $N = 13$ ) were all over the age of 21, had experienced some form of abuse in an intimate relationship, and had lived in Guangzhou at least for a year prior to data collection. They had a variety of backgrounds and experiences. The

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majority spoke of GBV as common. "Saving face" was connected to fear of being judged and socially stigmatized which had emotional as well as material consequences. Eight situations in which social stigma existed and caused women to lose face were identified. Gender role expectations and gendered institutions played a part in family relationships and the amount of support a woman could expect or would ask for. The women in this study received very little support from systems in their society. A high proportion (67%) revealed symptoms of mental strain, and three talked about having depression or being suicidal. The results are discussed in terms of identifying the mechanisms by which systems interlock and perpetuate GBV.

### **Keywords**

domestic violence, alcohol and drugs, cultural contexts, domestic violence and cultural contexts

### **Introduction**

Studies of gender-based violence (GBV) in China reveal a high prevalence, with 21% of wives in Beijing and 90% of rural women reported to have experienced such violence in China (Jiang, 1993, cited in Hicks, 2006; Sun, 1995, cited in Hicks, 2006). The numbers are startling; however, it can be argued that these studies were done almost two decades ago. Tang and Lai (2008) estimated a lifetime prevalence of GBV of 19.7% and a prevalence in the last year of 16.8%. They also found higher lifetime prevalence in rural samples. China has undergone extensive social reform since 1949 when the People's Republic of China (PRC) was born. Whyte (2000) cautions, however, that it is nearly impossible to make any definitive statements as to whether these reforms have strengthened gender equality. He cites the lack of reliable data and interpretation of the data as the main barriers. China includes one quarter of the world's population, but very few studies of GBV have been conducted relative to many other countries, particularly Western countries. Tang and Lai (2008) conducted a review of empirical quantitative research on intimate partner violence in China between 1987 and 2006 and found only 19 papers that met their inclusion criteria. Of these 19, 10 studies took place in gynecological and obstetrics clinics, a convenient location to find women but nevertheless biasing our understanding as health care settings produced higher rates of lifetime prevalence.

As we have described elsewhere (Tam, Dawson, Jackson, Kwok, & Thurston, 2013), there are laws against GBV in China. Article 45 of the Marriage Law of 2001 prohibits bigamy, domestic violence, or maltreatment

of a family member; the legal definition, however, focuses on physical violence and injuries. Marital rape is not illegal. We have also shown that community resources to specifically address GBV are scarce although the All China Women's Federation (WF) has established legal aid centers, hotlines, and domestic violence report centers in every provincial and municipal branch (Tam, Dawson, Jackson, Kwok, & Thurston, 2012). At the time of writing, there were four women's shelters serving the population of 12 million in Guangzhou, but these are not heavily used. No non-governmental organizations (NGOs) with a focus on GBV were located in Guangzhou. The reasons for this include government control of the field through the WF and monitoring of NGOs for adherence to the set mandate (Tam et al., 2012).

Violence against women by intimates is referred to by many names, such as interpersonal violence, family or domestic violence, and wife abuse or battering. Our focus is GBV against women and we adopt the 1993 definition of the United Nations which refers to male violence against women in intimate partner relationships, including violence committed by a husband, a common-law partner, an ex-husband, or an ex-common-law partner. It includes any acts or threats of such acts that result in, or are likely to result in, physical, sexual or psychological harm or suffering to women (cited in World Health Organization [WHO], 2013).

GBV draws attention to the differential experiences of violence based on one's gender. We consider sex to be a biological characteristic related to sex genes whereas gender is a socially constructed identity often confused with sex (Lorber, 1994, 1997; Thurston & Vissandjée, 2005).

Gender includes the social norms, beliefs, practices, and structures that stipulate what is feminine, masculine, good parenting, queer, straight, proper behavior, and so on. It is a concept developed by feminist scholars that has helped to explain inequities in education, health status, employment, and other areas experienced by females compared with males.

Feminist research on GBV has shown how violence is gendered and used to control women in society and with activism has moved GBV from a private to a public policy issue in some countries (Tam et al., in press; Yllö, 2005). In the last decade, feminist scholars have highlighted how gender intersects with other identities in creating the experiences that women have, for instance, whether she is "immigrant," racialized, or poor (Varcoe, Hankivsky, & Morrow, 2007). Crenshaw (1991) noted the intersectionality of racism and sexism in women's experiences of GBV and warned that failure to incorporate these intersections into our responses can further marginalize women. Depending on her socialization and what constitutes being a good girl, woman, mother, and so on, a woman may experience violence as a "show of affection" or "proper punishment." A woman experiencing GBV

who also has the identity of immigrant may not seek assistance to which she is otherwise entitled because her husband is her sponsor and threatens to expel her from the country (Thurston et al., 2013). A woman with disabilities may be viewed as lacking sexuality and not in need of protection from GBV (Thurston, Farrar, Casebeer, & Grossman, 2004). As we move to programs and policies, “examining the dynamics of difference and sameness” is critical to understanding the role of power in constructing women’s lives and societies responses to the inequities created (Cho, Crenshaw, & McCall, 2013). GBV has serious consequences for women’s health, often is experienced by the same woman in many forms over the lifetime (e.g., child sexual abuse, dating violence, wife abuse, rape), and can result in death (Exner & Thurston, 2009; Thurston, 1998; Thurston, Patten, & Lagendyk, 2006). As Yllö (2005) notes, however, we must call upon all disciplines to understand the intersections of gender with other defining characteristics and to ensure that research on GBV does not have the unintended consequence of stigmatizing some victims or worsening their condition.

Loke, Wan, and Hayter (2012) deliberately looked for qualitative studies and found only one prior to their own work. Their study recruited nine women who had experienced GBV from an Accident and Emergency Department of a hospital in Hong Kong. However, Hong Kong is a Special Administration Region, its political, legal, and social contexts are very different from mainland China. The study reported here will therefore contribute to the scant literature that allows Chinese women to speak for themselves, especially women from mainland China.

## Purpose

The purpose of this study was to understand, from the perspectives of women who have experienced GBV, the intersections of gender and other social institutions in constructing GBV in Guangzhou, China. The research question was as follows: For women who have been with a partner who abused them, how do their discussions of the experiences indicate the presence of gender as a social institution?

Guangzhou is the capital of Guangdong province. According to the 2010 Census, Guangzhou has a population of 12.7 million and is one of the fastest economically developing cities since the economic reforms began in China in 1978 (F. Cai, Zhang, Wang, & Wang, 2003; Guangzhou Statistics Bureau, 2011). Among this population, there was approximately 4.8 (37.8%) million migrant workers who came from rural and interior regions to Guangzhou for work because of its economic development (H. Cai & Wu, 2007; Ngok, 2012). Under the resident registration system (*hukou*), migrant workers do

not fully enjoy the same public services as their urban counterparts, such as child education, health care, and living conditions (China Development Research Foundation, 2012; Jiang, 2009; Ngok, 2012); therefore, the women are more susceptible to GBV.

We draw upon the model of Thurston and Vissandjée (2005) to examine gender, culture, and the role of other social institutions in constructing GBV in Guangzhou. This model examines factors at the level of individuals (micro-level), organizations and groups (meso-level), and systems (macro-level). It conceptualizes how the individual is impacted by organizations and groups around her and how regulatory institutions, systems of political representation, and economic and welfare institutions (providing services, education, and health care) are interacting in a complex system to enable or restrain the determinates of her health. Symbolic institutions are “cultures of rules and resources” (Thurston & Vissandjée, 2005, p. 232) sustained over time and space, such as gender, religion, and justice. Gender includes micro-level processes shaping power and expectations of how power will be shared and gender plays a part in shaping other social institutions, and is in turn shaped by them. Thus, the role of gender can shift, wax, and wane in influence, in a given context and a given time, though over time its constructions can be traced through patterns and practices. Originally developed to explain the role of culture as a social institution impacting women’s health, the model has also recently been used to guide analysis of systemic violence in the lives of women escaping GBV (Henderson, Thurston, & Roy, in press).

## Methods

The study took place in Guangzhou, China, between July 2007 and February 2009. A participatory action research (PAR) approach was used to engage participants in identifying needs, developing goals, and planning action for desired changes. PAR seeks to engage members of the group intended to benefit from the research in the study process and design of solutions. It often brings members together to share experiences and to enable them to see their personal experience in the broader context (Berge & Ve, 2000; Morris, 2002). An action approach was considered appropriate because the study was interested in challenging the dynamics of socioeconomic and gender inequality around abuse of women and promoting improvements in addressing this serious issue. This action approach helped in making connections among women participants to enable them to share experiences, gain new insight, and suggest effective ways to intervene in and prevent GBV.

This study conducted 13 in-depth one-to-one semi-structured interviews with women who had been abused and had either left the abusive relationship

or had no experience of an acute episode of abuse for at least 12 months. Women participants were all over the age of 21, had experienced some form of abuse in an intimate relationship, and had lived in Guangzhou for at least 1 year prior to data collection. The interviews were conducted by trained research assistants from the region.

We began with referrals from social service professionals working in Guangzhou. The initial contacts with service providers were made by project partners from the Center for Social Work Education and Research in the Department of Social Work at the Sun Yat-sen (Zhongshan) University in China. These service providers approached women about being in the study, and if they were interested, they were directed to contact the local project coordinator directly and an interview was arranged. To ensure confidentiality, the referring social service professionals would not know who eventually contacted the research project coordinator. Using snowball sampling, participants were then asked if they knew other women who might be interested.

## **Analysis**

Interviews were conducted in Chinese and translated into English by the research assistants. The translations were then reviewed by two Chinese Canadian investigators to check accuracy and consistency. The English transcripts were entered into NVivo™ for analysis. The goal of analysis was to provide a deep description of the role of gender as a social institution and its intersection with other influences on women's health as described in the model of Thurston and Vissandjée (2005). One researcher (W.T.) did the preliminary coding, beginning by reading the transcripts and then coding them one line or section at a time and moving to grouping codes into categories and then themes. A draft report was then circulated among the team and discussions took place by email until consensus was reached on the final interpretation and presentation. This was an iterative process of description and interpretation as described by Creswell (2007) designed to ensure the accuracy of the analysis. The engagement of several analysts from different disciplines, some who had spent time in the field in China; provision of the women's own words; and detailed description and reference to the literature help ensure trustworthiness of the results (Creswell, 2007).

In presenting results, we have endeavored to protect the confidentiality of the participants by giving them pseudonyms. We have also not quoted or described one woman in enough detail that an individual could be identified.

**Table 1.** Demographic Background of Participants.

| Number of Participants by Demographic |    |
|---------------------------------------|----|
| Age range                             |    |
| Early twenties                        | 1  |
| Mid twenties                          | 1  |
| Late twenties                         | 2  |
| Early thirties                        | 2  |
| Mid-thirties                          | 2  |
| Late thirties                         | 1  |
| Early forties                         | 3  |
| Mid forties                           | 1  |
| Education level                       |    |
| Post-secondary                        | 6  |
| College diploma                       | 2  |
| High school                           | 2  |
| Junior high                           | 2  |
| Missing                               | 1  |
| Length of relationship                |    |
| <5 years                              | 6  |
| 6-10 years                            | 3  |
| >10 years                             | 4  |
| Child's age                           |    |
| <5                                    | 3  |
| 5-10                                  | 2  |
| 11-15                                 | 3  |
| >15                                   | 2  |
| Total                                 | 10 |

## Results

### *Characteristics of the Participants*

The participants included 13 women from various backgrounds (Table 1). Among the women, 7 had been married and 6 lived common-law with the abusive partner. The length of the co-habitation ranged from 6 months to 20 years. One woman was pregnant at the time of the interview, 3 had no children, 1 had 2 children, and 8 had one child. The children ranged in age from 3 to 18 years. One woman described herself as a housewife, 1 as unemployed, while the majority ( $n = 8$ ) worked full-time and 3 worked part-time. Among the women, 9 had residency in Guangzhou while 4 did not.

## Macro-Level Experiences

*Expectations of GBV in society.* The majority of the women ( $n = 9$ ) spoke about how GBV was very common even normative in society and that women and children were the usual victims. Sexism, a modern concept and tradition (a thousand-year-history), were both raised as possible explanations for GBV:

But his family is from the North and sexism is relatively prevalent there. It's quite normal for men to beat women. (Shu)

My grand mom was like this too. It was part of her daily life to be abused by her husband. She had seven children, and was abused by her husband, and her mother-in-law . . . Because actually women being abused has a thousand-year-history, and it cannot be solved right away, and it has been like this all the time. (Bao)

They [the public] think it is pretty normal. It seems that the same issue exists in the foreign countries comparing to China. (Cai)

Generally speaking, it varies from place to place, so as for the educational level. Those people with higher educational level have less physical violence but rather more "cold violence" (ignoring the other person). People from the place like villages have relatively more physical violence and foul language. (Xiu)

No woman reported that people around her thought this sort of behavior did not exist. One woman reported that her younger brother was shocked to learn that she was victimized, and she interpreted his response as indirectly blaming her for being "weak":

My brother is a man, when I was subjected to violence, I told him, then he told me, you should fight it out with him, he cannot understand. Because I think my brother is a man after all, to look at this from a man's perspective, for him, my brother simply cannot understand it at all, he does not understand why I am suddenly so weak and he does not understand why a man would beat, because to him, he simply does not hit his wife, how can you even bear the action of hitting your wife. (Chan)

Despite their own experience and the expected high prevalence of abuse, the women often simultaneously tried to diminish the significance of the prevalence by referring to it, for example, as being the same as foreign countries (normative between men and women), high in the "provinces," more of a rural issue, or a topic that cannot be avoided, even though people want to do

so. At times, prevalence was also linked by them to the idea that GBV had historic roots in Chinese culture, so the parts of Confucianism and “tradition” that allowed men to beat their wives was assumed to have survived, but the parts that allowed women to work outside the home or control their reproduction had changed considerably.

It was also not unusual for women to minimize the nature and extent of the abuse they personally experienced; for instance, the following woman, having experienced monthly “beating” for a while, minimized being kicked or locked out of her house by classifying a physical injury as the one serious incident:

I was really hurt once. That was really serious that time. He hit me twice by fist. And my whole hand couldn't move anymore. That was serious. Usually, he doesn't hurt me badly. It is more likely to be slapping my face, pushing me around, kicking me, like that. Sometimes he breaks things or locks the door to bedroom. Or he will force me to leave home. (Shu)

Thus, these women suggest that women in this region of China can expect to be at risk of GBV, though they try to manage this perception by normalizing and assuming the risk is greater somewhere else or no greater than in other countries. Men accept that they can oppress their wives if they want to and expect no repercussions if they use GBV to do so.

These gender-based norms are supported by reference to historical norms and the current law, which does limit GBV to physical harm. In the next sections, we will show that these micro-level perceptions are supported by other gendered social norms and social institutions.

*Saving face and social stigma for women.* The phrase “saving face” was used frequently by the women. Women expressed fear of being judged and socially stigmatized around a number of aspects of GBV. Eight situations in which women perceived that social stigma existed and would cause them or had caused them to lose face were identified. First, some talked about not telling their parents about the abuse to avoid losing face because this had been a man they themselves had picked rather than one recommended by their parents; therefore, they had made a mistake and would be thought less of or rebuked in some way. Second, some talked about shame and loss of reputation around being pregnant and unmarried; for instance, “When my belly was getting bigger, what would happen to my job, and my reputation?” (Fang). Third, some talked about avoiding public services, such as the police or court, because of the negative perception of being involved in the criminal justice system. Fourth, they were concerned about breaching strong social sanctions against

going public about the abuse, thus losing support of family or friends and perceived integrity. As the following illustrates, a person who talks a lot about personal issues may be considered to have certain characteristics in the extreme:

Interviewer: There is an old saying in Chinese “Domestic shame should not be made public.” Do you think it has great impact nowadays?

Respondent: Pretty much because people have to maintain some superficial social relationships. But it is also related to one’s personality. An extrovert person *shares everything with many people* while an introvert person keeps all her unhappiness in her heart. (Xiu, emphasis added)

Fifth, the loss of face also intersected with class consciousness; for instance, in describing their or someone else’s partners, the women often commented on his salary and whether it was high or low with implications that it should reflect something about his character. Family clearly preferred women to be with and stay with men with high salaries. As one woman said,

I still felt like I wanted this marriage, when the violence was at that stage, people like us who could be said to have a lot of face in the outside world . . . personally I feel [laughs], that we are more civilized and have stable jobs and good looks . . . (Yuan)

Sixth, that saving face was relevant was revealed in stories about the partner telling her friends or family about the woman’s “shortcomings . . . [to make her] lose face” (Nan) as another way for him to try to control her. One man went to the woman’s village and used a photo from her work unit as “evidence” when falsely accusing her of having an affair. Her older brother called her to yell at her and then didn’t speak to her for 2 years. Men having affairs was commonly discussed in interviews and while the women did not accept this behavior the men seemed untouched by any social consequences. At least two men apparently got away with bigamy.

Seventh, saving face was linked to the gendered responsibility to maintain harmony or peace in the home. Thus, several women at some point in the interview directly blamed themselves for the GBV (e.g., because I was too weak to leave) or indirectly alluded to the responsibility of women, “Women want to talk with you about these things [spousal conflicts], with the hope that you can get involved and help them solve problems” (P 12).

Finally, the issue of divorce had far greater implications for women than for men:

I asked others if there could be anything good for me if I got divorced. They said of course it would be good for him, and it would not do anything good for me. You see after the divorce, the older the guy gets the more valuable he would be, but the older the woman gets the worse; plus you don't have a job. (Bao)

The husbands used loss of face as a threat and a means of controlling their spouses: "He also said, I am a guy and why would I be afraid of being divorced, you are a woman, and you can just wait to be laughed at by others" (Fang). One woman had recently converted to Catholicism and was told she was not allowed to get divorced, so she had the added threat of sinning to the social disgrace of divorce. Thus, even if Confucianism is left behind by some, it appears that a new source of religious influence may take over. Another woman told of a cousin being severely beaten by her father after telling him she wanted to divorce the man they had chosen for her to marry.

Women also mentioned the need of their male partners to save face and how the partner saw loss of face as justification for further abuse of her:

Actually I also talked with his relatives about these things, and they said "your husband has high social status, his face; men care about their faces the most, so men would talk with him, and women would talk with me. (Bao)

... but I felt it [asking for help at work] was useless, furthermore this made him very angry, that is why I usually don't seek help unless I have to, because I feel that it is a waste of effort, it only makes everyone lose face, it only allows him to hate me, and it does not solve the problem. (Yuan)

The women's fears of stigmatization was not simply about psychological or internal personal consequences but were often linked to material consequences, such as loss of social support or a job. GBV is therefore constructed as very shameful for women, but as we will see, it is her reporting outside of the family that is more shameful for the man rather than anything he had done, including his abusive behavior.

### *Meso-Level Experiences*

*Family support.* Gender role expectations and gendered institutions played a part in family relationships, in part, by determining the amount of support a woman could expect or for which they would ask. All women mentioned their extended family during the interview, with a predominate pattern of women in her family providing any support she received. Sisters provided

both instrumental support (e.g., money) and emotional support to the women whereas brothers either blamed them or were not able to understand or help. Brother-in-laws, however, could be supportive, for instance, saying she would have family support if she decided to leave the abusive relationship, and it is likely this originated from support of her sister. In all but one case where mothers were mentioned ( $n = 7$ ), it was reported by the women that they might have originally expressed doubt that the abuse could be so bad or talked to her about responsibility to a marriage, but if the abuse escalated in intensity or severity, mothers often became very supportive. Women's responsibilities to keep a nuclear family whole and to care for the well-being of their children were often conflicting goals. In one case in which support was not forthcoming, the parents had supported the couple financially after she had a baby, but the abusive partner had since convinced them that she was mentally ill and they seemed to believe him.

In three cases, the women did not disclose their abuse to their families because they did not want to worry an older parent, or as one woman said, her family “. . . thought we were fine. Thus, 19 did talk about family reactions. The whole thing was just about face-saving” (Xiu). The woman's father was only mentioned specifically in two cases: one asked her father (and mother) to move in with her as she was working toward the divorce and this ended the physical abuse. The second father was viewed as someone the woman could not talk to because he would blame her for the abuse.

Fewer women ( $n = 8$ ) talked about their partner's family than their own, although 8 is still a majority of participants. One theme that emerged was that it was up to his family to get him to stop the abuse. Four of the women called his father or his family to report the abuse, but with little success. Thus, they tried to keep “family affairs” within the family, but this proved to not be in their best interest. In one case, the woman did report that the physical beating stopped after she called his family but the emotional and psychological abuse continued. Two women talked about how their abusers' families tried to make sure she didn't get any of the property despite the fact that in both cases there was a child involved who may have benefited from a home and/or financial support. Two other women did not have any contact with the abuser's family, and in one case it was because he refused to introduce her or the grandchild to his parents. The other case was not explained except it appeared that his parents had already died when they married.

Mothers-in-law were not mentioned often. In one case, the mother-in-law moved into the couples' home and also became abusive, physically and verbally abusing the woman, denying her food, and generally, along with her son, making the woman's life miserable. In another case, the couple lived in the same building as his family and the mother-and father-in-law supported

their son and blamed her. Finally, one woman described her mother-in-law as a passive wife, accepting the fathers-in-law's infidelity as he kept a mistress in another home and presented her as a wife.

*System and service support.* The women in this study received very little support from systems in their society. This was not because their lives had not been at risk. Ten of the women had experienced physical beatings and 5 of these talked about sustaining injuries, such as swelling, bruising, concussions, hearing loss, and a stab wound. Among the 10, 1 was almost killed and hospitalized in a coma. While the purpose of the interviews was not to investigate in depth the nature and extent of the various types of abuse, it did appear that the longer the relationship, the more frequently attacks occurred. In the three cases in which the beatings were not described, 1 woman was pushed frequently, which could be a risk for injury, but she described it as not "extremely" violent and we counted this as not physical. Of course, this could mean it was mildly or moderately violent, but she did not elaborate. A second woman felt threatened when he held a knife up, but she did not report any physical contact. The third woman implied that abuse was only verbal combined with infidelity.

There was confusion as to whether the physical abuse was covered by the law as reflected in the following statement:

To be honest, according to the Law on the Protection of Rights and Interests of Women, if you were not beaten to have severe injuries [it is not DV]. Don't you think it is useless? I checked the law, it is not that he just beat you once; if he just beat you once or the time between two beatings was long, it was not considered as domestic violence. It has to be that he beat you very often and the time between beatings is really short . . . (Fang)

Thus, men and women still believed that what occurred in the home was treated differently than if it occurred between strangers or non-relations. No one expressed a belief that mental or sexual abuse was an illegal act.

Given the fact that women were often unable to seek medical care because they were too ill, were restrained by their partner, did not have the funds, or were unwilling to do so because of fear of social stigma, there were few instances where medical reports were created to reflect that the husband had inflicted the injuries. Nine women talked about doctors, but only one said she was asked about the cause of her injuries. Doctors were described as too busy to provide support or counseling: "[The doctor] could just give me some medicine. Because psychological support things like this, [the doctor] could not provide to me. [The doctor] had to see so many patients, so it had to be efficient"

(Bao). When the abuse had become unbearable, another woman sought a late-term abortion, she reported that the doctor appeared too busy to talk about her problems and agreed to induce labor. Another woman described the violent and terrorizing behavior of her husband and the doctor gave her a book to read on the husband's psychiatric diagnosis. One woman did receive sound advice to leave the husband because otherwise she/he expected to see her back in the clinic. This suggests that some doctors may be aware of the patterns of GBV, but are perhaps insensitive to the difficulties they face when trying to get a divorce or what other support they could offer to help these women.

The Neighborhood Committees (NC) were either inaccessible or unhelpful when approached. Two women did not approach the NC because they feared loss of confidentiality and unprofessional responses. As another participant explained, the NC office was only open Monday to Friday when she was employed and some women could not risk being fired for taking a day off or afford to lose the income if she did. One woman's perception was that the NC was only interested in enforcing the one-child policy. Another woman found that the NC supported her husband's contention that she should be fined for being pregnant even though it was her first and his second child and showed no interest in dealing with the abuse.

The issue of resident registration can be important for women as they may be refused service on this basis. One woman, subsequent to recovering from a severe beating that had caused her to be hospitalized, in seeking assistance from the government services to which she was referred reported, "The government officials there at (location) district, they said the problem you have cannot be solved here; you have to go back to (her home town) (Hong)." It was also reported that if an unregistered woman has a child in Guangzhou, that child may be registered in Guangzhou along with the father. This will put her at a disadvantage when applying for child custody. Married women can transfer their registration to the city if their husband is registered there, but his cooperation would be required. Women in common-law relationships are therefore discriminated against. Furthermore, women not registered in the city can expect discrimination in employment and allocation to low-paying and gender-segregated jobs (Huang, 2001).

Only three women reported calling the police. One woman was told by police to go to legal counseling where she was advised to change herself to make her husband behave better. The second woman was told they couldn't go to her unless she was hurt and she should go to the WF for domestic disputes; after being interviewed at the police station, the third woman was asked if she was willing to let it go. Thus, the police reinforced that GBV is not to be taken seriously and that women are on their own to obtain any help needed.

Talking to lawyers was even less common as few of the women had the financial resources. The women were often paid less than the husband yet were left to look after the child and household expenses. Few had disposable incomes to use for a lawyer or any other service. The one who reported seeing a lawyer felt hopeless afterwards about ever being able to prove the abuse as grounds for divorce after the lawyer explained the laws and legal system to her.

Finally the WF was considered unhelpful and with very little power to intervene in such cases by seven of the women. Two others mentioned they thought about contacting the WF, but they didn't express any hope for help.

The following quote sums up the women's stories about trying to get assistance from social institutions:

That's to say these things just sound great, but what can really help you out, basically equals to nothing, that's to say, when nothing happens to you they probably would be glad. When you have something happen and go to her for help, then this person would say I don't have time, I have something else to do today, another person would say that I don't have time either, I have something else to deal with today, the most is to comfort you with few sentences. It is impossible to explain to you stuff about the law in detail. (Zhen)

### *Micro-Level Experiences*

*The impact on women who experience GBV.* The majority ( $n = 8$ , 67%) of the women interviewed revealed symptoms of mental strain, using words such as numb or "in a black hole" to describe themselves, and three of them talked about having depression or being suicidal. Among these women, five used the term hopeless to describe their situation. Their symptoms of depression interfered with their ability to seek help to a certain extent, but as can be seen from the previous section, they were correct in assuming that help would not be easily found. Their natural reactions to the negative relationship experiences could be used as evidence that they were "to blame" or warranted abuse. Thus, women were at risk of GBV both if they appeared "too strong" or if they appeared "too weak." Negotiating femininity was risky for them.

In addition to the injuries and physical strain and damage to their own mental health, many women expressed concern about the impact that witnessing the abuse would have on their own children's well-being. They talked about children exhibiting the impact of stress through crying and inability to sleep. The women worried that children were not gaining good skills for relationship building and future marriage. Worrying about the children was another source of stress on the woman:

I feel it is hopeless to going on like this. To me, it doesn't just destroy my courage for life, my confidence, my ability to work; it will affect the whole life course of my child for living in such a family . . . I feel that I'm falling apart and close to collapse. (Shu)

This was never raised as an issue by social agencies unless the child had been directly physically abused.

## **Discussion**

The lessons learned from this study are informative, not only to those desiring an end to GBV in Western countries but also to those in China. While Xu (1997) concluded that "wife abuse can result from a combination of cultural, social, and psychological interlocking factors, therefore, no single theoretical perspective is sufficient to explain the prevalence of wife abuse" (p. 298); we concur with Yllö (2005) that feminist theory of gender and GBV goes further to explaining intimate partner violence than most and must be considered. It is particularly useful in identifying the mechanisms by which systems interlock to create oppression.

Despite the laws declaring GBV illegal in China and women equal in status to men (Tam et al., 2013), the experience of the women in this study tells a different story. Some women reported that their abusive partner taunted them that the laws were no threat to men. In fact they seemed to be correct, and while friends and most relatives most often did not accept that the abuse should continue in the individual woman's case, the data showed that ending the abuse was not considered a social priority. The interpretation of the law is gendered and the institutions with which the law interacts do not read it as a call to end GBV. The women's experiences support the conclusion of Xu, Campbell, and Zhu (2001) that, "In China, unlike Western countries, people do not recognize GBV as a social problem that warrants discussion by citizens and coverage by news media" (p. 309).

The women in the study did not hold narrow definitions of GBV; that is, they knew that psychological abuse, stalking, harassment at work, and other forms of abuse were damaging to their health and well-being and they saw them as abuse, although they knew that officially this would be rejected. Police officers, lawyers, and doctors were found to have narrow definitions of abuse restricted to the legal construction of injury and psychological harm was the least important criteria for identifying GBV (Tang, Cheung, Chen, & Sun, 2002). The women did not act to "conceal" the violence as Sun (1997, cited in Xu et al., 2005) is reported to have found; rather there is a concerted societal effort to keep GBV hidden and unofficial.

An important issue surrounds the notion of tradition and traditional roles. What is traditional and how did it actually impact women's lives? As Hershatter (2000) discovered, the stories of women being kept from public view when they were girls in Guanzhong villages were contradictory, upholding the "social imperative that unmarried girls stay hidden" (p. 81) while at the same time sharing many stories of working in fields and other outside activities. The women in this study maintained similar contradictions, talking about face saving and stigma, while also telling stories of seeking help, trying to resist the GBV, and seeking new ways of being. It is important to look beneath the layers of discourse about women's roles, the sanctity of the family, and other references to "tradition" to ask what purpose is being served by the discourse, what outcomes result from it, and for whom at what point in time. As Bacchi (1999) has noted, how social problems are constructed by discourses and problem representations limits what is viewed as an appropriate intervention. If tradition is unchanging, then the choice for ending GBV are indeed limited, but in other ways, Chinese society has made substantial changes, so something else is at play. One could argue that silence on GBV allows, even enables, the government to pursue other agendas.

This sample of women has been impacted by China's one-child policy, and by the increases in educational level and employment enjoyed by some women since the reforms of the 1990s. The one-child policy stipulates that each couple is permitted to have one child (Whyte, 2000). Enforcement of the one-child policy was perceived as a public priority over women's safety and was used by abusers and others to threaten women and to force abortions. The women's accounts, however, also show that the one-child policy is ignored for some people, suggesting an intersection of class and other measures of social status.

## Conclusion

Our results point to the need for changes in policies and systems that are reinforcing the acceptability of GBV or making it extremely difficult for women to fight against GBV at the individual, family, and societal levels. This is true in other countries as it is in parts of China. The tenet of the wave of the women's movement beginning in the 1970s was that the voices of women must be heard to understand the circumstances of their lives and to propose solutions to their problems. This study reinforces that notion and supports the need for additional qualitative research in China. While statistics may be important to policy makers in some instances, it seems that the extent and severity of the problems of GBV are quite well described to date. Furthermore, attempts to describe individual-level risk factors can perpetuate

the notion that individuals can solve this problem on their own; while some women clearly can, the cost to them is too much to ask. Women are living in a social paradox—they are offered opportunities to be equal to men in education and employment, but then expected to be able to prevent GBV on their own. A sense of hopelessness and despair is created by the lack of gender-sensitive policies. We need to look carefully in each society to ask who benefits from GBV and why is it allowed to continue at these rates.

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