

**Report on the FY 2021 Asia-Pacific and
African Women's Exchange Program
Toward the Eradication of Gender-Based Violence**
Gender Equality Bureau, Cabinet Office, Government of Japan



Introduction

There is growing awareness regarding the importance of efforts to eliminate gender-based violence (GBV) inside and outside Japan. While the governments and civil societies worldwide (including Japan) have long committed to addressing GBV, incidents related to violence against women in various places, such as workplaces and homes, have been widely reported domestically and internationally in recent years. Such reports led to the widespread movement to seek protection for victims and the punishment for perpetrators. The #MeToo movement, which started in 2017 triggered by sexual harassment incidents committed by an American film producer, spread all over the world and reached Japan through social media. In response to the ruling of several sexual violence cases in Japan, people held flower demonstrations in many parts of the country to protest against sexual abuse. Moreover, there has been a drastic increase in domestic violence (DV) cases amid the coronavirus disease 2019 (COVID-19) outbreak. Several GBV cases on social media have also been reported worldwide. Therefore, further efforts must be made to prevent them.

Elimination of GBV is stated in Goal 5 “Achieve gender equality and empower all women and girls” of the Sustainable Development Goals (SDGs) and discussed in various international forums and multilateral negotiations such as the G7, G20, the Organisation for Economic Co-operation and Development (OECD), and the Asia Pacific Economic Cooperation (APEC) summits. The “Yokohama Plan of Actions 2019,” which accompanies the “Yokohama Declaration 2019” compiled at the Seventh Tokyo International Conference on African Development (TICAD7) held in Yokohama City in August 2019, lists “Promote vocational training and increase access to services and expanded opportunities for women and youth” as one of the actions that Japan should take for “deepening of a sustainable and resilient society.” Under this action, the implementation of training and exchange programs for officials and others from countries that are striving to combat GBV is listed as one of the initiatives. The presidents and first ladies of the Republic of Namibia, the Republic of Sierra Leone, Burkina Faso, the Democratic Republic of the Congo, the Republic of Madagascar, and the Republic of Mali took the podium as speakers at a side event of TICAD7 titled “Zero Gender-Based Violence for African Future: Together, We Can!,” which was organized by the Organization of African First Ladies for Development, United Nations Population Fund (UNFPA), and the African Union. The Japanese Minister of State for Gender Equality also participated in the event.

In Japan, the Cabinet approved the “Fifth Basic Plan for Gender Equality” in December 2020. The basic plan states that violence against women is a grievous human rights violation and an illegal act. The basic plan takes various measures to eliminate all acts of GBV to promote GBV prevention and recovery actions. The government has established and reinforced the functions of spousal violence counseling and support centers and one-stop support centers for victims of sexual crimes and sexual violence, expanded their consultation services, supported advanced initiatives conducted by private shelters, and ran pilot perpetrator programs. It also implemented a wide range of awareness-raising activities.

Against this backdrop, “Asia-Pacific and African Women’s Exchange Program: Toward the Eradication of Gender-Based Violence” was initiated in the fiscal year (FY) of 2020 to contribute to human resource development and building response capacity of GBV service providers, through interaction among participants from the Asia-Pacific region including Japan and Africa involved in addressing GBV issues and sharing experiences and knowledge of each country. A survey on the current situation of GBV in the Asia-Pacific region and Africa was conducted, and program participants were selected in cooperation with the government and diplomatic missions of

Japan. Online meetings were held to share and exchange information and opinions.

In FY 2021, reflecting the activity results from FY 2020, online meetings for the participants and a public seminar open to Japanese practitioners were held to deepen interactions among participants and widely spread knowledge and learning. This is expected to lead to cooperation initiatives for the eradication of GBV beyond borders between countries and regions, such as TICAD8, which is planned for 2022.

Table of contents

I.	Program Overview.....	1
1.	Program Objective	1
2.	Participants (nine countries).....	1
3.	Program Content	2
	(1) Exchange Program (English-speaking and French-speaking countries, nine countries in total).....	2
	(2) Public Seminar	2
II.	Report on Exchange Program Meetings	3
1.	Overview of the Exchange Program Meetings	3
2.	List of the Schedule, Lecturers, and Participants	3
3.	Lecturer Profiles and Lecture Summaries	5
	(1) Gender Equality Policy and GBV-Related System in Japan	5
	(2) Role and Functions of Spousal Violence Counseling and Support Center.....	8
	(3) Involvement of Men into Anti-GBV Measures	11
	(4) Self-Reliance Support for Female Victims	13
	(5) Role and Functions of One-Stop Center.....	15
4.	English-Speaking Group Exchange Program.....	18
	(1) Exchange Program No. 1	18
	(2) Exchange Program No. 2	19
	(3) Exchange Program No. 3	21
	(4) Exchange Program No. 4	23
	(5) Exchange Program No. 5	25
5.	French Speaking Group Exchange Program	28
	(1) Exchange Program No. 1	28
	(2) Exchange Program No. 2	30
	(3) Exchange Program No. 3	31
	(4) Exchange Program No. 4	32
	(5) Exchange Program No. 5	34
	(6) Exchange Program No. 6	36
III.	Public Seminar.....	39
1.	Overview.....	39
	(1) Objective	39
	(2) Contents of the Public Seminar	39
	(3) Participants.....	39
2.	Keynote Speech.....	40
	(1) Profile of the Speaker and an Overview of the Speech.....	40

3.	Panel Discussion	43
	(1) Current Conditions and Programs of GBV under the COVID-19 Pandemic and in the post-COVID-19 Era	43
	(2) “Anti-GBV Measures and Perpetrator Response Program”	46
4.	Questionnaire Results	49

List of abbreviations

Abbreviation	Term in full
APEC	Asia-Pacific Economic Cooperation
ASD	autism spectrum disorder
CEDAW	Convention of Elimination of All Forms of Discrimination Against Women
COVID-19	coronavirus disease 2019
DV	domestic violence
FY	fiscal year
G7	Group of Seven
G20	Group of Twenty
GBV	gender-based violence
NGO	non-governmental organization
NPO	non-profit organization
OECD	Organisation for Economic Co-operation and Development
OJT	on the job training
PTSD	post-traumatic stress disorder
SDGs	Sustainable Development Goals
SNS	social networking service
STDs	sexually transmitted diseases
TICAD7	Seventh Tokyo International Conference on African Development
TOT	training of trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

Table of terms used in the report

Term	Description
Anti-Stalking Act (popular name) (of Japan)	“Law Proscribing Stalking Behavior and Assisting Victims.” A law to restrict stalking behaviors. Amended in 2021.
Autism spectrum disorder	Also known as autism, pervasive developmental disorder, or asperger's syndrome. Autism is a neurodevelopmental disorder associated with complex genetic factors, and it is often characterized by language and communication disorder. ¹
Child marriage	Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. ²
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	CEDAW was adopted in 1979 by the UN General Assembly, with 130 countries voting in favor, including Japan and it came into effect in 1981. Japan ratified CEDAW in 1985. The fundamental principle of CEDAW is to end all forms of discrimination against women. Specifically, CEDAW defines what constitutes discrimination against women. It also stipulates gender equality in various areas including political and public activity, education, employment, health, and family matters. Article 1 of CEDAW defines discrimination against women in the following terms: “Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, of human rights and fundamental freedoms on the basis of equality of men and women in the political, economic, social, cultural, civil or any other field.”
Dating violence	Violence against a dating partner. Violence between romantic partners. It includes physical, psychological, and sexual violence. ³

¹ Created based on Ministry of Health, Labour, and Welfare e-healthnet. Retrieved on February 21, 2022, from <https://www.e-healthnet.mhlw.go.jp/information/heart/k-03-005.html>

² UNICEF website. Retrieved on February 21, 2022, from https://www.unicef.or.jp/about_unicef/about_act04_04.html

³ Tokyo Women's Plaza Home page. Retrieved on February 21, 2022, from <https://www.twp.metro.tokyo.lg.jp/consult/tabid/93/Default.aspx>

Term	Description
Domestic violence (DV)	In Japan, DV is often defined as “violence in a domestic setting such as between intimate partners or spouses,” although there is no clear definition. In other countries, it is often used as a synonym for intimate partner violence (IPV).
Gender-based violence (GBV)	In 1993, the UN General Assembly adopted the Declaration on the Elimination of Violence against Women. The declaration defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Based on this definition, this program defines GBV as “exercising of violence based on gender norms or unequal gender relationship.” In particular, the program focuses on physical, psychological, economic, or sexual violence against women or girls by male perpetrators in public and private life including online harassments.
Global Gender Gap Index	An index published by the World Economic Forum yearly, designed to measure gender equality of every country. The index is calculated in four key areas: economy, politics, education, and health. The value 0 indicates complete inequality, and 1 represents complete equality.
One-stop center (One-stop support center)	This facility allows GBV victims to access comprehensive care services including medical, psychosocial, and legal support under one roof. Victims do not have to explain the details of violence repeatedly, which can avoid secondary victimization. Victims can receive various services in a timely manner.
Protection order (in Japan)	Protection orders are issued against a spouse upon receiving a petition from a victim, when a victim subjected to bodily harm by a spouse is highly likely to be seriously harmed due to further bodily harm or life-threatening intimidation caused by the spouse.
Reproductive health and rights	In the Programme of Action at the International Conference on Population and Development in 1994 and the Beijing Declaration and Platform for Action in 1995, reproductive health was defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.” Moreover, reproductive rights are defined as follows: “Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.” As for abortion, it is stipulated that “prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion.” For further details on the definitions, please refer to paragraphs 94, 95, and 106 (k) in the United Nations Fourth World Conference on Women (1995) Platform for Action. ⁴
Revenge Porn Prevention Act (popular name) (of Japan)	“Act on Prevention of Damage by Provision of Private Sexual Image Records.” The law prohibits posting sexually explicit images on internet forums etc. without the person’s consent. It came into effect in 2015.
Spousal Violence Prevention Law (popular name) (of Japan)	“Act on the Prevention of Spousal Violence and the Protection of Victims.” Also known as the Domestic Violence Prevention Law. It aims to prevent spousal violence and protect the victims. Amended in 2020.

* The term “survivor” can be used to describe GBV victims to respect their autonomy. Although this report recognizes the autonomy of those who suffered GBV, the term “victim” is used throughout the report to be in line with other publications of the Gender Equality Bureau, Cabinet Office.

⁴ Gender Equality Bureau, Cabinet Office, Government of Japan website. Retrieved on March 25, 2022, from https://www.gender.go.jp/international/int_norm/int_4th_kodo/index.html

I. Program Overview

1. Program Objective

The “Asia-Pacific and African Women’s Exchange Program: Toward the Eradication of Gender-based Violence” held in FY 2021 was implemented by the Gender Equality Bureau of the Cabinet Office of the Government of Japan to contribute to the elimination of GBV. It aims to promote sharing of experiences and knowledge through interactions among practitioners participating from Asia-Pacific regions including Japan, and African regions.

2. Participants (nine countries)

Two participants each (one government official and one staff member from a civil society support group such as NGOs, hereafter referred to as “supporting organization”) from the following countries were selected.

- Africa:

English-speaking countries: Republic of Namibia (hereafter referred to as Namibia)

Republic of Sierra Leone (hereafter referred to as Sierra Leone)

French-speaking countries: Burkina Faso (hereafter referred to as Burkina Faso)

Democratic Republic of the Congo (hereafter referred to as “DRC”)

Republic of Madagascar (hereafter referred to as Madagascar)

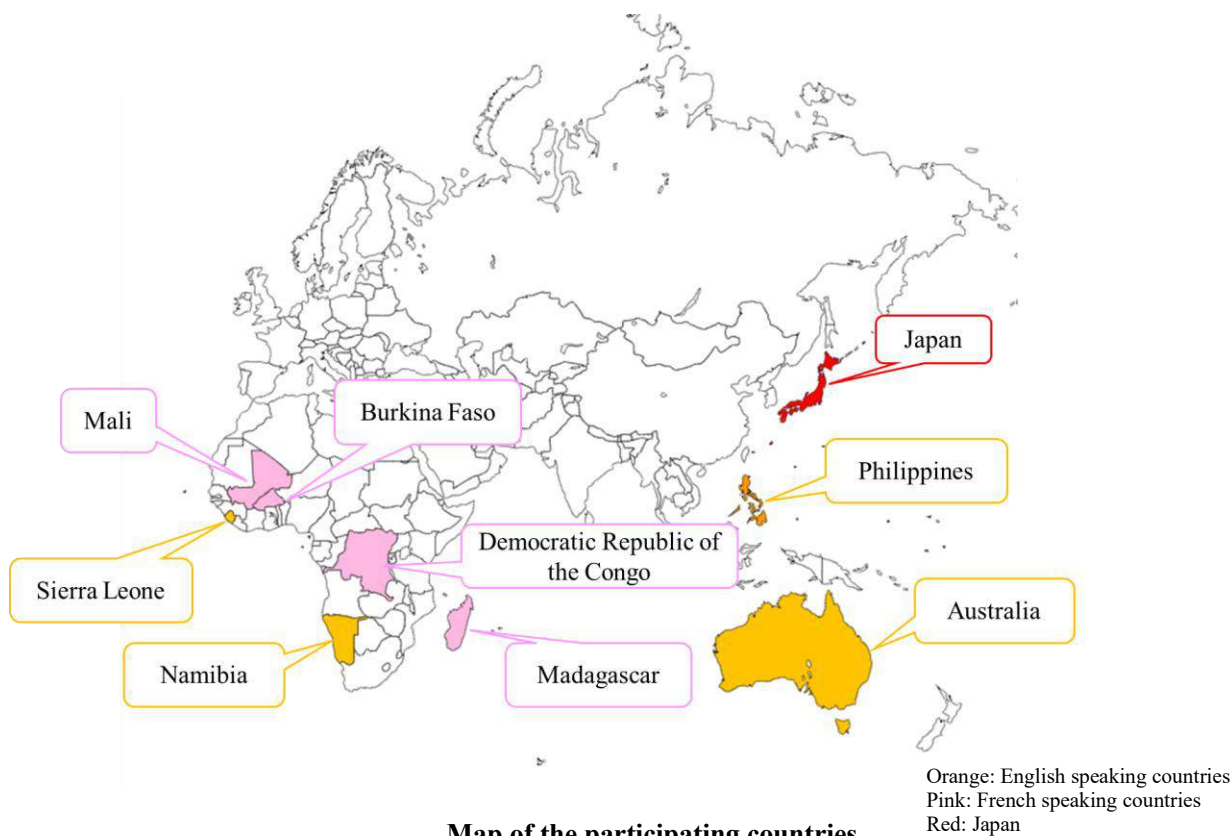
Republic of Mali (hereafter referred to as Mali)

- Asia and Pacific:

English-speaking countries: Commonwealth of Australia (hereafter referred to as Australia)

Republic of the Philippines (hereafter referred to as the Philippines)

- Japan



3. Program Content

The 2021 program, which was held online, comprised of exchange program meetings to discuss the topics selected reflecting the results of studies conducted in FY 2020 to share information and exchange opinions. It also included a public seminar in which Japanese practitioners participated.

(1) Exchange Program (English-speaking and French-speaking countries, nine countries in total)

Japanese experts and practitioners with extensive experience and knowledge on the topic gave lectures, followed by questions and answers sessions, opinion exchange, and information sharing among the participants. The participants were divided into an English-speaking group and a French-speaking group and had a total of 11 exchange program meetings, through which they further deepened exchanges and had in-depth discussions (please see page 3 of this report).

(2) Public Seminar

The public seminar comprised a keynote speech by a Japanese expert and panel discussions by program participants. With the participation of Japanese practitioners as well as citizens who take interest in measures to stop GBV, totaling 51, there were lively questions and answers sessions and opinion exchanges with the speakers of the keynote speaker and panels (please see page 39 of this report).

II. Report on Exchange Program Meetings

1. Overview of the Exchange Program Meetings

Under the “Asia-Pacific and African Women’s Exchange Program 2021,” a total of 11 exchange program meetings were held among English-speaking countries and French-speaking countries. Each meeting was 2 hours long and conducted online. It consisted of a 40-minute lecture by experts and key figures involved in the topic, a questions and answers session, and then a discussion period in small groups on the current situation, challenges and countermeasures in each country related to the contents of the lecture. The lecturers joined the discussions to offer comments and advice. During the discussions, the participants proposed responses to problems that others were facing, making the program a beneficial opportunity to exchange information and experience. There was no lecture for ⑥, and it was a group dialogue on the lessons learned from the entire program and application of the findings to future initiatives.

The topics of the exchange program meetings are as follows.

- ① Gender equality policy and GBV-related system in Japan
- ② Role and functions of spousal violence counseling and support center
- ③ Role and functions of one-stop center
- ④ Involvement of men into anti-GBV measures
- ⑤ Self-reliance support for female victims
- ⑥ Participants’ discussion session on the lessons learned from the program

2. Summary of the Schedule, Lecturers, and Participants

(1) Summary of the Schedule and Lecturers

The lecturers and dates of the exchange program meetings are listed below.

Lecturer (Honorifics are omitted)	Topic	Lecturer’s organization/position	Program Date	
			English-speaking group	French-speaking group
MURAKAMI Koji	①	Director for Policy Planning and Coordination, Division on Gender-Based Violence, Gender Equality Bureau, Cabinet Office	January 14, 5 p.m.	January 14, 7 p.m.
MATSUDA Yumi	②	Deputy Manager in Charge of Projects, Tokyo Metropolitan Women’s Consultation Center, Bureau of Social Welfare and Public Health, Tokyo Metropolitan Government	January 20, 5 p.m.	January 21, 7 p.m.
HIRAKAWA Kazuko	③	Chief Director, Sexual Assault Relief Center Tokyo (SARC Tokyo), a specified non-profit corporation	January 13, 5 p.m.	January 20, 7 p.m.
TAGA Futoshi	④	Co-Founder of White Ribbon Campaign Japan, Professor at Kansai University	January 19, 7 p.m.	January 18, 7 p.m.
MATSUMOTO Kazuko	⑤	Representative Director, Women’s Net Saya-Saya, a specified non-profit corporation	English-speaking and French-speaking groups held at the same time January 11, 7 p.m.	
	⑥	Participants’ discussion session on lessons learned from the program	January 25, 7 p.m.	January 24, 7 p.m.

(2) List of Participants

The participants of the program are shown below. The following section will introduce the lecturers and the summary of the lectures.

English-speaking group

Country	Classification	Organization name	Participant's name
Australia	Supporting organization	Gender Equity Victoria (GENVIC)	Tanja KOVAC
The Philippines	Supporting organization	Legal Alternatives for Women Center, Inc. (LAW)	Virginia PALANCA SANTIAGO
Namibia	Government	Ministry of Gender Equality, Poverty Eradication and Social Welfare	Rahimisa KAMUINGONA
	Supporting organization	One Economy Foundation (ONE)	Veronica THERON
Sierra Leone	Government	Ministry of Foreign Affairs and International Cooperation	Darlyn Lucy Muloma BRIMA
	Supporting organization	Rainbo Initiative	Rebecca KHALLIH
Japan	Government	Division on Gender-Based Violence, Gender Equality Bureau, Cabinet Office	TAJIMA Toru HARA Megumi HAYASHI Mio
	Supporting organization	Specified Non-profit Corporation Women's Network Saya-Saya	CHINO Hiromi

French-speaking group

Country	Classification	Organization name	Participant's name
Burkina Faso	Government	Ministry of Gender, National Solidarity, Family, and Humanitarian Action	Marie Madeleine OUEDRAOGO TOUGOURI
	Supporting organization	Mwangaza Action	Brigitte YAMEOGO
DRC	Government	Ministry of Gender, Family and Child	Cécile TSHIBANDA LEPIRA
	Supporting organization	Cris du Peuple Opprimé (CPO-ONG)	Marleine NDELELA
Madagascar	Government	Ministry of Population, Social Protection and Promotion of Women	Patricia Bodosoa Olihene RASOLONJATOVO
	Supporting organization	C for C	Sariaka NANTENAINA
Mali	Government	Ministry for the Advancement of Women, Children and Families	Fadima KEITA TALL
	Supporting organization	IAMANEH SUISSE	Fatoumata SANGARE
Japan	Government	Division on Gender-Based Violence, Gender Equality Bureau, Cabinet Office	TAJIMA Toru HARA Megumi HAYASHI Mio
	Supporting organization	Onnano Space On	YAMAZAKI Kikuno

3. Lecturer Profiles and Lecture Summaries

(1) Gender Equality Policy and GBV-Related System in Japan

MURAKAMI Koji

Director for Policy Planning and Coordination

Division on Gender-Based Violence, Gender Equality Bureau, Cabinet Office



Mr. Murakami is Director for Policy Planning and Coordination at the Division on Gender-Based Violence, Gender Equality Bureau, Cabinet Office. He takes charge of administrative work for the revision of the Spousal Violence Prevention Law. Since his entering the Cabinet Office in 2004, he has engaged in development and implementation of various policies such as consumer policy, child and childcare policy and economic and fiscal policy. In September 2013, he took charge of science and technology policy/space policy, as well as regulatory/administrative reform as a Secretary to the State Minister of the Cabinet Office. From September 2019, he worked as a Secretary to the Minister of State for Measures for Declining Birthrate to promote balancing of work and childcare, support for fertility treatment, fathers' taking of childcare leaves and measures against child poverty. In February 2021, Mr. Murakami assumed the position of Secretary to the Minister in Charge of Measures for Loneliness and Isolation, which is the first ministerial-level role in the world to address such issues. He took the present position in October 2021.

« Gender Equality Policy and GBV-Related System in Japan »

In the World Economic Forum's Global Gender Gap Index rankings, Namibia ranks the highest among the participating countries of this program standing at the 6th place, followed by the Philippines at the 17th. Although Japan ranked 120th among 156 nations, the government recognizes the importance of gender equality promotion which is reflected in the Prime Minister's strategy toward the realization of a gender-equal society. The strategy is composed of the following four pillars: ① women's empowerment; ② realization of a society in which women live with dignity and pride; ③ expansion of men's engagement in families and communities; and ④ actions to achieve goals listed in the Fifth Basic Plan for Gender Equality.

1) What does "gender equality" bring about?

Gender equality has value in itself. After the peak of the population bonus period in the mid-1990s, Japan's working-age population has been decreasing, and now the country is experiencing a population onus period, in which both the overall population and working-age population are declining simultaneously. This trend is expected to continue. Against this backdrop, the Japanese government has set up a growth strategy that looks at creating a society where women play active roles. The efforts to achieve gender equality have brought about the expansion of women's employment and resulted in greater jobs and raises in salaries than men's. The economic effect of improvement in women's salary income and employment amounted to 11 trillion yen in 10 years, leading to a large economic benefit. If the gender wage gap is closed, it is estimated to generate 16 trillion yen of economic effect. Thus, gender equality is a prerequisite for economic growth in the era of population onus.

2) What kind of opportunities is “male society” missing?

In the academic achievement test by the OECD targeted at 15-year-olds in 37 member countries, Japanese women ranked 3rd in science literacy and 2nd in math literacy. Although the number of female managers in private firms is increasing, the target figure set in the Fifth Basic Plan for Gender Equality is yet to be reached. Research suggests that companies with a greater proportion of female managers show better share price performance. Therefore, companies with fewer female managers are likely to be missing opportunities to grow and secure capable human resources. Not limited to private firms, the proportion of women in middle management positions in the central government is significantly low among OECD countries. Amid the COVID-19 crisis, “period poverty,” an issue faced by Japanese women and girls who are unable to purchase menstrual sanitary items owing to economic reasons, has surfaced in Japan and the government has started providing support through NPOs. Issues such as this have not been fully recognized by politics and public service; women are hesitant to speak out about it. Accordingly, there has not been proper assistance regarding the issue. This clearly represents how the public service of “male society” fails to ensure policies with a wide scope.

3) How has COVID-19 affected Japan?

COVID-19 greatly impacted Japanese society and revealed the vulnerability of women’s employment. The number of male workers in March and April 2020 (the period during which Japan saw the first COVID-19 outbreak) decreased by 390,000, whereas the number of female workers decreased by 700,000. A survey was conducted on both men and women who spent more time at home because of COVID-19 and those who spent the same amount of time at home (before and after the outbreak of the pandemic). The results showed that the decline gap in overall life satisfaction level was rather small between men who spent more time with family and men who spent the same amount of time with family as before COVID-19. On the contrary, women who spent more time with family experienced a great decline in overall life satisfaction level compared with women who spent the same amount of time with family. Women also often feel that the burden of housework, childcare, and nursing is severe, and the responsibility to protect the health of family members is too much to handle compared to men. This suggests that stay-at-home due to COVID-19 exposed the unequal burden of housework, childcare, and nursing on women and is causing them intense anxiety.

The COVID-19 crisis also revealed the prevalence of DV, sexual crimes, and sexual violence. In FY 2020, the number of consultations on DV became approximately 1.6 times the one in FY 2019, that is, before the pandemic, while consultation about sexual abuse/crimes became approximately 1.2 times.

4) Current state of GBV-related system in Japan

In October 2020, a national helpline was launched as a hotline for victims of sex crime and sexual violence. At “#8891 (*hayaku* [quickly] one-stop)”, the line directs callers to their nearest one-stop service centers helping such victims. In addition, call centers operating on nights and holidays were set up in October 2021 to respond to victims outside of the operating hours of the closest one-stop service center. Furthermore, a social-media-based consultation service called “Cure time” was launched, in which consultation via chat is available on the social media platform. One-stop support centers provide services such as prescription of emergency contraceptives, evidence collection, sexually transmitted diseases (STDs) testing, counseling, and support to accompany victims to other service providers. Additionally, a review of criminal laws related to sexual crime is underway to consider a raise in the age

of consent, punishment for sexual intercourse or obscene act committed abusing one's position, and clarification on the constitution of forcible sexual intercourse between spouses, etc.

There is a designated consultation service for DV as well. The DV consultation navigation at "#8008" connects the caller to the closest spousal violence counseling and service center. DV Hotline Plus, which was launched in 2020, receives calls 24 hours a day and consultations via email and on social media, and provides services in foreign languages. When necessary, DV Hotline Plus also has its personnel to support by accompanying victims to hospitals and the police, and provides emergency protection care. The Spousal Violence Prevention Law is also under review. With regard to restraining orders issued by the court, discussions are underway to consider whether to make victims of emotional and sexual abuse eligible to file a motion with the court, make it possible to issue an order when there is a great risk of emotional harm, and toughen penalties on violation of the order.

(2) Role and Functions of Spousal Violence Counseling and Support Center

MATSUDA Yumi

Deputy Manager in Charge of Projects

Tokyo Metropolitan Women's Consultation Center,

Bureau of Social Welfare and Public Health, Tokyo Metropolitan Government

« Services of the Tokyo Metropolitan Women's Consultation Center: The Role as Spousal Violence Counseling and Support Center »

The Tokyo Metropolitan Women's Consultation Center dates back to the Women's Consultation Office set up based on the Anti-Prostitution Act, which was enacted in 1956. Upon the enactment of the Spousal Violence Prevention Law in 2001, the role of the spousal violence counseling and support center was added to the Tokyo Metropolitan Women's Consultation Center. It also provides women and their children with emergency protection and support for self-reliance, based on the Stalker Regulation Law enacted in 2000 and the Action Plan to Combat Trafficking in Persons enacted in 2004.

In Tokyo, there are two regional spousal violence counseling and support centers, Tokyo Metropolitan Women's Consultation Center and Tokyo Women's Plaza, as of March 2021. While both provide consultations and conduct training/awareness-raising programs, Tokyo Metropolitan Women's Consultation Center has an additional function as a provider of temporary protection and consultation associated with it. Its roles include the following: ① provision of consultation for DV victims, ② temporary protection of victims during an emergency, ③ provision of information and guidance on obtaining a protection order, and ④ issuance of certificates on temporary protection or consultation concerning DV.

1) Consultation for DV victims

The Tokyo Metropolitan Women's Consultation Center has received 27,000 to 28,000 requests for telephone or face-to-face consultation in the last four years. Consultation about DV comprises approximately 12 to 16% of all cases. When the Center determines that assistance is necessary after receiving a request, it contacts women's counselors at the welfare center of the ward/city if it is daytime on a weekday, or advises the victim to report it to the nearest police station to seek consultation if it is night or weekend.

2) Temporary protection of victims in a time of emergency

After examining the results of consultation with the welfare center or police, the victim is received at the Center for temporary protection, and then medical, psychological, and psychiatric assessments, as well as behavior observation, are conducted. Although some victims leave the Center for personal reasons, they generally leave the Center after deciding on new residences such as welfare facilities that cater to their needs, residence in their hometown, public housing, or housing provided by a live-in job. DV-related cases were not negligible among the total temporary protection cases. Among the 671 cases handled from April 2019 to March 2020, there were 384 DV-related cases, comprising approximately 60%, of which 230 were single-mother households. Classifying the cases by age group, those in their 20s and 30s comprised half of the total. The daily average number of individuals given protection was 51.4 during the same period, while the average duration of protection period per person was 17.1

days. Violence from husband/partner accounted for 57.5% and was the number one reason for seeking protection. Combined with other forms of violence, such as stalking, cases derived from violence constitute 71.2% of cases. After the protection period at the Center, 46.5% of victims moved into welfare facilities, 9.1% returned home, 13% moved into a relative's residence. Every year, about 10% of DV victims returned to the residence where the perpetrator still lives.

Temporary protection is provided to women in need of protection prescribed in the Anti-Prostitution Act and Spousal Violence Prevention Law, as well as to their accompanying children. The conditions for reception are that the victim seeks temporary protection, and there is no risk of self-harm or harm to others. Users must live in a group under certain rules at the Center. In principle, it is a dormitory for double occupancy, but an entire room is provided to a mother-child household. Meals are provided at the dining hall, and baths and toilets are shared. There are smoking areas, but alcohol consumption is prohibited. There are restrictions on outside communications and night stays at outside facilities; commuting to work and school is prohibited. There are restrictions on the use of communication devices such as smartphones. This is to avoid the perpetrator's pursuit and contact between the victim and perpetrator, in order to prevent identification of the victim's whereabouts by the perpetrator and to ensure the victim's safety. Medication, and hazardous objects such as razor blade must be kept by the Center. To ensure that the user's life during temporary protection runs smoothly, the Center confirms the urgency of the case, degree of need for protection, the possibility of tracking by the perpetrator, whether the victim suffers from any illness, injury, disability, or food allergy, and the intention of the user, while also explaining the rules of the facility.

Upon reception, facility staff guides how to use the facility, and then psychological/psychiatric assessment by psychology staff, and medical interviews and assessments by internal medicine physicians and nurses follow. Nurses visit each room in the morning and evening on weekdays to check the victim's health condition. Three days after reception, the protection staff conducts interviews and, in the case of DV victims, collects details on the violence and explains the protection order system. Users can meet and consult with staff members at any time. Five to seven days after reception, psychology staff conducts psychological assessments and provides victims and their accompanying child with psychological support, including psychoeducation on DV, along with counseling. The victims are also referred to doctors for psychiatric care when needed. Dietitians provide meals and nutritional guidance for life after leaving the facility. A special counselor is also available by prior appointment for a consultation on matters handled by the domestic court.

With such assistance, the Center confirms the intention of the victim within roughly two weeks, cooperating with women's counselors, and selects an appropriate destination for the victim to move to after leaving the Center. It also provides advice on the victim's life after protection, informing those who return home that they can return for protection again. Women's counselors are available for consultation, even after the victims leave the Center.

Some common characteristics are observed among DV victims. Some of them show conditions of autism spectrum disorder (ASD) or post-traumatic stress disorder (PTSD), addiction to alcohol, drugs, psychotropics, mood disorders (depression), dissociation disorders, schizophrenia, personality disorders, or developmental disabilities. Some victims, who are given protection for their child, are found to have difficulty in childcare. When child abuse is suspected, the Center reports the case to a child consultation center. The mother and child may be separated during temporary protection, if necessary. During a psychology education session, the Center explains to mother and child that letting a child witness DV is considered "emotional abuse."

3) Provision of information and guidance on obtaining a protection order

When DV victims seek consultation on protection orders at the Tokyo Metropolitan Women's Consultation Center, the Center explains the system and conducts a hearing to collect details on the DV case. Then, the victim herself files a petition before the district court seeking a protection order. The Center submits the documents to the court and then the court sends a notification of the result of the petition.

4) Issuance of certificates on temporary protection or consultation concerning DV

The Center, as a spousal violence counseling and support center, issues certificates to prove that it provides temporary protection and/or face-to-face consultation. The certificates can be used for enrolment to and withdrawal from health insurance as well as for procedures to avoid pursuit by perpetrators, such as refusal of a request for issuance of resident registration.

When providing all these services, it is necessary to understand that DV is a serious violation of human rights that disproportionately affects women and children. In any case, the one to blame is the one who resorted to violence, and a neutral standpoint is never acceptable for providing victim support. Victims should be actively affirmed for fleeing abuse, and secondary damage must be prevented. It is critical to keep in mind that the victim should ultimately decide what to do.

(3) Involvement of Men into Anti-GBV Measures

TAGA Futoshi

Co-Founder, White Ribbon Campaign, Japan (WRCJ)

Professor, Department of Education and Culture, Faculty of Letters,

Kansai University



Mr. Taga is a professor specialized in sociology at Kansai University. He is currently a visiting scholar at Harvard University until March 2022. Previously, he was an assistant professor at Kyushu University, an associate professor at Kurume University, and a visiting scholar at the University of Sydney. Mr. Taga studies gender (with a focus on masculinity), education, family and work-life balance. After engaging in civic movements to tackle men's issues in Japan in the 1990s, he began interacting with researchers in the field of masculinity and practitioners engaged in men's issues in Europe, the U.S., and East Asia in the 2000s. In 2016, Mr. Taga co-founded White Ribbon Campaign Japan, an organization that aims at prevention of GBV through actions by men, and assumed the role of co-representative. He serves as a board member of the Japan Dating Violence Prevention Network, an incorporated non-profit organization. Mr. Taga's publications include *the Gender Formation of Men*, *Sociology of Masculinities*, *Men's Non-violence Declaration*, and *The Age of Boys' Problems?*.

« Involvement of Men into Anti-GBV Measures: Introduction of Cases in Japan »

1) Introduction: GBV and men

Until the end of the 1990s, men were not involved in the creation of women's advancement policies. However, since the 2000s, men have been recognized as major actors in gender issues. These days, the following ideas are being accepted: ① issues women face occur in association with their relationship with men and to solve these issues and promote gender equality, men must change, and ② social pressure to gain narrowly-defined "masculinity" harms men's health and quality of life so gender equality is beneficial to men as well.

Therefore, men must join anti-GBV actions with a sense of ownership and not regard GBV as somebody else's business. Men are also responsible for taking action against GBV, given that women near and dear to them, such as their mother and sister, can be subject to abuse, they may be committing an unintended offense, and even men can be subject to violence. A society with no GBV would be a safer and easier place for men to live in.

2) GBV and the gender gap in Japan

In Japan, the majority of GBV victims are women; however, the violence inflicted on men cannot be overlooked. Women generally account for a larger proportion of victims of spousal/dating partner violence, stalking, and forced intercourse, but many men also have experienced some form of spousal violence. Among forced intercourse victims who are men, a majority have been abused by a person of the same sex. The percentage of male victims who consulted with others is low.

3) Current situation of anti-GBV measures targeting men in Japan

In Japan, there are several measures targeted at men to tackle GBV issues: ① perpetrator rehabilitation, ② assistance for victims, ③ consultation for men, ④ prevention education, and ⑤ awareness-raising. Perpetrator rehabilitation is not institutionalized and there is no legal provision for that. There is no prospect for the

institutionalization of perpetrator rehabilitation owing to the skepticism toward its effectiveness. However, in response to the growing demand for addressing perpetrators as a part of victim assistance, the Japanese government has researched DV perpetrator rehabilitation since 2000. Research on initiatives by civil groups is also being conducted.

In 2019, a nationwide network of perpetrator programs, Perpetrator Re-Education Programs-Japan (PREP-Japan) was established by private organizations. Members of the coalition provide support for perpetrator rehabilitation as a part of the support for victims, with the belief that the victim's safety and security cannot be ensured even if temporary protection is given to the victim unless the perpetrator changes. The coalition takes the approach of group education, rather than medical treatment or counseling, and it aims to transform perpetrators' perceptions by prompting them to realize the meaning of their actions and the victim's feelings. Perpetrators are also encouraged to take responsibility for the outcome of their behavior.

Currently, male victims often fall outside the scope of support, as consultation services and protection facilities often target women. However, consultation for men provided by counselors with a gender-sensitive perspective is an effective way to reduce abuse by men, because it would help men with problems such as domestic/sexual violence abuse and harm, to learn how to solve such problems through non-violent means. The government proposed the implementation of a men's consultation program in the Third Basic Plan for Gender Equality set for 2011–2015 and the Cabinet Office created a manual for the establishment of a men's consultation system in 2014. As of May 2021, 73 public counseling service stations for men are available across the country.

As for the prevention of DV, the Ministry of Education, Culture, Sports, Science and Technology launched a program for preventive education targeted at preschool children and adolescents. The Ministry developed and released awareness-raising materials for each age group. Meanwhile, a network of private groups and individuals that carry out preventive education and awareness-raising on dating violence was established in 2018. It conducts various activities such as preventive education, policy proposals, research studies, and events, aiming to prevent dating violence.

The White Ribbon Campaign (WRC) is a global movement led by men. In Japan, the White Ribbon Campaign Japan (WRCJ) started operations in 2016. For its awareness-raising initiatives, WRCJ targets the vast majority of men who are not, or at least do not regard themselves as perpetrators. It is believed that those who remain silent and stand by watching violence against women are accomplices to the continuation of such violence. WRCJ seeks to drive men to transform themselves from bystanders to responsible stakeholders who stand against violence and then to trailblazing change-makers. For this reason, it developed the slogan "Be a fair man" to promote an understanding of the concept of men who stand against violence and respect women as equals.

4) For involvement of men in anti-GBV actions

To involve men in actions against GBV, it is necessary not to present the "female victims vs. male perpetrators" structure, which often evokes antagonism. Rather, it is important to understand that a society free of GBV would be an easier place to live for men too. Instead of women and men fighting for limited resources, both parties must create a win-win relationship through measures to address GBV. It is also necessary to involve men in the promotion of gender equality by highlighting topics that interest men, such as fatherhood, or fostering male counselors and such initiatives should not be limited to discussions on GBV. When making such efforts, it is important to develop measures that are tailored to such matters as the religion, culture, and socio-economic status of each country.

(4) Self-Reliance Support for Female Victims

MATSUMOTO Kazuko

Representative Director

Women's Network Saya-Saya, a Specified Non-profit Corporation



Ms. Matsumoto is a representative director of Women's Network Saya-Saya, a specified non-profit corporation, a certified social worker, and a licensed psychiatric social worker. After working as a psychiatric social worker, she founded Women's Network Saya-Saya, a private support organization for female victims of violence such as DV, in June 2000. She is currently in charge of counseling, operation of support groups and the "Beloved" program (a psychoeducational program provided simultaneously to violence victims and their children). She also teaches in training courses to foster supporters for DV victims as well as in an instructor training course of the Beloved program. Ms. Matsumoto served as a supervisor at Chiba City's case conference and a member of the committee on support for private shelters for DV victims, which was organized by the Cabinet Office in FY 2019. She provides DV consultation for women at a child consultation center run by the government since 2020.

« Self-Reliance Support for Female DV Victims: Services of Saya-Saya »

Saya-Saya (meaning "I" in Bahasa Indonesia) is a network for women who seek to reconnect with themselves and others to rebuild their lives. It provides various programs to support female victims of violence and their children in a bid to establish a society in which "women can live with peace of mind and where both children and men can live at ease" through activities within the community.

In Japan, the Child Abuse Prevention Law was enacted in 2000, followed by the Spousal Violence Prevention Law in 2001. Based on these laws, spousal violence counseling and support centers, police, medical institutions, courts, local governments, and private support organizations work together to provide support to victims ranging from crisis intervention to temporary protection and support victims to ensure self-reliance. Private organizations, including Saya-Saya, provide long-term and seamless assistance to victims. The belief that those who have suffered DV are experts in the issue also emphasizes turning DV victims into supporters.

DV and abuse are not personal issues; they are social problems. To ensure victims' recovery and avoid secondary harm, society needs to have empathy toward victims and obtain a correct understanding of DV and unconscious bias. With understanding and support from society and appropriate treatment, victims can rebuild the foundation of their livelihoods and regain their normal lives.

Under the control of perpetrators who repeat violence and conciliation, DV victims are unable to flee the cycle of abuse, which leads to serious psychological damage. Perpetrators often treat victims gently after violent incidents, implant guilt, and adeptly control them. It inflicts various negative psychological effects on the victim, often causing helplessness, loss of self-confidence, anxiety, and fear. Even after fleeing abuse, victims may suffer from PTSD or flashbacks. It also greatly affects children's minds, bodies, values, and even brains. Such boys and girls often develop gender perspectives that men are allowed to use violence or women's positions are lower than men's. These gender perspectives can cause sexual violence (any sexual act committed without consent and that "infringes sexual freedom and the right to self-determination") in the next generation.

Under such circumstances, Saya-Saya provides women and children with comprehensive support, including GBV prevention education, support for DV victims and their children, counseling, self-reliance support, and a parenting salon. The GBV prevention education program is open to the community and supporters to disseminate information on GBV. It provides education to prevent dating violence and online violence, conducting group work for high school and university students as part of its youth program. Parenting interaction salons for mothers and infants serve as a means for the early detection and intervention of DV and child abuse.

Saya-Saya provides women's counseling, social media counseling for adolescents, children's counseling, and play therapy. The number of consultations has doubled owing to the COVID-19 outbreak.

It supports victims who fled DV by providing shelters and step houses; it also provides shelters for the victims' pets. Saya-Saya also accepts the victims' male children in middle or high schools so that they can lead a normal life. It provides necessities while also supporting victims by accompanying them to administrative procedures, hospitals, or court. Counseling programs are also in place. To support victims' independence, it conducts a women's independence project named "SUN." It is a program to help women restore their self-esteem and find their own paths going through four steps in which the victim: [Step 1] ensures a safe and secure environment by moving into a shelter/step house, [Step 2] heals her mind and body, [Step 3] seeks what she can do by participating in employment assistance and skill training activities, and [Step 4] watches over her own recovery while participating in society through work, etc. In [Step 1], the victim learns the mechanism of DV and ensures her own safety and security, then acquires the necessary information to rebuild her life while receiving outside services accompanied by a supporter. In [Step 2], she heals her body and mind through programs including counseling/treatment, psychoeducation group activity, and meeting with peers. Various programs are available, such as art therapy, mindfulness, music, yoga, dance, acupuncture, and moxibustion therapy. In [Step 3], she searches for what she can do or what she would do to achieve independence and acquire the necessary skills by participating in employment assistance and social skill training activities or by acquiring other qualifications. Finally, in [Step 4], she learns how to maintain the well-being of her mind and body while participating in society by working or interacting with peers. In this way, many women have been able to take a new step and are starting to walk their own paths by acquiring a job or becoming a supporter of DV victims. Thus, it is vital to create a one-stop support system that comprehensively assists victims from providing temporary protection to fostering independence.

"Beloved" is a psychoeducational program provided simultaneously to women and their children who have fled DV. The program focuses on non-violence and is conducted on children and mothers simultaneously, and they learn how not to choose violence to resolve conflicts or issues. Saya-Saya also provides learning support for children and workshops for adolescents.

Regarding future anti-GBV measures, it is desirable to make violence prevention education mandatory, implement a perpetrator rehabilitation program, establish a court specialized in DV, and carry out GBV education for professionals such as judges. As for DV victims, victim support programs, perpetrator rehabilitation programs, and children's visitation programs are necessary. There are many challenges such as lack of funds and expert staff, but the above-mentioned systematic and seamless efforts for victims, educational activities to change social awareness, and legislated perpetrator rehabilitation are all indispensable to build a gender-equal society that is free of DV. In such a society, both women and men will be able to live peacefully embracing who they are.

(5) Role and Functions of One-Stop Center

HIRAKAWA Kazuko

Chief Director,

Sexual Assault Relief Center (SARC Tokyo), a Specified Non-profit Corporation



After working in the pediatric psychology section of general hospitals and psychiatric clinics from the early 1970s, Ms. Hirakawa established the Tokyo Feminist Therapy Center in 1991. She provides individual and group counseling from the perspective of gender equality, using knowledge on eating disorder, sexual abuse and DV. In 1997, she launched an emergency temporary shelter for women and children affected by DV, and has provided protection to approximately 600 women and children to date. In 2000, she served as chair of the National Women's Shelter Convention calling for the enactment of the Spousal Violence Prevention Law. Prompted by the Great East Japan Earthquake in 2011, she started preparations with her professional peers and opened SARC Tokyo in 2012. SARC Tokyo provides an initial response to victims immediately following the abuse incident and accompanies victims to relevant institutions so that victims can obtain necessary services.

« The Role of One-Stop Center and Its Support Services »

SARC Tokyo is a one-stop support center that works toward the realization of a society free of sexual violence. It was established based on the belief that sexual violence is a human rights violation that is prevalent in a sexist society and that it impairs human dignity and deprives the right to sexual autonomy.

As Ms. Hirakawa understood the pain suffered by so many victims, she realized that a safe and appropriate initial response was crucial. Approximately 70% of sexual violence is committed by an acquaintance or a family member of the victim, and most abuse incidents occur indoors without leaving any physical damage. Many victims remain alone in fear, humiliation, and panic without the opportunity to consult anybody. Victims need a safe space where they can feel the warmth and what is vital for them is to find a way to rebuild a normal life that has been taken away from them. The risk of PTSD is highly dependent on how the victim spends life after the incident, particularly whether the victim connects with others or not. In Japan, a support system is less adequate for the initial response than the global level. Given this situation, SARC Tokyo plays the role of a comprehensive support center for victims of sexual violence from the initial response immediately after the incident to mid- and long-term assistance.

Its comprehensive services, including emergency relief immediately following the abuse, are provided via a hotline that is available 24/7. When SARC Tokyo started collaborating with the Tokyo metropolitan government Human Rights Division in July 2015, the hotline was renamed the SARC Tokyo Sexual Violence Relief Dial NaNa. The acronym NaNa stands for “Not Alone, Not to be Afraid.” Support staff serves as coordinators of referral services that connect victims to relevant institutions so that victims can receive assistance from partner gynecologists, medical institutions, police, legal service providers, and psychological care providers, according to their needs. Forty support staff members work in four-shift operations; three staff members carry out the duties during the daytime, while two staff members perform the night duty.

SARC Tokyo believes that there is a need to define sexual abuse as reflecting reality. Sexual abuse is defined as “a violation of bodily integrity and sexual autonomy” in the Handbook for Legislation on Violence against Women

published in 2009 by the Division for the Advancement of Women, the UN Department of Economic and Social Affairs. SARC Tokyo defines sexual abuse as “any unwanted sexual act without consent” when providing support. The Japanese criminal law requires physical violence and threat as components of crime, whereas Sweden has adopted “negligent rape” which eliminates the violence and threat requirement but defines an unconsented sexual act as a criminal offense since the legislation revision in 2018. Even in everyday life, sexual abuse cases that are extensions of criminal offenses, such as groping, sexual harassment, and appearance teasing, are widespread. It is crucial to take measures from the perspective that it is a social problem and not an individual matter, and if the necessary social resources are lacking, they must be created.

The four main roles of one-stop support centers include the following: ① collaboration with relevant institutions and services (gynecologists, psychiatrists, police, medical and psychological counseling, legal counseling); ② advocacy and dispatch of lecturers; ③ public relations/workshops, training of new support staff members; and ④ comprehensive support starting immediately following abuse (hotline, emergency relief, interviews, writing of reference letters, direct supports (to accompany victims to other services), filling of inquiry forms for investigation, and mid- to long-term supports). Support staff members serve as advocates that defend the rights of victims whose voices are taken away and when necessary, accompany them to relevant institutions.

Abuse cases reported to SARC Tokyo can be categorized into “recognized sex crime,” “sexual act without consent,” and “hidden sexual abuse.” Only a few victims (3.7%) report the case to the police as they are halted by the criminal law that requires physical violence or threat as elements of a criminal offense and stigma on sex crime. Approximately 60% of victims never consult anybody. Thus, a sex crime is greatly under-reported. 60 to 70% of the Center’s clients consist of youth, and abuse is often committed by individuals known to the victim. Ever since the COVID-19 pandemic, an increasing number of past clients are returning for support. Simultaneously, isolation and poverty among young women came to be exposed along with gender bias, while an increase was noted in the number of suicides.

The support staff connects such clients to relevant institutions. Medical institutions provide support such as disinfection, injury treatment, evidence collection, STD tests, pregnancy tests, prescription of emergency contraceptives, abortion, and delivery of babies. For legal consultation, there are 22 partner lawyers available, and the Tokyo metropolitan government provides financial support. In medical consultation and psychological counseling, clients can receive support such as empowerment and psychoeducation programs to address PTSD as well as relaxation services and cognitive behavioral therapy.

With regard to the government’s policies for reinforcement of anti-sex crime/sexual violence measures, the government has implemented an undertaking from 2020 to 2022, which is called an “intensive enforcement period.” It operates an awareness-raising campaign to appeal that “I thought there was a consent” is nothing but a one-sided assumption. The Law for Prevention of Sexual Violence against Pupils and Students by Teachers has been enacted, and discussions on the revision of criminal law have started at the Legislative Council of the Ministry of Justice.

The younger generation is also raising their voices. Triggered by the #MeToo movement and flower demonstrations, the demand for contraceptive pills at drug stores is increasing. There are also calls for abortions using oral drugs. Moreover, there is a movement to demand early and specific sex education for preschool and school children.

The future challenges for SARC Tokyo include generational transition owing to the aging of support staff members. SARC Tokyo also intends to re-register as a hospital-based one-stop support center and to work for the

elimination of secondary harm incurred by investigative authorities. The Legislative Council of the Ministry of Justice has started the discussion for the revision of criminal law. SARC Tokyo believes that the revision should reflect the reality of abuse.

4. English-Speaking Group Exchange Program

(1) Exchange Program No. 1

1) Date

Thursday, January 13, 2022, 5 p.m. (Japan time)

2) Topic

Role of the one-stop center and its support services

3) Lecturer

Ms. HIRAKAWA Kazuko

Chief Director, Sexual Assault Relief Center Tokyo (SARC Tokyo), a specified nonprofit organization

4) Participants

Australia (supporting organization), Sierra Leone (government), Namibia (government), Japan (government), Japan (supporting organization)

5) Lecture (please see page 15 for the summary of the lecture)

The lecturer discussed the current conditions of Japan's one-stop centers. The focus was on SARC Tokyo, which provides services to connect victims to healthcare, police, mental care, and legal consultation 24 hours a day, 365 days a year. The lecturer shared various cases of clients and how critical the initial response is.

6) Questions and Answers

What are the challenges in human resource development for SARC Tokyo?

Forty support staff members working at SARC are not employed full-time; they are working on a volunteer basis. Therefore, it has been challenging to train experts who can respond to sexual assaults. However, the Tokyo metropolitan government will provide subsidies in the next fiscal year, which will enable us to hire two coordinators who will supervise the support staff. We raise awareness of the police and medical doctors through our work when accompanying victims for their interviews or responding to police inquiries. The support staff will share these example responses with others at SARC. We also invite external lecturers to give us lectures on challenges concerning secondary harm. We work on awareness-raising and human resource development of the support staff and other relevant members by having them accumulate actual case experiences.

Please elaborate on the contents of the victim support handbook.

We developed a victim support handbook catered to the victim's family, friends, and school nurses. We also have a collection of judicial guidebooks for support staff, a list of support services, and a flow chart of the support system. Some of these materials are available on our website. Just like other countries, we hope to create a more comprehensive handbook.

What is the role of the victim in an anti-GBV movement and GBV prevention?

Victims are active in awareness-raising in Japan. For example, a woman who was sexually abused by her father from childhood organized a flower demonstration and spoke to the media. She continues to attend the meetings on revisions of the Penal Code. Moreover, some victims participated in a GBV related meeting that gathered director-ranked officials of government ministries and agencies, and such brave actions are impacting society. However, there are still many instances of victim-bashing, forcing victims into silence. As a result, many crimes remain hidden.

Why do sentences tend to be light for perpetrators?

The term of imprisonment for perpetrators is short, which does not convey to society the severity of sexual assaults. The reason is that the victim does not remember the exact time when the abuse started if it lasted for a long time, so enough evidence cannot be presented. The public prosecutor and the police also tend to concentrate on proving the lack or existence of consent. The possible measures in response are law reforms and swift reports to supporting organizations immediately after the violence occurs. Currently, Japan is deliberating on revising the Penal Code related to GBV, such as adding covert photography and forced sexual acts with alcohol or drugs into the code. There is also the issue of how to define consent. We strongly wish for law reforms that allow for investigations that respect the victim's voice, psychological burden, and victim-focused support rather than keeping a law focused on perpetrator investigation.

7) Group Discussion

A participant from a supporting organization commented that there are common challenges in each country of lack of human resources and funds. She believes we need a change in a prevailing attitude that takes injury and death by sexual assault lightly in order to change such a situation. In addition, the public and medical institutions tend not to understand spousal violence well. There was also a comment on the issue of contact between the perpetrator and the victim within the family circle.

A participant from a government agency shared the legal revision process related to GBV, establishing comprehensive and supportive law for the victim, and stressed the importance of protecting children well. As for the reforms on the Spousal Violence Prevention Law, it was shared that the Cabinet Office of Japan is currently debating on the issue of consent for sexual acts as well as the raise of the age of consent from the current age of 13.

Regarding the role of the one-stop center, it was confirmed that mid- to long-term support is necessary for empowering victims and helping them return to normal lives in addition to providing immediate support.

In response to how the government can help supporting organizations, the Gender Equality Bureau stated that it increased by 80% the budget for the next fiscal year to assist the one-stop centers in 47 prefectures across Japan.

(2) Exchange Program No. 2

1) Date

Friday, January 14, 2022, 5 p.m. (Japan time)

2) Topic

Gender equality policy and GBV-related system in Japan

3) Lecturer

Mr. MURAKAMI Koji

Director for Policy Planning and Coordination

Office for Elimination of Violence against Women

Gender Equality Bureau, Cabinet Office

4) Participants

Australia (supporting organization), Sierra Leone (government), Namibia (government)

5) Lecture (please see page 5 for the summary of the lecture)

The lecture focused on the following four points related to gender equality and conditions around GBV in Japan: economic impact of gender equality; the loss in the male society; gender conditions under COVID-19 pandemic; and laws and organizations related to GBV. In addition, participants shared present conditions and challenges of their countries' gender equality policy, law revision related to GBV, and awareness-raising to prevent GBV.

6) Questions and Answers

Will the law revision raise the age of consent?

The age of consent in Japan is 13, which is the age children graduate from elementary school. Therefore, it has become an issue whether children at this age can adequately understand and make decisions on sexual acts. There are now discussions to raise the age of consent, considering the end of mandatory education is 15.

Are there laws in response to online sexual exploitation?

There is no specific law to apply. Instead, the Japanese system has dispersed regulations to address the issue. For example, showing obscene material to the public is punishable by the Penal Code on "exposure of obscene material," and posting indecent images on the Internet as revenge to one's partner is punishable by the so-called Revenge Porn Prevention Act. These offenses apply to online sexual exploitation, so Japan currently responds to them through multiple laws and regulations.

What type of activities is in place to prevent GBV?

GBV prevention measures are being developed by trial and error. Currently, the Ministry of Education, Culture, Sports, Science and Technology put in place an education program called GBV preventive education. It is an initiative to include hours of study on male-female relationships and gender into the education programs at elementary, junior high, high school, and university levels. For instance, dating abuse is a serious problem among the youth these days, so the topic is included in GBV preventive education.

What did the policy entail on gender equality policy in Japan to increase female employment?

Under the Abe Administration, Japan pushed for an administrative policy to drive women's empowerment and enacted a law as part of the growth strategy. For example, the law created a system for every company to make their female employment status public. The conditions in Japan made it common for women to resign from their job at the time of marriage or childbirth, as it is challenging for them to find the balance between work and childcare. To solve this situation, the government put effort into providing childcare support. The government improved daycare capacity for a little less than 1 million children across Japan and promoted child support by local communities instead of just families. With this background, female workers increased by 2.09 million in the past ten years. However, the number dropped owing to the COVID-19 pandemic, indicating the vulnerability of female employment.

7) Group Discussion

For awareness-raising for the youth, a participant pointed out that while it is obligatory to provide "education to foster respectful relationships" at school, teachers bear the burden owing to the lack of support from communities

and local governments. The participant also shared examples of a local government which plans a program to change youth behaviors and GBV prevention using the media such as TV and radio.

A government participant shared awareness-raising activities toward adult men and young men in communities to change their attitudes toward their wives, daughters, and mothers. However, these initiatives did not decrease DV cases, so she wishes to consider a behavioral change program in school curriculums. Another participant also shared how traditions and customs have inhibited the understanding that violence against women and children is a crime. Therefore, even when laws are established for international standards, changes on-site are slow.

The lecturer pointed that the Spousal Violence Prevention Law of Japan defines DV as physical violence by spouses and does not include psychological violence and commented that inclusion of psychological violence into the law will expand the range of violence recognized in the society and trigger a shift in societal awareness.

Participants found Japan's policy to encourage women's active participation in society, which began with the Abe Administration and succeeded by the Kishida Administration, progressive from the viewpoint of a "gender-responsive economy" as they work to promote gender equality policy in their respective countries. Furthermore, some wanted to share Japan's policy in promoting gender equality from the interest of economic benefit and response to the aging society with their colleagues and supervisors, and even with their ministers and the Ministry of Justice.

(3) Exchange Program No. 3

1) Date

Wednesday, January 19, 2022, 7 p.m. (Japan time)

2) Topic

Involvement of men in anti-GBV measures: introduction of cases in Japan

3) Lecturer

Mr. TAGA Futoshi

Co-Founder, White Ribbon Campaign Japan

Professor, Kansai University

4) Participants

Australia (supporting organization), Sierra Leone (government), Namibia (government), Japan (supporting organization)

5) Lecture (please see page 11 for the summary of the lecture)

The lecture provided an overview of GBV abuse according to gender. It analyzed the involvement of men in Japan in anti-GBV measures from perpetrator rehabilitation, male consultation, and preventative education. The lecture also introduced the White Ribbon Campaign initiative to make men the change-makers to eradicate GBV. Finally, there was a proposal to involve men in general gender equality promotion activities and suggestions for approaching men considering the regional or national characteristics and cultural uniqueness.

6) Questions and Answers

Are there results from the perpetrator programs in Japan? For example, how are the trial programs run by the Cabinet Office in Hiroshima and Nagasaki prefectures?

The perpetrator programs have just started. The reports for these programs that launched in 2020 are due in March 2022, so we do not yet have a grasp of their effectiveness. Before the current program was in place, the government consigned a perpetrator program to a private supporting organization in Japan. The result of program was studied and analyzed. The challenges and lessons learned from the analysis are reflected in the current program, which aims to prove its effectiveness on a trial basis.

Perhaps there is not enough understanding of gender issues among the counselors dealing with men seeking consultation.

Counselors do not have enough training to address men's issues, so there are cases where counselors who do not fully understand gender issues attend to the consultations for men. There are instances where the male perpetrator believes himself to be the victim and seeks advice, and the counselor takes his word for it. As a countermeasure, we recommend that the counselor speaking to the man cooperate with the counselor handling the case of the female victim and have a complete understanding of the actual conditions through exchanges of information. While it is good to have more services available for male consultation, it is necessary to provide training to develop counselors who understand the mechanism of GBV.

GBV prevention activities tend to be under female leadership. How can we increase and continue men's involvement?

Most men participating in GBV prevention and victim protection activities are elderly or university students, and there is a lack of presence of men in their prime. Furthermore, university students find it difficult to continue these activities once they find employment, making it difficult for men straight out of university to pursue active involvement. It reflects Japanese men's responsibility as the breadwinner and the pressure to work long hours. Moreover, the social status of supporting organizations is too low for anyone to make a stable living while working for such organizations. Therefore, first, gender equality must permeate, and social structure should adopt to enable men to find the balance between work and social activities. In addition, we need the culture of donation to take root, such that companies fund organizations with socially beneficial activities. Such changes will allow supporting organizations to operate stably.

How is the progress of government-led gender equality policies to involve individual men further?

Under the Basic Plan for Gender Equality in Japan, gender equality is promoted in various fields. However, when it comes to the actual effects, shifts in people's mindsets or actions are relatively slow. Men step away from the movement, convinced that gender issues are women's problems or out of feeling blamed for the issue. Therefore, more work is to be done specifically targeting men.

7) Group Discussion

A supporting organization participant introduced a nationwide media campaign called "Stop it at the start," which calls for changes in men's behavior as a prevention measure for GBV. The campaign calls on men through social media and TV to become "active bystanders." It calls for men to be actors to eliminate violence instead of silent bystanders. The campaign yielded good results as an effective peer education by men calling on fellow men to change their behaviors. An example from Japan was also shared; the model tries to make men aware of their roles

in prevention of dating abuse by asking how they will react when their friends are implicated in dating abuse and seek their help. There was also a comment on the need to measure the results of such support programs.

A participant shared an awareness-raising program targeting young male game players. The program investigates games with negative messages against women and raises questions on such issues. The participants confirmed that awareness-raising activity in this field is necessary. In Japan, many digital game contents are also violent and misogynistic, so there are apprehensions around young men fostering thoughts affirming violence through these games.

The participants shared a comment that continuing to express one's stance on social media would help deliver views on the topic to those who may not have been interested before, and it will very likely raise awareness. There were even cases where social media protests against a company releasing a gender biased advert led to the discontinuation of the sale of their product.

A participant shared a program promoting online anti-GBV measures for female journalists in cooperation with the media industry. Companies are working toward GBV prevention and employee protection from a workers' standpoint. Although male managers may feel resistant to such issues as individuals, they may actively attend to the problem as part of their duties at work.

(4) Exchange Program No. 4

1) Date

Thursday, January 20, 2022, 5 p.m. (Japan time)

2) Topic

Tokyo Metropolitan Women's Consultation Center: The role as a spousal violence counseling and support center

3) Lecturer

Ms. MATSUDA Yumi

Deputy Manager in Charge of Projects

Tokyo Metropolitan Women's Consultation Center,

Bureau of Social Welfare and Public Health, Tokyo Metropolitan Government

4) Participants

Australia (supporting organization), Namibia (government), Sierra Leone (government)

5) Lecture (please see page 8 for the summary of the lecture)

The lecturer explained the four roles and functions of the Tokyo Metropolitan Women's Consultation Center, namely the consultation services over the phone and interview, temporary protective care (securing safety at the protective facility), offer of information on the use of the protection order system, and issuance of certifications. In addition, the lecturer shared details on temporary protective care from entry to exit, including photos of the facility. Finally, participants asked questions on the temporary protective care, admission to the women's shelter, and the long-term support provided after leaving the shelter for financial self-reliance.

6) Questions and Answers

How do you respond when a victim wants to stay long-term at the protective care center?

The facility available at the Tokyo Metropolitan Women's Consultation Center is only meant for temporary protective care. The capacity is for 30 women for around two weeks. After the stay, the women's shelter is available for single women, and the Tokyo Metropolitan Women's Consultation Center coordinates the entry. On the other hand, if women are with their children, accommodations are available at the maternal and child living support facility. The female counselors at the welfare office help with the process. The former sets no limit to the duration of stay, while the latter allows for up to two years of stay. Both shelters and facilities support women in moving into public housing or rental housing with relatively low rents. They also help women find employment and be financially self-reliant. There is also a system of applying for specific slots in public housing for victims (properties distributed through preferential lottery slots for DV victim households or slots for former residents of women's shelters). For those who wish to stay further at a different shelter, the Center connects them to the Welfare Office for further assistance.

Are there programs designed to make men, the perpetrators, stay at these shelters and facilities rather than remove the women and children from their homes, allowing them to remain in the safety and comfort of their own homes?

Very few cases admit men in facilities and conduct rehabilitation or treatment, and many challenges remain. The Tokyo Metropolitan Women's Consultation Center is under the Bureau of Social Welfare and Public Health, the Tokyo Metropolitan Government. The Center works closely on anti-DV measures with the Women's Plaza, under the Bureau of Citizens and Cultural Affairs, the Tokyo Metropolitan Government. Women's Plaza mainly responds to male perpetrators and gives consultations for men.

Women who leave their husbands and home are in a very vulnerable position. What kind of support is available? Do you conduct vocational training?

The housing fee, clothing, or food are all provided for free when one enters the temporary protective care center or the women's shelter. The women's shelter encourages the victims to make small earnings by receiving labor charges for creating sewn products, fabrics, or accessories. As the next step, women will work part-time or find employment and earn an income in preparation for independence. The objective is to motivate women to return to society through this experience and encourage them to start work. The shelter also advises on financial management and savings once the women earn salaries.

In addition, because the low-priced public housing run by the government and local public entity for low-income individuals screens applications with criteria such as income limit, the shelter offers application support and helps in welfare benefits applications. Furthermore, if the victim needs a large sum of money, there is a system to apply for a loan. Even after moving on, the women's shelter does not stop helping the victims. There are exchange programs for the former residents a few times a year, where the shelter can give continuous advice and support.

7) Group Discussion

A participant introduced the "Orange Door," a public service hub that provides temporary and long-term protection by the collaborative efforts of government agencies. The "Orange Door" works as a one-stop service that will connect the victims in crisis with the Department of Housing, the Department of Health, psychiatric care, child protection facility, or the legal institutions for each case. The lecturer replied that she considered the Tokyo Metropolitan Women's Consultation Center an equivalent of a one-stop center. The Center helps women find the

opportunity to stay in a shelter or facility more easily when they reach out to the Center. In addition, through psychological and economic support, the women can receive the assistance of the female consultant to plan their future.

The participant also stated that women tended to seek the help of female-run NGOs instead of government-run public services in her country. However, the limited number of facilities and long-term admission is a problem due to a lack of resources.

The participant also pointed out that, to prevent DV, there is a need to change the unfair conditions of the female victims who are economically disadvantaged and depend on men. For that purpose, a small business such as a microenterprise could work well to make women financially self-reliant.

A government participant shared the difficulty of providing counseling or long-term support to traumatized victims. In response, the lecturer stated that the women's shelter tried to connect such traumatized victims with trauma counselors at psychiatric institutions as much as possible to help them secure a stable life. The lecturer added that the shelter took on cases that required long-term support of victims who had difficulty building relationships with others because they were traumatized by long-time abuse from their parents since childhood. The lecturer pointed out that there were indications of connection and chain reactions between DV and child abuse in recent years, creating a considerable challenge.

A government representative commented that they found much to learn from Japan's systematic service as their country just started providing a nationwide public facility service. The participant also cited the startup grants by the Ministry of Gender to help female victims create a new venture.

The lecturer stated that although it has been 20 years since the establishment of the Spousal Violence Prevention Law in Japan, there were still many DV cases that the central government, local municipalities, and society would need to know, deepen their understanding, and reflect in policies what they learned.

(5) Exchange Program No. 5

1) Date

Tuesday, January 25, 2022, 5 p.m. (Japan time)

2) Topic

Participants' discussion session on the lessons learned from the program

3) Participants

Australia (supporting organization), Namibia (government), Sierra Leone (government),

Sierra Leone (supporting organization), Japan (government)

4) Group Discussion

After reviewing the last four exchange programs' lectures and questions and answers contents, the participants discussed two themes: "The most impressive initiatives from the lectures" and "Application of the lessons learned from the exchange program."

The most impressive initiatives from the lectures

Involving Men

It is vital to involve men in anti-GBV measures as they tend to think GBV is a female issue. We can include men and boys by urging them to take part in awareness-raising activities in their community or send messages to men

through the media and social media. Having men understand that they are stakeholders leads to resolving problems. In addition, we hope to develop a more effective perpetrator program by sharing best practices.

Active bystanders

It can be more effective for men to call on men to “not be a perpetrator or a victim nor a bystander” rather than having women convey them. In Australia, the emphasis is on everyone being an “active bystander” and taking action as the third person instead of being an onlooker to reduce the violence against women and children. As part of the effort to achieve this, Australia has a campaign called “Stop it at the start.” The campaign aims to change the behaviors of the young generation to be able to discuss gender equality and relationships openly. The participants showed strong interest in this campaign targeting youths and businesses.

GBV preventative education at school

It is necessary to teach anti-GBV measures within school curricula appropriate to students’ developmental stages ranging from preschoolers to university students. Through teaching material development and teacher training programs applying model lessons, we can train teachers who can educate our youth to be considerate of one’s body and other persons’ feelings since childhood. Such human resources development can help prevent GBV.

Training specialists engaged in providing support

There is a severe lack of support staff to provide appropriate assistance to GBV victims. The background to this lack of resources is inadequate understanding of the GBV mechanism among the support staff as well as the staff’s aging. The problem calls for an enhancement in TOT or OJT, building a qualification system based on essential skills in providing service, and strengthening the system by, for example, improving working conditions of support staff. It is also crucial to train the police, prosecutor, and medical personnel on the correct knowledge and information related to GBV.

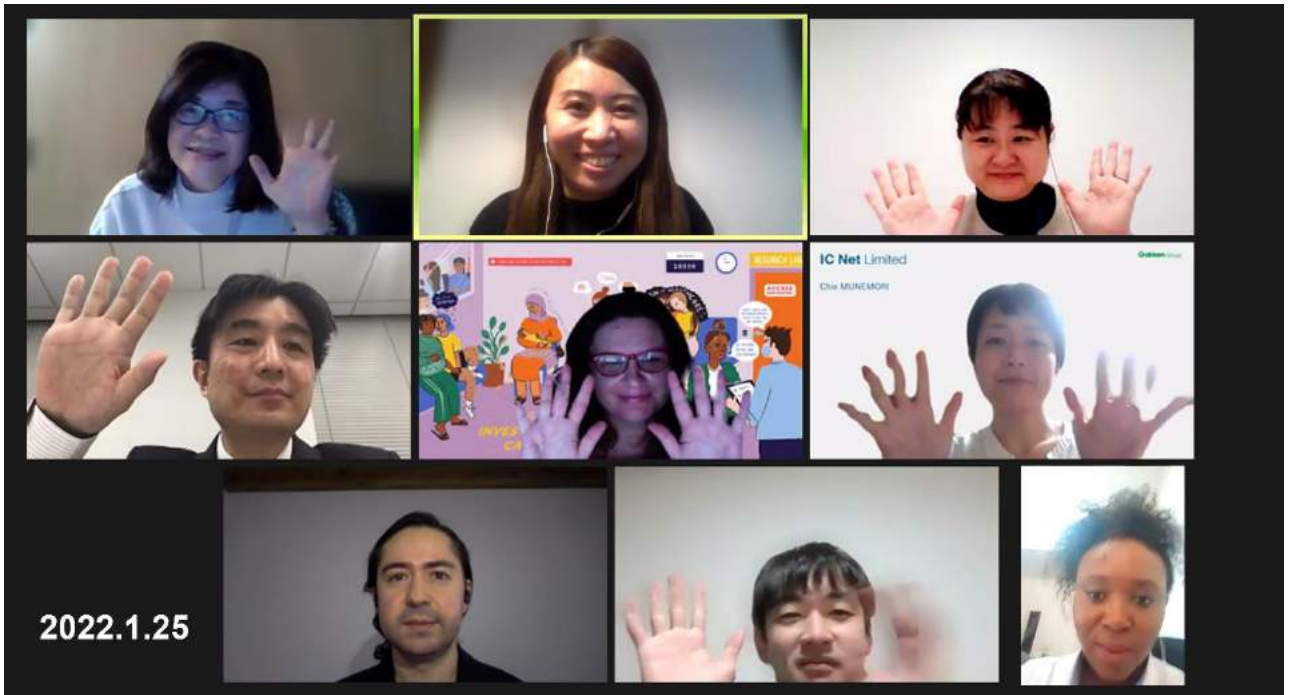
Application of the lessons learned from the exchange program

Outsourcing from the public to the private sector

Private supporting organizations operate most of the activities related to GBV. Having the government commission support activities with supporting organizations with the necessary expertise and skills, GBV victims can receive high-quality services. For example, the government can entrust the supporting organizations to provide counseling services or outsource to a private enterprise to raise awareness.

Strengthening networking

From all the exchange programs, we found that many initiatives and challenges go beyond the borders and that different countries have much in common. We felt it would be possible to resolve some issues if all the program participants could work together. Connecting behavior change on a personal level to building a gender-equal society calls for strengthening a broader range of initiatives with cooperation between many institutions. We hope to build an organizational platform for preventing GBV both domestically and internationally.



5. French Speaking Group Exchange Program

(1) Exchange Program No. 1

1) Date

Tuesday, January 11, 2022, 7 p.m. (Japan time)

2) Topic

Self-reliance support for female DV victims: services of Saya-Saya

3) Lecturer

Ms. MATSUMOTO Kazuko,

Representative Director, Women's Network Saya-Saya, a specified non-profit corporation

4) Participants

DRC (government), DRC (supporting organization), Burkina Faso (government),

Burkina Faso (supporting organization), Madagascar (government), Mali (supporting organization),

Japan (supporting organization), Australia (supporting organization)

5) Lecture (please see page 13 for the summary of the lecture)

The lecture outlined services provided by Women's Network Saya-Saya, a specified non-profit corporation that helps female domestic violence victims develop self-reliance, along with the current situation of domestic violence in Japan. Saya-Saya assists female victims in developing self-reliance with a focus on rebuilding their livelihood and normal daily life, rather than just providing them with remedies. During the lecture, Ms. Matsumoto introduced details of Saya-Saya's various programs targeting female victims and their children and explained how the programs are implemented in coordination with the police, one-stop centers, local governments, private organizations, and even with Japanese and foreign companies.

6) Questions and answers

I understand that Saya-Saya is a non-profit organization and different from private organizations receiving fees from women who use their services. Is that correct?

Saya-Saya is a non-profit organization. We have been operating on the basis of donations from citizens, but recently we have started receiving support from enterprises as well, so we now have multiple sources with regard to finance.

How did you gain cooperation from enterprises?

We approached companies to seek support, trying our best to explain the significance of our work. Some companies withdrew support as they grew concerned about a negative image attached to the term "domestic violence" and feared that engaging in such activities might impair their corporate reputation. Nevertheless, there are companies that embrace the principle of "end violence against women," and are willing to contribute to society, so we keep approaching such companies. Most of them are foreign firms and they provide support for Saya-Saya's programs.

What kind of activities do you have to maintain the connection between children, who are victims of violence, and their families?

We have the “Beloved” program to teach victims how to contact their children. We also teach children how to communicate with others in non-violent ways while also providing psychotherapy. However, if the child has been affected by violence, we report it to the child consultation centers which provide temporary protection, and then, support the mother (female victim) aiming at eventual re-integration of the family.

Do you support victims in any way when they return home?

Some victims choose to return home amid various psychological conflicts. In such case, it is important to prepare an environment that enables the woman to make decisions. We do so by clarifying conditions for returning home in writing with the support of lawyers, and by informing the woman’s husband/partner of the conditions to abide by. We always prioritize victims’ safety and provide advice to them even after their returning home so that they can evacuate anytime. Meanwhile, we also feel that some victims have no choice but to return home because sufficient social resources are not available for them to lead an independent life. The majority of victims choose to live with freedom and walk their own paths even if it may be financially difficult, but not a few women still choose to “endure the violence a little more.”

What do you specifically do to secure supporters to conduct your support programs for DV victims?

We are always short on supporters. There is an organization called All Japan Women’s Shelter Network, which brings relevant private organizations in Japan together, and there is a movement to establish a GBV training center and make an online training system to foster supporters. Training course is our top priority because there is a shortage of personnel who understand the structure of DV well.

What is your opinion on the financial self-reliance of victims?

Victims’ financial self-reliance is very important. We receive support from the Japan chapter of a women’s organization in the U.S. to help victims obtain various licenses such as nurse, childcare worker, cook, or social worker. Our foreign company supporters also provide us with opportunities for a mock job interview. On the other hand, many victims are unable to start working immediately. In such cases, they use public assistance, a support program provided by the government, for a while to fully restore their mind and body before working toward financial self-reliance.

7) Other comments:

Treatment of the perpetrator is a major issue. We repeatedly tell victims who return home that it is okay to send out an SOS anytime and as often as they need. It is still important to send a message to them saying that the perpetrator, not the victim, must assume responsibility for DV.

In today’s society, an increasing number of people consider GBV a human rights violation and criminal offense. In the past our culture used to expect women to endure violence and take it for granted, but I expect that in a society in the years to come, people will be able to live to be more of themselves.

(2) Exchange Program No. 2

1) Date

Friday, January 14, 2022, 7 p.m. (Japan time)

2) Topic

Gender equality policy and GBV-related system in Japan

3) Lecturer

Mr. MURAKAMI Koji

Director for Policy Planning and Coordination

Office for Elimination of Violence against Women, Gender Equality Bureau, Cabinet Office

4) Participants

DRC (government), DRC (supporting organization), Burkina Faso (supporting organization),

Madagascar (government), Mali (government), Mali (supporting organization)

5) Lecture (please see page 5 for the summary of the lecture)

The lecture was on the current conditions and directions of Japan's gender equality program. The lecturer stressed that promoting the program is indispensable to the economic growth of a shrinking population. However, the current male-dominated society takes away from securing talented resources, company growth opportunities, and widening policies. Furthermore, the lecturer explained revisions of the Penal Code and Spousal Violence Prevention Law are under consideration.

6) Questions and Answers

Please clarify the age of consent under the Japanese Penal Code.

Currently, the age of consent under the Penal Code is 13. However, there is ongoing discussion questioning whether 13 is an appropriate age to consent to a sexual act. The debate around whether to raise the age of consent also needs to consider the legal marriage age and the age for mandatory education.

Being a victim of DV in itself may be treated as taboo. What is the position of DV victims in Japan?

There is a system for consultation, but the reality is that DV victims cannot seek full support. Based on this condition, the government is building an official consultation mechanism, setting up social media systems that are easy to access, and building a service that helps female victims connect to the support system.

Are restraining orders meant to order married couples to separate?

Restraining orders with a provisional term of six months are processed after the protection order. The victim's wish is upheld regarding their choice after the period is over. While some file for divorce and start a new life, others may return to the perpetrator in the end despite the order issued. We abide if the victim returns to the perpetrator out of their free will, but we believe it is unacceptable for the victims to return to a high-risk home just because they could not rebuild their lives. It is critical for the system to be able to connect the escape to rebuilding one's life.

Increasing men's role in the community and at home was mentioned. What kind of opportunities is available for the perpetrators of GBV?

Company/occupation or work is the highest priority for most Japanese men. However, the discussion has only begun to release men from their work-centric lives and increase their active participation at home and in communities. Separately, an initiative started for a perpetrator program helping GBV perpetrators to acknowledge their actions. It is currently on a trial basis, but we hope to create a perpetrator program that we can deploy nationally.

Please tell us about the social position of a female GBV victim.

If you wonder whether DV victims in Japan can readily raise their voices, it is not necessarily so. There is a system to support employment or the spousal violence counseling and support centers available for DV victims. On the other hand, establishing an approach to help DV victims rebuild their lives remains a challenge.

7) Group Discussion

Participants and lecturers were separated into two groups and discussed different topics. The themes for group A were “What are the areas highlighted in the gender equality policy in each of your countries? Are there any new movements?” and “Are there challenges in the advocacy activities in establishing policies?” The topic for group B was “Share good examples of anti-GBV measures from your countries.”

Group A shared that the measures to promote positive masculinity are being undertaken in each country. Group B reported that several countries have committees at a community level that will support and protect women facing issues. The group also shared awareness-raising activities and capacity building to change social norms.

(3) Exchange Program No. 3

1) Date

Tuesday, January 18, 2022, 7 p.m. (Japan time)

2) Topic

Involvement of men in anti-GBV measures: Introduction of cases in Japan

3) Lecturer

Mr. TAGA Futoshi,

Co-Founder, White Ribbon Campaign Japan

Professor, Kansai University

4) Participants

DRC (government), DRC (supporting organization), Burkina Faso (government),

Burkina Faso (supporting organization), Madagascar (government), Madagascar (supporting organization),

Mali (government), Mali (supporting organization)

5) Lecture (please see page 11 for the summary of the lecture)

The lecturer stressed the importance of involving men in anti-GBV measures and treating GBV as a male issue with men as the perpetrator and/or stakeholder of an issue that has been primarily treated as an issue concerning women. The lecturer introduced anti-GBV measures involving men such as perpetrator rehabilitation, victim support, consultation for men, preventative education, and awareness campaign. The lecturer also touched on the White Ribbon Campaign Japan, of which he is the founder.

6) Questions and Answers

What kind of strategy can be built to involve men in the anti-GBV measures in a society where masculinity is expressed through violence or protection of women's rights is considered defiance against men?

There is hierarchical dynamics among men which put some in stronger positions and relegate others to inferior positions. Men, including men in weaker positions, may commit violent acts in a society where violent behaviors tend to be considered manly. If influential men in society state that being violent never makes a person masculine, men in weaker positions can feel safe to express masculinity in a non-violent manner. Involving men in more influential positions in gender equality can be one of the opportunities to bring change.

Many men think gender is a topic for women. Please share some strategies to get men to participate in awareness-raising activities or community events.

Some men may find it difficult to participate as they feel the blame is put on them. Therefore, the key is to create a flow where men can discuss gender issues with other men and communicate the message of nonviolence. Another constructive approach is to start with a topic that men can show their interest without resistance, then gradually expand the conversation to the issue of violence. For example, if a man has a child, one can invite him to think about some ways of being a good father, then expand the conversation to the issue of violence under that context.

Are there education programs in elementary schools using teaching materials for preventative education?

There are currently courses in schools, but there is no clear framework yet. For example, in Taiwan, a specific study hour is set for all schools to educate on gender equality and preventing dating abuse. However, it is not yet compulsory in Japan.

Was there any resistance or hesitation in bringing up the topic of dating abuse for junior high and high school education?

There was resistance for many years at schools to give a class on dating abuse. There were oppositions from parents or hesitation among school teachers on attempts to educate on gender, GBV, and sex. However, sexual abuse among children has manifested more in Japan in recent years, leading to an increased interest in the necessity of early education. The situation is changing significantly in Japan.

What were the effects of the measures taken in Japan?

More men are now interested in gender issues, although the extent of the change cannot be measured yet. Previously, whenever gender issues were discussed, there was an atmosphere of men walking away because gender issues were considered an issue for women. However, there is a greater tendency for young men to be actively engaged in the field of gender, as more men feel gender issues are their problem.

(4) Exchange Program No. 4

1) Date

Thursday, January 20, 2022, 7 p.m. (Japan time)

2) Topic

Role of the one-stop center and its support services

3) Lecturer

Ms. HIRAKAWA Kazuko

Chief Director, Sexual Assault Relief Center Tokyo (SARC Tokyo), a specified nonprofit organization

4) Participants

DRC (government), DRC (supporting organization), Burkina Faso (government),

Burkina Faso (supporting organization), Madagascar (government), Mali (supporting organization)

5) Lecture (please see page 15 for the summary of the lecture)

SARC Tokyo is a one-stop center that handles all necessary steps from an initial response immediately after a sexual assault, medical consultation, to legal consultation. The lecture discussed the comprehensive services that SARC provides to victims of sexual assault. In addition, it stressed the significance of defending the rights of voiceless victims and taking on the role of an advocate to connect the victims to medical institutions and legal consultation.

6) Questions and Answers

Is it possible for one-stop centers in Japan to operate sustainably?

We can continue our operation by playing a major role as a private organization and cooperating with the Tokyo metropolitan government. In recent years, the establishment of law addressing sexual violence against children was a favorable push for sustainable operation and stable support provision. In addition, the National Liaison Committee was set up to coordinate the work of the one-stop support centers nationwide. Moreover, SARC Tokyo is part of a Kanto Area Liaison Committee, aiming for a sustainable supporting system in the broader Kanto region.

Does the community around each one-stop center accept the center?

When our one-stop center was established in 2012, we originally had it within a hospital. However, we had to move out because the landlord heard that we provide support related to sexual crime and said, "I do not want the center here." I believe there was still much bias in communities back then.

Is there a centralized database to collect victims' data?

SARC receives many consultations by phone and has spent an enormous amount of time compiling data manually, so we started implementing a three-year plan to create a database. We currently write a letter of introduction and avoid situations where the victim might have to repeat detailing her case to gynecologists, psychologists, lawyers, or the police. We must note that it takes much courage to discuss an assault. By writing a letter of introduction, we can reduce the victim's burden.

Who acts as an advocate at the one-stop center?

Forty support staff members at SARC play the role of advocates. If the support staff members fall silent when sexual assault victims have been silenced, they are not providing any support to them. Therefore, our team takes on an advocate role to help victims raise their voices.

How are the one-stop center's activities funded?

We receive a subsidy from the Cabinet Office, but we also negotiated with the Tokyo metropolitan government and now receive some funding. The lecturer (Ms. Hirakawa) also contributes to SARC Tokyo when she is paid for a public speech. In addition, SARC set up a different organization called the Himawari Foundation to loan the fee for abortion, which costs JPY 400,000 in Japan after the second trimester. We hope to ask the general public to support us with more funds.

Are the lawyers who offer legal consultation volunteers? What type of cooperative relationship have you built?

Most lawyers are volunteers. However, victims need to pay for the necessary costs for lawyers if the cases go to trial. We have been requesting the metropolitan government to offer some funds, and they are finally providing some money. Nonetheless, it is still difficult to provide full financial support to victims for the lawyers' or trial fees.

When a victim was sexually abused by her own family member, where does she stay during the initial response?

A system to secure lodging for sexual violence victims is not established. Usually, they stay at a private shelter, or a medical facility in place of a shelter. In some cases, the victim stays at a public shelter as a temporary measure. After all, we should seek a solution to each individual case. DV victims can stay at a public shelter, and they may find new housing to move on to the next step of self-reliance support.

7) Other Comments

Participants stated that each of their countries has several one-stop support centers set up. There is also a move to systemize and have the government create a budget for continuous support to GBV victims.

A participant shared an example of a one-stop center based in a hospital in their country. The center provides comprehensive support including psychological care, legal, medical, judicial support, and support on reintegration into society to prevent bias toward the victim.

(5) Exchange Program No. 5

1) Date

Friday, January 21, 2022, 7 p.m. (Japan time)

2) Topic

Tokyo Metropolitan Women's Consultation Center: its role as a spousal violence counseling and support center

3) Lecturer

Ms. MATSUDA Yumi

Deputy Manager in Charge of Projects

Tokyo Metropolitan Women's Consultation Center, Bureau of Social Welfare and Public Health,

Tokyo Metropolitan Government

4) Participants

DRC (government), DRC (supporting organization), Burkina Faso (supporting organization),

Madagascar (supporting organization), Mali (supporting organization)

5) Lecture (please see page 8 for the summary of the lecture)

The lecturer explained the "spousal violence counseling and support center" established as per the Spousal

Violence Prevention Law, outlining the four roles played by Tokyo Metropolitan Women's Consultation Center, namely the consultation service over the phone and interview, temporary protective care (function as a protection facility), provision of information on the use of the protection order system, and issuance of certifications. The lecturer shared details on temporary protection service including flow of the service and pictures of the actual facility, while also stressing the importance of victims' empowerment and respect to the victims' own will in self-reliance support effort.

6) Questions and Answers

How do victims live after leaving the temporary protective care facility?

The standard duration of the temporary protection service is roughly two weeks. When a victim needs a place to stay for a longer period, she can move into a social welfare facility according to her needs. Generally, singles move into a women's shelter, while mother-and-child households are accommodated in a mother and child living support facility. The women's shelter, where single victims live in, provides workshop-and-occupation therapy in the facility as part of psychological care and training for independence. They make handicraft items such as knitting, weaving, sewing, and accessory. Such items are sold through the facility and victims receive wages accordingly. There is no limit to the length of stay at women's shelters. In accordance with each victim's physical and mental conditions, after finding a job and building mental and financial foundations, they move into a residence with a relatively low rent or public housing provided by national or local government for low-income households with low rent, and then start earning their livelihood. Victims can stay at the mother and child living support facility for roughly two years, and facility staff members help with mothers and children for their lives while also providing job assistance. Apart from the women's shelter and the mother and child living support facility, there are hostels for those who wish to receive public assistance while looking for a job to eventually achieve financial self-reliance.

During the stay at the temporary protection facility, can victims receive medical care free of charge using their medical insurance?

Not all victims have medical insurance. When a victim is enrolled in insurance in the name of the perpetrator, using the insurance may reveal her whereabouts. In such a case, the victim may withdraw from the insurance and receive medical care at her own expense without using insurance. If a victim is not enrolled in insurance and has a low income, she can receive medical care through public assistance services.

In the explanation of the Protection Order system, you said the perpetrator must stay away from the residence for two months when an eviction order is issued. Why does he have to stay away for two months?

An eviction order provides that the perpetrator must move out from the residence and stay away from the vicinity of the residence for two months. Its objective is to secure time for the victim to collect her belongings and find a new residence. However, it is not accepted if the petition is filed with an aim to make the perpetrator move out from the residence.

Is there any reason why the average duration of stay at the temporary protection facility is two weeks?

We set a two-week period as a rough amount of time necessary to identify assistance measures for each victim, but some change their minds and return home after a day while others stay for a longer period having difficulty

finding a place to stay after the facility. As there are restrictions on communication and outings at the temporary protection facility and victims are somewhat restrained, Tokyo Metropolitan Women's Consultation Center believes it is more desirable to secure a new residence within two weeks.

When the victim returns home, do she and the perpetrator go through a mediation or arbitration process?

When the victim regrets her coming to the facility and decides to return home after some consideration, we respect her will. At Tokyo Metropolitan Women's Consultation Center, we do not provide any victim-perpetrator arbitration service. When we send the victim off, we tell her that she can again turn to a women's counselor for consultation or seek protection from the police whenever she has trouble with her partner.

When the victim moves into the temporary protection facility, how does the perpetrator/spouse respond?

In Japan also, there are many cases in which the perpetrator, who happens to be the spouse of the victim, tries to find his missing wife and report the disappearance to the police. Tokyo Metropolitan Women's Consultation Center takes measures to cooperate with the police so that the police can reject the missing-person report. When we receive an inquiry over the phone, we tell them that we cannot answer the inquiry. With the enactment of the Spousal Violence Prevention Law and the Center's designation as a spousal violence counseling and support center, we removed the signboard of the Center and took measures not to indicate the name of the Center on maps so that our street address cannot be identified. Automatic locks are installed at the Center, but just in case the perpetrator tries to sneak in along with facility staff, staff members routinely practice drills with support from the police.

Does the temporary protection facility provide any services to men who happen to be perpetrators?

We do not provide any services to perpetrators. The Tokyo metropolitan government operates Tokyo Metropolitan Women's Consultation Center and Tokyo Women's Plaza as regional spousal violence counseling and support centers. The latter provides general counseling service and receives male clients and I have heard they provide consultations to perpetrators as well.

Is there any system to ensure that victims can obtain enough money to meet their basic needs for sustaining life after leaving the facility?

In Japan, there is a public assistance system in place to help citizens lead independent lives. It provides cash to cover expenses for necessary items to sustain a minimum level of life, such as shelter, food, and medical care. Some victims get divorced as a result of financial exploitation or abuse and still cannot receive a proper division of property, compensation, or, when there is a child, child support. In such a case, public assistance is provided if the victim has financial difficulty and is unable to work for some reason. When a large sum of money is needed, they can also use public loan programs.

(6) Exchange Program No. 6

1) Date

Monday, January 24, 2022, 7 p.m. (Japan time)

2) Topic

Participants' discussion session on the lessons learned from the program

3) Participants

DRC (government), DRC (supporting organization), Mali (government), Mali (supporting organization),
Japan (government), Japan (supporting organization)

4) Group Discussion

After reviewing the last five exchange programs' lectures and questions and answers contents, participants split into two groups for a group discussion. The group discussion was carried out under two themes: "The most impressive initiatives from the lecture" and "Application of the lessons learned from the Exchange Program." After the group discussion, each group shared results.

The most impressive initiatives from the lecture

Perpetrator support

My first thoughts on the programs supporting the perpetrator instead of punishing them were that it might spur them on instead, but I learned that is not the case. Also understood the value in finding a theme that engages both men and women to involve men in anti-GBV measures.

Helping female victims become self-reliant

Financial self-reliance is essential to women's empowerment. From the lecture on helping female victims gain financial self-reliance, I learned that professional training is vital not only for making funds but for sociopsychological reasons.

GBV preventative education in schools

It is remarkable that GBV preventive education is in place in Japan at a level appropriate to the student's developmental stage. Unfortunately, my own country does not have a GBV preventive education yet, but I felt the need to implement it.

The role of private organizations

NGOs and private supporting organizations play a crucial role in anti-GBV measures. Therefore, the government needs to continue delivering funds to help these organizations succeed. In addition, the reality is that there is a lack of information sharing between the supporting organizations, so they must have an occasion to make exchanges.

Similarities in challenges for anti-GBV measures

The participants from the governments and supporting organizations from Japan and Africa come from different countries and belong to various organizations. However, they all understand they have many things in common regarding challenges on GBV. For instance, developing young human resources is an urgent matter that requires the opening of training courses.

Application of the lessons learned from the exchange program

Approaching the perpetrator

Many female victims of DV in Japan cannot leave their homes because of financial reasons or caring for their

children. In such cases, the women remain subject to domestic abuse as they live in the same house as the perpetrator. Therefore, the perpetrator's violent behavior needs to be changed to help the victims escape DV while still living with the perpetrator. Thus, the government's involvement in correcting the perpetrator's behavior is critical.

Involving men

We are conducting awareness-raising activities on GBV and sexual harassment around communities and schools. I want to develop measures to have men learn about GBV issues and involve men in these activities to consider themselves stakeholders in these efforts.

Assisting female victims to stand on their own

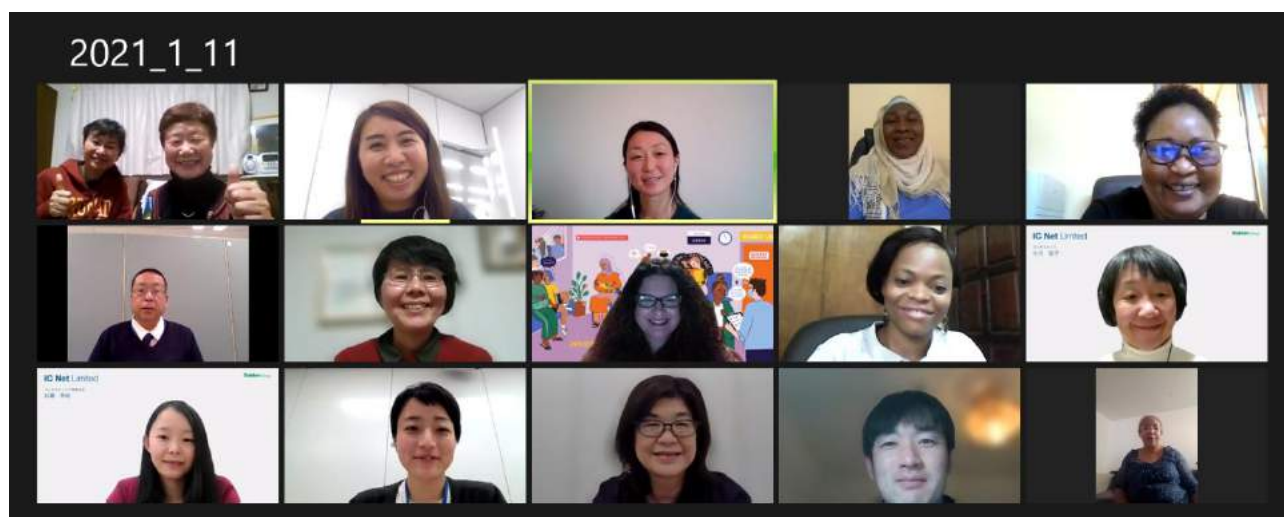
We have confirmed that women are more subject to the adverse effects of the COVID-19 pandemic. The pandemic has negatively affected the young in particular, so we have started a support program to receive young women. We hope to increase the capacity of private supporting organizations as we share more information with other organizations and shelters.

Temporary shelter and lodging support for women

We want to develop a project to open a temporary shelter and lodging in our country, especially for the victims of domestic abuse. Unfortunately, we have not found an effective solution although there are many DV victims. So, we want to take this discussion as an opportunity to start cooperating among the fellow participants even from a distance and find support in funding.

Sharing the learning

We learned much from the Exchange Program. I plan to use my position as a planner of the action plan in my country's GBV field and actively share our lessons learned today at workshops for establishing the action plan.



III. Public Seminar

1. Overview

(1) Objective

A public seminar was held as part of the “FY2021 Asia-Pacific and African Women’s Exchange Program”. The seminar aimed to:

- Promote a deep understanding of the initiatives, results, and challenges of the GBV-related legal system in each country through a keynote lecture and panel discussions on the anti-GBV challenges and programs in Asia-Pacific and Africa;
- Widely share the initiatives from each country with people engaged in GBV, including the general public in Japan; and
- Promote networking building within Japan, within the regions of Asia-Pacific and Africa and even beyond the regions to share further expertise and experience.

(2) Contents of the Public Seminar

1) Date

Thursday, January 27, 2022, 7 p.m. - 9 p.m. (Japan time) online

2) Program

- ① Opening Remarks: Ms. Seiko Noda, Minister in charge of Women’s Empowerment, Minister of State for Gender Equality
- ② Keynote Lecture: Ms. Mariko Sato, Director of the United Nations Population Fund (UNFPA) Tokyo Office
Topic: “Challenges and initiatives of anti-GBV measures in Asia-Pacific and Africa: Everyone’s rights. Everyone’s choice. Seeking the right of self-determination for our body.”
- ③ Panel discussion of online exchange program participants
Topic 1: “Current conditions and programs of GBV in the COVID-19 pandemic and the post-COVID-19 era”
Topic 2: “Anti-GBV measures and perpetrator response program”
- ④ Closing Remarks: Ms. Tomoko Hayashi, Director-General of Gender Equality Bureau

(3) Participants

64 in total

- Participants of the online exchange program of the “FY2021 Asia-Pacific and African Women’s Exchange Program” (DRC, Madagascar, Burkina Faso, Mali, Australia, Namibia, Sierra Leone, and Japan) - 13 people
- Japan’s general public, including persons engaged with GBV - 51 people

2. Keynote Speech

(1) Profile of the Speaker and an Overview of the Speech

Ms. Mariko Sato,

Director, Tokyo Office, the United Nations Population Fund (UNFPA)

Advisory Committee Member of 2020 Asia-Pacific and African

Women's Exchange Program: Toward the Eradication of Gender-Based Violence



After working at the Akita City Hall and the New York branch of a Japanese bank, Ms. Sato worked at Citinet (Yokohama). She then joined the UN-Habitat Regional Office for Asia and Pacific (Fukuoka) in 1998. After working at the UN-Habitat Geneva office and serving as the Director of the Bangkok Office, Ms. Sato became the Director of the UNFPA Tokyo Office in September 2017. She has a bachelor's degree in Women's Studies from the State University of New York and a Master of International Affairs degree from the School of International and Public Affairs at Columbia University.

« Challenges and Initiatives of anti-GBV measures in Asia-Pacific and Africa: Everyone's rights. Everyone's choice. Seeking the right of self-determination over our own body. »

Impact of COVID-19 on women's right to bodily integrity

The United Nations Population Fund (UNFPA) set a mission to achieve three zeros for all people to enjoy sexual and reproductive health and rights. One of the missions is zero harmful practices such as GBV and child marriage. However, along with the pandemic-induced lockdown, limited movement, deteriorating economy, increased poverty, and growing wealth gap, gender inequality has amplified. As a result, socially and economically vulnerable women are at a higher risk of facing GBV. Moreover, access to the protection and support services for GBV victims and the system for prosecuting the perpetrator is reduced. Various initiatives meant to prevent GBV are also behind. To make the problems more serious, worsening conflicts, and the rise of fundamentalism in the world, we see the violation of bodily integrity, highlighting the severity of the damage by GBV. Cooperating to continue providing and strengthening support is the international community's pressing problem.

Message from the UN Secretary-General on the impact of COVID-19 pandemic on GBV

The UN has many programs to eliminate GBV under an international framework, such as the Universal Declaration of Human Rights, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), and the SDGs. The UN Secretary-General released the following message:

- Expand investment in online services and civil society organization.
- Maintain the criminal justice system to prosecute the perpetrator.
- Set up an emergency alarm system in drugstores and grocery stores.
- Establish shelters for victims as essential services.
- Establish policies to allow women to seek support safely without the knowledge of their abuser.
- Expand awareness-raising campaigns (especially targeting men and boys).

And others.

Anti-GBV programs at UNFPA

UNFPA executes programs to prevent and eliminate GBV and supports victims of GBV in over 134 countries and regions. UNFPA continues and strengthens the programs below to combat GBV under the COVID-19 pandemic.

- Activities to prevent and reduce risks.
 - Provide essential services to protect life and respond to GBV.
 - Establish a innovative supply model of service.
 - Talent development (such as midwives) for GBV responsive service.
 - Policymaking based on survey and collection of victim data: kNOwVAWdata,⁵ regional dashboards
- And others.

Warning on “digital violence,” a new form of virtual violence in the face of the COVID-19 pandemic

For Generation Z and the Millennials, known as the digital natives, violence is transferring into the virtual space. UNFPA rolled out the “16 Days of Activism Against Gender-Based Violence” campaign globally. The campaign raised awareness in Japan through the “#STOP Digital Violence Campaign.” UNFPA advocated for “bodyright (copyrights related to the body)” and appealed to companies providing digital platforms that various violations of the female body exist online, not only the infringement of copyrights, informing them of the gravity of the situation.

Building a sustainable system to eliminate GBV (Analysis and review from the program’s discussion)

A two-way approach of establishing policymaking/legislation for GBV prevention, protection and empowerment of GBV victims (upstream) and victim support (downstream) effectively prevents GBV and protects and empowers GBV victims. Therefore, it is necessary to coordinate and enforce a cooperative system of consolidation and unity among the different sectors such as government, legislatures, municipalities, service providers, and the victims. So let us continue to strengthen our network and share best practices and techniques to build a sustainable environment where elimination of GBV is possible.

Questions and Answers

What kind of program is necessary for Japan to improve reproductive health education and access?

Lately, youths in Japan are raising their voices calling for reproductive health and rights. The media is picking up stories on the #nandenaino project, period poverty, and the discussion on emergency contraceptive pills, influencing the policies. UNFPA proposes a platform called “Let’s Talk!” to promote discussion about the body, which has long been considered taboo. We must create a culture in which women are proud to be the gender that gives birth and raise their voices to solve problems. We also need to implement comprehensive health education in schools to reduce unwanted pregnancies.

⁵ A joint UNFPA and Australian government initiative to support and strengthen the capacity to collect accurate, reliable, and comparable data necessary for eradicating violence against women.

Is there a best practice in anti-digital violence measures?

Providers have a system to control uploads of digital violence or hate speeches. In addition, the bodyright campaign rolled out an action to make women's body rights just as important as copyrights. We believe digital issues can be solved digitally.

How do you involve men in anti-GBV measures?

We are raising awareness by involving public health nurses, midwives, and community leaders. In schools, we are inspiring male students to change their behaviors. We must pursue in our activities to build a culture where women and men can eliminate violence because men can also be victims of sexual violence. A peaceful world the UN aspires for cannot be achieved without eradicating violence.

3. Panel Discussion

(1) Current Conditions and Programs of GBV under the COVID-19 Pandemic and in the post-COVID-19 Era

1) Panelists (honorifics and titles omitted)

Marlène Ndelela (DRC, Cris du Peuple Opprimé (CPO-ONG))

Brigitte Yaméogo (Burkina Faso, Mwangaza Action)

Patricia Bodosoa Olihene Rasolonjatovo (Madagascar, the Ministry of Population, Social Protection and Promotion of Women)

2) Summary of Panelists' Comments

Marlène: The current conditions of GBV under the COVID-19 pandemic in DRC are incredibly complicated. A humanitarian crisis occurred in the east by armed conflict. As a result, GBV is rampant in the region, and many women have fallen victim to GBV. Statistics indicate one in three women in DRC encounters with GBV once in their lives. Statistics reported by UNFPA also reveal that violence has surged in 11 out of the 26 provinces of DRC in the past few months. The most severely affected area is where I work, called Kasai-Central, where 19,000 cases of GBV reported.

Many supporting institutions closed and awareness-raising activities were stopped owing to government directions to prevent the spread of COVID-19. Therefore, it has become difficult for female victims to receive any support. In addition, the curfews have extended the time people stay at home, causing loss of jobs for men and women and worsening domestic physical and psychological violence at home. Moreover, unwanted pregnancy, which has long been an issue in DRC, teenage pregnancy, and child marriage have increased because the closure of schools and dire family economy forced girls to transactional sex.

Under these circumstances, our organization is working on providing continuing support. For example, we operate a hotline. We also drive awareness-raising activities through the regional radio station. Additionally, we distributed a hundred sanitation kits with masks, hand-washer, and antiseptic solutions. We also provided sanitary goods to pregnant girls who could not return to school. Moreover, considering that women's socioeconomic status is deteriorating, we surveyed 385 women on the support they need to increase their income and used the funds from UNHCR, the U.S. embassy, and our organization to provide occupational training such as IT. We also distributed tools for small-businesses and animal raising to vulnerable women to promote their economic self-reliance.

Brigitte: GBV under the COVID-19 pandemic is a real problem in Burkina Faso as well, and the number of GBV incidents has increased dramatically. The cause is an increase in family problems under the stress of the deteriorating economic situation. Violence takes the forms of threats, insults, beating, injury and death threats. Victims include pregnant women. An increasing number of families have lost their jobs because of the pandemic and are in a dire financial situation. Although women were pleased that their husbands were at home when nighttime curfews were first imposed, the situation has gradually caused tension at home that increased domestic violence cases, according to reports.

COVID-19 affects the access to services for reproductive health. In some cases, people cannot receive medical service because of decreased income as family members lose their jobs. Because women cannot receive information on reproductive health from medical institutions, pregnancies are increasing under the COVID-19 pandemic.

The loss of employment and income as a result of the measures taken against COVID-19 led to unstable life and vulnerability of families, and heightened stress within families. In some households, such stress caused by curfew, loss of job, and long hours of staying at home is diverged by a violent way. In other households, fear of COVID-19 infection and thoughts about death after infection are manifested in the form of violence. Women say that they were happy with their husbands staying at home at the beginning of the pandemic, but it has become unbearable as time passed.

Along with the increase in unwanted pregnancies and child marriage, there are reports of pregnancies through incest. Abortion cases outside of medical facilities are also on the rise, harming the health of women and girls. There has been a concern for increasing illegal female genital mutilation while anti-GBV measures were temporarily suspended when curfews were in place for the COVID-19 pandemic. According to a UNFPA report in 2020, 2 million girls are at the risk of having their genitals mutilated because of curfews, and closure of schools and emergency shelters. Furthermore, as COVID-19 spreads and unfounded fear of infection amplified within communities, trust is wavering toward the communities including supporting organizations. The challenge is regaining that trust, and we are advancing an awareness-raising activity and support for female victims while ensuring infection prevention among supporting organization staff.

Patricia: Madagascar’s Ministry of Population, Social Protection and Promotion of Women and UNFPA surveyed the GBV situation. According to the survey, 17.1% of women replied that domestic violence increased owing to the lockdown measures. In addition, 18% stated that they were GBV victims. The Ministry and supporting organizations worked together to open a hotline and operate a temporary protective shelter in response to the situation. We also produced a TV program to deliver GBV awareness-raising and support information.

Generally, when the family financial situation worsens, the risk of GBV heightens. For example, when the husband loses his job because of the pandemic and the family income is disrupted, the severe stress could cause violence. Therefore, as a government, we are working on creating employment and job training, and we provide information on our efforts to the victims who contact us via the hotline.

In other areas, capacity building of the support staff and human resources development is a matter of urgency. We need to accelerate capacity building to provide necessary support during the pandemic. As for the forms of support, we are working on providing legal advice and support in social reintegration in addition to medical care.

2) Questions and Answers

Is there an instance of a specific anti-GBV measure implemented by a support organization or the government involving men? Are men interested in these efforts?

Marlène: Men’s involvement is indispensable in preventing GBV because 98% of GBV is men’s violence against women. Therefore, we appeal to men to consider themselves stakeholders instead of just bystanders and raise such awareness. Women’s rights tend to be regarded as a subject unrelated to men, but it is not an issue just for women. Since participating in the “Asia-Pacific and African Women’s Exchange Program” last year, I learned various strategies to involve men in our initiatives. For example, I learned that we could start a conversation with questions that resonate more with men and are easier to discuss, such as asking them how they can be better fathers. I also learned that it is useful to communicate that there is no need to use violence to express masculinity. In addition, I understood that a rehabilitation program for the perpetrator is necessary as he could be harboring psychological and mental problems.

Brigitte: In Burkina Faso, our organization holds a place of discussion at the community level to separate men and women into different groups. We first have separate spaces for discussion, and then have the two groups talk. By having men and women take action and organize various events together, we can change the way men view GBV. Every day, we work believing that we can put an end to GBV.

Patricia: We also have many activities involving men in Madagascar. The TV program we created for awareness-raising targets men to change their values and behaviors. The message we hope will come across is for men to be sensitive to gender issues, promote positive masculinity, say no to violence, and not be violent to women.

Please share the prospects for the initiatives of the supporting organizations and the government in the post-COVID-19 era.

Marlène: The United Nations Children’s Fund (UNICEF) surveyed the impact of COVID-19 on the people of DRC. Out of those who were surveyed, 67% of the teachers responded that the school attendance rate of girls aged between 12 to 17 had dropped dramatically owing to child marriage. In addition, 15% of the households replied that their income decreased compared to the pre-pandemic period because of unemployment. Thus, we propose strengthening preventive measures against the spread of COVID-19 through awareness-raising and reinforcing the advocacy of anti-GBV measures to policymakers. We must stop child marriage and let children attend school. Moreover, building the financial self-reliance of women is crucial. Women need to build economic power instead of only being a parent and doing housework and providing child care. Therefore, it would be beneficial if women received even five dollars a day. Women cannot have the self-confidence to raise their voice against the perpetrator without financial self-reliance and remain victims of violence in many cases. Accordingly, we want to accelerate female empowerment activities such as training courses and professional training programs for women to have the means to gain an income.

Brigitte: The challenge during the pandemic is to regain people’s trust in others. As a supporting organization working in communities, we want to continue awareness-raising and preventive activities. Owing to the impact of the pandemic, the Burkina Faso government has forbidden any assembly of over 50 people, inhibiting us from carrying on our usual activities. However, we want to encourage people in communities to join our activities. Our top priority is to help as many female victims as possible by engaging in anti-GBV measures with communities and eliminate GBV.

Patricia: The highest priority is to strengthen awareness-raising activities. Madagascar has a policy for promoting gender equality. We hope that implementing such a policy, realizing the gender equality plan, and establishing a law on GBV will help many people understand the definition of GBV. It is also now clear that the stakeholders and organizations involved in anti-GBV efforts do not fully grasp activities by others or know each other, so we want to create a list of stakeholders. Finally, we want to reinforce women’s financial self-reliance by providing job training and contribute to promoting a positive image of masculinity by involving men sensitive to gender issues.

(2) “Anti-GBV Measures and Perpetrator Response Program”

1) Panelists (honorifics and titles omitted)

Tanja Kovac (Australia, Gender Equity Victoria (GENVIC))

Rahimisa Kamuingona (Namibia, Ministry of Gender Equality Poverty Eradication and Social Welfare)

Veronica Theron (Namibia, One Economy Foundation (ONE))

2) Summary of Panelists’ Comments

Veronica: In the past, Namibia mainly focused on GBV victim support. In 2016, the Office of the First Lady recognized the need for responding to perpetrators. Since perpetrator support is a new type of initiative, we started with research and a survey. Perpetrators, victims, and people involved in assisting the victims cooperated with the survey and we proposed a perpetrator program based on the findings. It is a comprehensive and interdisciplinary program based on evidence. We work with people from different sectors and make sure that both perpetrators and victims benefit from the program. Namibia is also working on GBV prevention.

One of the best practices from the perpetrator program is the training and capacity-building activity that targets not only the perpetrators, including convicts, but also the police, social workers, perpetrator program providers, and victim’s support staff members. Then, the program provides job training, equipment provision, small-scale loans, and employment service for rehabilitation and social reintegration of the perpetrators. We also have awareness-raising programs where perpetrators and former perpetrators speak to youths, supporting organizations, and members of parliament about their experiences. The perpetrators may work on such activities along with the survivors in the process of social reintegration. All activities aim to have the perpetrators live positively with confidence and dignity when released from prison. We see results in the case of the perpetrators who received training in prison participating in the anti-GBV movement after their release and driving awareness-raising targeting children at schools.

By implementing perpetrator programs, we have learned the importance of clarifying the responsibilities and roles among the stakeholders. Roles and responsibilities can be clarified by creating and concluding a memorandum among the parties involved and by making an agreement between the service providers.

Tanja: GBV is severe in Australia, and one woman per week dies in GBV cases. In addition, 1 out of 4 women experiences physical violence by the age of 15 or fall victim to a sex offense. In 2016, Australia started a program involving perpetrators when a Royal Commission on DV was established. From 2016 to 2021, the Commission focused on the judicial system, community intervention, risk management, and GBV response amid the COVID-19 pandemic. On the other hand, our organization focuses on GBV and gender-based cyber hate in the parliament system. We also executed the “Active bystander project” and provided cyber safety training to young gamers.

The approach toward the perpetrator depends on the nature of the GBV case. For DV at the hands of a close relative, we have the “Active bystander project” that leverages the media to drive a national and local level behavioral change. The campaign calls on men to instigate behavioral change in the men around them. In addition, for other sexual abuses, we have focused on law reform and the judicial system. We call for law reform to have the burden of proof exempt regarding consent and non-consent. Moreover, we demanded that the workplace be held accountable for sexual abuse and that colleagues take action against sexual harassment instead of remaining bystanders. As for the GBV in the parliamentary system, a survey report was compiled for the first time in November

2021. Finally, our organization is executing a campaign against cyber hate. The takeaway is that research investigating the actual cause of becoming a perpetrator is essential for planning an effective program. A full-scale research report is finally being put together in Australia.

Rahimisa: In Namibia, 33% of women and girls have experienced GBV, and 21% of young girls had experienced GBV by the time they were teenagers. There are also harmful customs such as child marriage. As one of the countermeasures, the government and supporting organizations implement a national program involving men in communities. Specifically, we raised awareness among young men who had just graduated from school and implemented awareness-raising activities in the communities to think about the culture and harmful customs leading to GBV. We also provide a platform where men can discuss GBV and disproportionate dynamics between men and women. In this program, people in charge of coordination, called the gender liaison officer, work with the community gatekeepers and drive advocacy and awareness-raising activities.

The government funds the activities involving men, but the funds are limited. Therefore, we have not been able to work with all the groups we had in mind. For example, we want to expand the program to involve young male students, but the lack of funding makes it difficult. Thankfully, we receive aid from various international organizations, enabling us to implement different programs. However, the lack of funds is a significant issue. Moving forward, we want to develop the capacity of social workers and support staff to take it further. Through this effort, we can access a broader scope of communities. Moreover, we are considering developing programs to involve even more men by incorporating GBV study plans in school curriculums across the country or integrating GBV awareness-raising training in students' sports programs.

2) Questions and Answers

Do you have trained private organizations to conduct the perpetrator program? What kind of training is available?

Veronica: The government and private organizations work together to implement training. We work closely with the rehabilitation facilities staff. Some of the staff we work with are social workers, and they concentrate on the perpetrator's behavioral change. We are involved as co-facilitators in GBV-related training. We found from the past surveys that among the perpetrators subject to receiving training, 65% have committed a grave offense such as murder. The training contents were determined from a survey to find what is necessary for perpetrator rehabilitation. In addition, we conducted training catered to individual cases in consideration of the survivors' attributes being women and children. For instance, we included the issue of consent in the training tool kit. Perpetrators are not the only targets of the training. We customize training according to the subjects, ranging from the media staff responsible for news coverage, religious leaders, and student leaders. Recently, rape cases have been on the rise in institutions of higher learning, and relevant organizations of educational institutions are required to take responsibility and act. Training is not only available in person. We can conduct the training online and make use of social media.

Is perpetrator support legislated?

Tanja: Whether or not the program is legislated depends on the timing of starting the perpetrator program. If one joins the program before judicial response, perpetrators in most cases join voluntarily. Participants can stop taking the course anytime as it is voluntary. On the other hand, there are cases where the court orders a perpetrator to attend the program. In that case, the program will be a legislated perpetrator program. In criminal investigation or under

the criminal justice system, the court can order the attendance in a perpetrator program when the offense is severe sexual, physical, or mental violence. However, an obligatory perpetrator program does not exist in Australia. Part of the reason is that its effectiveness is unclear. From the program exchanges at the “Asia-Pacific and African Women’s Exchange Program,” I learned about a successful example of combining a perpetrator program and survivor empowerment. It is an excellent initiative, but the supporting organization does not have enough resources to implement it and cannot expand it.

How long is the perpetrator program?

Veronica: Attendance to our perpetrator program is also voluntary. Nevertheless, the fact that it is voluntary participation means the person has a strong will to change, meaning the success rate is high. The duration of the program varies depending on the case, but a perpetrator program for a sex offense is generally long. On the other hand, the program duration is short if the offense occurred between a married couple, close relatives, or it is a first offense. It is understood that behavior change requires long term intervention. Experts from different fields are involved in the program design, and an interdisciplinary team plans the program. For example, recently, there was a case of a perpetrator who raped seven people. A psychological expert made a psychological assessment and created a list of programs necessary for reform, and it turned out the perpetrator required 24 sessions. This perpetrator is a successful example as he completed all necessary sessions. The program’s efficacy hinges on how far the perpetrator wants to continue and his will to change.

4. Questionnaire Results

A questionnaire was administered to grasp the participants' affiliation, good points of the public seminar, and what to improve. Out of the 51 general participants, 30 filled out the questionnaire (response rate of 58.8%). Out of the 11 participants in the online exchange program, 9 responded (81.8% response rate). The results are as follows.⁶

【Survey respondent's affiliation】 (41 responses)

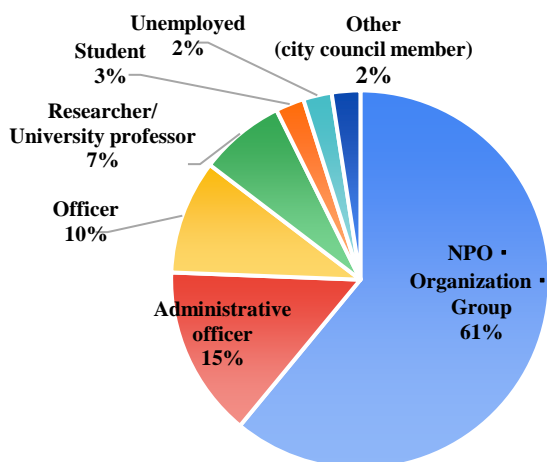


Figure 1 Participants' affiliation

【Contents of GBV-related work and activity currently involved (multiple answers allowed, volunteer activity included, work/activity target not limited to women)】 (41 responses)

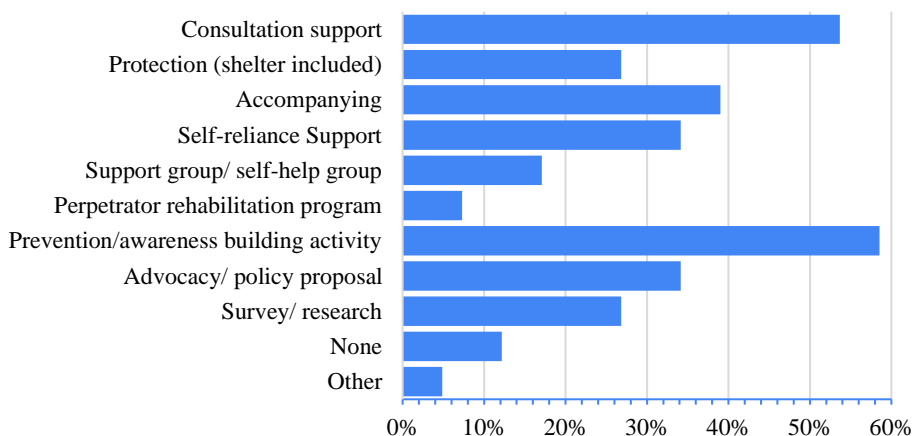


Figure 2 GBV-related work/activity currently involved in

⁶ Responses from the general participants and the online exchange program participants are compiled in one set of data.

【Reasons for attending the online seminar (multiple answers allowed)】 (41 responses)

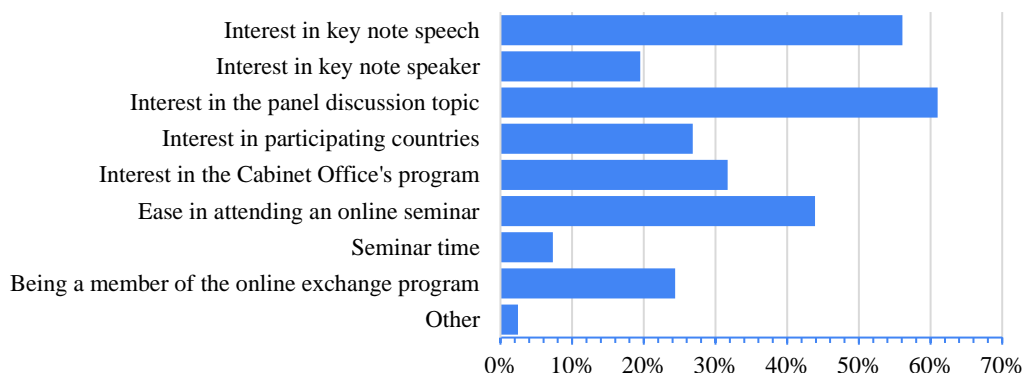


Figure 3 Reasons for attending the public seminar

【Good points of the public seminar】 (Partially summarized)

Program content

- Learned from the keynote speech about the international framework and UNFPA initiatives for eradicating GBV.
- Able to learn details of the current situation of GBV, legal system, and initiatives from the officers of each country.
- Learned about the situation in each country and learned that women's conditions have much in common in many countries.
- Able to share COVID-19's impact on GBV and anti-GBV measures and the strategy to mitigate those impacts.
- Learned examples of involving men and perpetrator program.
- Reaffirmed that men need to raise their awareness to eliminate GBV.
- Learned that the government not only supports victims but is also involved in preventing GBV.

Others

- Exchanged opinions with people from various countries.
- Learned from each other through the online exchange program. Felt the significance of the participants taking the lessons learned back to their countries.
- It was nice to listen to the lectures and presentations from abroad while living in my country, as the seminar was held remotely.
- Simultaneous interpretation made it possible to make the presentation and opinion exchanges from each country in a short amount of time.

【What to improve in the public seminar】 (Partially summarized)

- It would have been better if more time were available because the content was substantive.
- Having more time for discussions or Q&A would have been better for understanding the content thoroughly.
- It would have been easier to follow the content if the panelists had PowerPoint presentations of photos and main points when introducing themselves and their activities.
- Having other participants share their comments instead of just the panelists would have helped empower all the participants.
- It would have been better if more panelists were from the Asia-Pacific region.
- It would have been nice if a recording was available because I had to leave halfway.

FY 2021 Asia-Pacific and African Women's Exchange Program
Gender Equality Bureau, Cabinet Office, Government of Japan

