

## The relationship between support for victims of domestic violence and social work in Japan

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### **Abstract**

In Japan, the term domestic violence (DV) refers generally to violence between men and women in intimate relationships, including spouses and lovers. DV-related consultations filed at spousal violence counseling and support centers have steadily increased in recent years.

Support for victims of domestic violence in Japan is provided at women's consulting offices, women's protection facilities, maternal and child living support facilities, and shelters operated by NPOs. However, despite progress in developing measures to support DV victims, it is not always clear how the services provided by these institutions relate to social work theory and practices. This manuscript aims to analyze preceding research on this unclear relationship and to discuss the factors responsible.

The review first summarizes how support for victims of domestic violence currently operates in Japan. Next, it organizes the findings of previous studies on the unclear relationship of DV victim support with social work theory and practices despite the progressive implementation of various DV-related policies. Finally, the author analyzes three kinds of problems responsible for this state of affairs—legal issues, support worker awareness,

and establishment of support methods—and discusses factors contributing to them.

Furthermore, the author demonstrates how the lack of clarity surrounding the relationship between DV victim support and social work is the result of interaction between multiple factors, and that society needs to develop and expand DV support policies and practices based on the history of this problem. The paper concludes with a consideration of themes to be taken up by future studies.

### **Research Background and Purpose**

In Japan, the term domestic violence (“DV” below) refers generally to violence between men and women in intimate relationships, including spouses and lovers. First coming into force in 2001, the *Act on the Protection of Spousal Violence and the Protection of Victims* (“DV Prevention Law” below) has seen continued amendments to the present day. This act established the spousal violence counseling and support center, as well as allowing for some of its functions to be fulfilled by women's consulting offices and other suitable institutions. The law also stipulates that spousal violence counseling and support centers aim to cooperate and collaborate with related

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organizations: as a result, women's protection facilities, maternal and child living support facilities, and shelters operated by NPOs also function as points of service for DV victim support, and some level of collaboration with and among these related organizations is assumed during DV-related operations. However, it is not always clear how the support for victims of domestic violence provided by these institutions connects to social work theory and practices.

The meaning of the term "social work" is broad: it most obviously refers to activities performed by social workers, but can sometimes refer to the academic framework that serves as the foundation for social work practices. The Global Definition of the Social Work Profession serves as a global definition for social work. Adopted by the International Federation of Social Workers (IFSW) and The International Association of Schools of Social Work (IASSW), this definition establishes social work as follows:

"Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing."

The definition continues with a postscript: "The above definition may be amplified at national and/or regional levels." We see proof of this in the various interpretations and understandings of social work existing today in Japan.

As a result of this broad definition, the concept of social work covers a very wide scope, as do the activities performed by social workers. Fundamentally, the term "social worker" refers to a professional who performs social work practices

based on theory from social welfare studies, but the activities carried out in the field by social workers are diverse, as are their positions, titles, and roles. Japan does have nationally recognized qualifications such as "shakai-fukushi-shi" (social worker) and "seishinhoken-fukushi-shi" (psychiatric social worker), but also many cases of social workers whose positions lack a national certification being entrusted with social work practices. Therefore, while there is a limited number of preceding studies about the relationship between DV victim support and social work in Japan, many have discussed relationships between social work and the activities performed by spousal violence counseling and support centers, women's consulting offices, women's protection facilities, maternal and child living support facilities, and private shelters. In addition, several previous studies have discussed the relationship between social work and women's consultants, a profession with a deep connection with women's support.

This paper begins with Summary of DV Victim Support in Japan, wherein the author outlines the activities involved in supporting victims of domestic violence performed at spousal violence counseling and support centers, women's consulting offices, women's protection centers, maternal and child living support facilities, NPOs, and other facilities, as well as the activities of women's consultants. Next, in Reasons for DV Victim Support's Unclear Relationship with Social Work, the paper analyzes preceding literature that has discussed the lack of clarity in the relationship between social work theories and practices, including social work-based model approaches, in various institutions in Japan today, despite progress in providing DV victim support. Finally, in Conclusion and Directions for Further Research, this manuscript aims to analyze preceding research that has discussed this state of affairs, to discuss factors contributing to this problem, and to consider future topics of discussion.

## Research Method

The author performed a literature review of previous research that discussed the relationship of support for victims of domestic violence with social work theory and practices in Japan. Specifically, she surveyed the literature discussing DV activities and social work provided by spousal violence counseling and support centers, women's consulting offices, maternal and child living support facilities, women's protection facilities, and private shelters. Using these keywords, the author performed literature searches using CiNii (a database maintained by the National Institute of Informatics) and ICHUSHI (the online version of the Japan Medical Abstracts Society (JAMAS) database).

The review first summarizes how DV victim support currently operates in Japan. Next, it organizes the findings of these previous studies on the unclear relationship of DV victim support with social work theory and practices, despite the progressive development and implementation of various DV policies in Japan. Specifically, it analyzes this state of affairs from three perspectives—legal issues, support worker awareness, and establishment of support methods—and then discusses factors contributing to these problems.

## Summary of DV Victim Support in Japan

As described in Research Background and Purpose, several previous papers in the literature on support for victims of domestic violence in Japan have discussed the relationship between social work and the activities performed by spousal violence counseling and support centers, women's consulting offices, women's protection facilities, maternal and child living support facilities, private shelters, and other institutions, and several more have discussed the relationship between social work and the women's consultant, a profession with a deep connection to women's support.

Therefore, in this section, the author will outline

the DV victim support activities performed at the above institutions, as well as the activities of women's consultants.

### 1. Spousal Violence Counseling and Support Centers

Article 3 of the *DV Prevention Law* requires prefectures and municipalities to establish spousal violence counseling and support centers. As of November 2015, spousal violence counseling and support centers have been established at 261 locations nationwide. (This number includes women's consulting offices.)

And to offer activities covered under (1)-(6) below at those centers:

- (1) Consultation, or introducing users to organizations that provide consulting services;
- (2) Counseling;
- (3) Assurance of safety in an emergency and temporary protection of victims and accompanying family members;
- (4) Provision of employment promotion, housing procurement, information, and other forms of support that promote the self-reliance of victims;
- (5) Provision of information and other forms of support pertaining to the use of the protection order system; and
- (6) Provision of information and other forms of support pertaining to the use of facilities where victims may live and receive protection.

However, not all activities stipulated in (1)-(6) are performed at all spousal violence counseling and support centers nationwide. In many cases, centers specialize only in (1) consulting with victims, or else introducing them to counseling organizations, and (2) counseling [1-2].

According to the Gender Equality Bureau Cabinet Office, DV-related consultations filed at spousal violence counseling and support centers have steadily increased in number in recent years, with approximately 100,000 reported consultations in 2014 [3] (Figure 1).

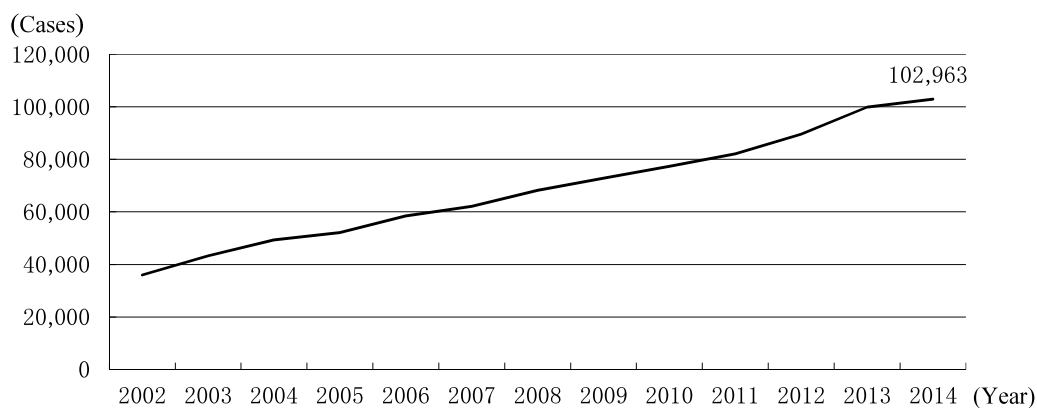


Figure 1. Yearly Changes in Consultation Cases at Spousal Violence Counseling and Support Centers

Source: Gender Equality Bureau Cabinet Office, “Number of Consultations at Spousal Violence Counseling and Support Centers”, 2014.

[http://www.gender.go.jp/policy/no\\_violence/e-vaw/data/pdf/dv\\_dataH2807.pdf](http://www.gender.go.jp/policy/no_violence/e-vaw/data/pdf/dv_dataH2807.pdf) (accessed 1st August, 2016) Figure created by the author.

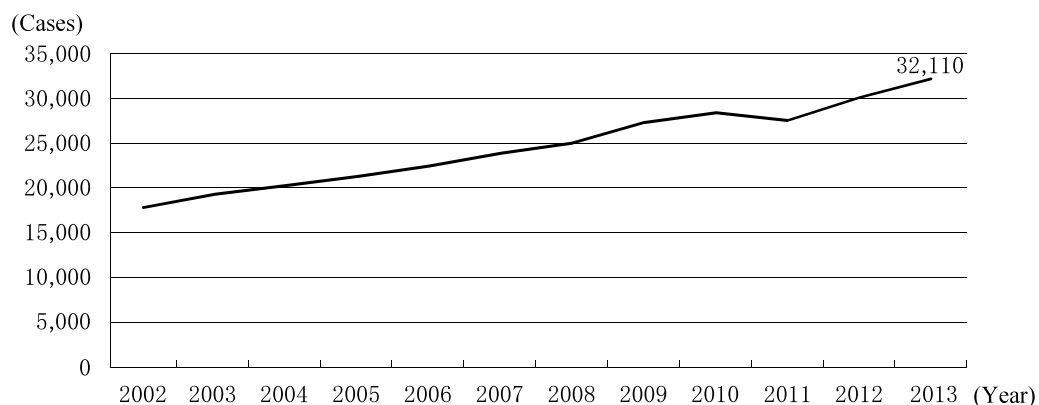


Figure 2. Yearly Changes in Consulting Cases Handled by Women’s Consulting Offices and Women’s Consultants

Source: Ministry of Health, Labour and Welfare, Equal Employment, Children and Families Bureau ‘Implementation Status Report of Women’s Protection Activities – 2014 Overview’

<http://www.mhlw.go.jp/file/06-Seisakujouhou-11900000-Koyoukintoujidoukateikyoku/0000065113.pdf> (accessed 1st August, 2016) Figure created by the author.

Factors responsible for this rise in consultation cases include not only an increase in DV victims but also a broader understanding of DV in society and an increased number of spousal violence counseling and support centers. However, the number of reported cases of DV handled by women's consulting offices and women's consultants has also increased (Figure 2). The Ministry of Health, Labor and Welfare's "Annual Health, Labor and Welfare Report 2015" identifies an increase in the actual number of DV victims as an important factor behind this increased number of reported cases [4].

## 2. Women's Consulting Offices

Women's consulting offices were established under Article 34 of the *Prostitution Prevention Law*. In addition to providing various consultations to women feared to be involved in prostitution, women's consulting offices' original duties consisted of making medical, psychological, and occupational assessments of said women, and providing them with support, temporary protection, and other services based on the results. In 2002, Article 3 of the *DV Prevention Law* forced prefectures to designate some of these offices as spousal violence counseling and support centers as well, in which role they would provide support to DV victims. The functions of women's consulting offices have continued to expand: again in 2004 to provide support to victims of human trafficking under *Japan's Action Plan of Measures to Combat Trafficking in Persons*, and once more in 2013 with an amendment to the *Law on Proscribing Stalking Behavior and Assisting Victims* stipulating they would also provide support to female stalking victims. As can be seen, women's consulting offices have a long history of the support services they provide and their intended recipients changing with the times [5].

Women's consulting offices have been established in 49 locations nationwide as of December 2015. This institution serves an

important role in providing activities categorized under (3) in the above list: i.e., assurance of safety in an emergency and temporary protection of victims and accompanying family members. Women's consulting offices provide temporary protection on the premises, but the *DV Prevention Law* also permits them to outsource this service to related institutions that meet certain criteria.

## 3. Women's Protection Facilities

Provided for by Article 36 of the *Prostitution Prevention Law*, women's protection facilities are established by prefectures and social welfare corporations, with forty-eight locations created nationwide as of April 2015. Originally providing asylum to women feared to be involved in prostitution, today these facilities are intended to protect women dealing with difficult issues due to various circumstances in their lives, including collapsed family environments and poverty. The *DV Prevention Law* in particular explicitly provides that women's protection facilities can provide protection to DV victims: following its enactment, women's protection facilities came to perform living support and counseling to these victims.

## 4. Maternal and Child Living Support Facilities

Women at high risk of violence may require emergency evacuation, which raises the social need to accommodate such victims via emergency temporary protection. To address this need, the *DV Prevention Law* mandates that women's consulting offices be furnished with temporary protection locations, and that they may entrust the temporary protection of DV victims to maternal and child living support facilities and private shelters. Maternal and child living support facilities are established in Article 38 of the *Child Welfare Act*:

"A maternal and child living support facility shall be a facility intended for admitting and protecting females without a spouse or females in equivalent circumstances and

the children whose custody must be taken by those females and supporting their life to encourage their self-reliance, as well as intended for providing consultation and other assistance to those who have left there.”

Thus, maternal and child living support facilities are not specialized institutions that provide DV victim support only. Yet, the Ministry of Health, Labor and Welfare’s Equal Employment, Children and Families Bureau explicitly states that supporting DV victims is one of the essential roles they must serve in its Operating Handbook for Maternal and Child Living Support Facilities [6]. Furthermore, DV victims require support to rebuild their lives following evacuation to a temporary protection location. Accordingly, maternal and child living support facilities act not merely as evacuation shelters for avoiding emergency situations, but also provide consulting support to women and children accommodated there as well as after-care following the incident.

#### 5. Private Shelters

Private shelters are facilities run by private-sector organizations, where victims of violence can find emergency or temporary refuge. Such shelters provide support for victims, such as accommodations, meals, etc., as well as various forms of counseling. Locations exist that have corporate status, such as specified nonprofit corporations and social welfare corporations, as do locations with a non-corporate management system. Organizations administering private shelters that are known to prefectures and ordinance-designated cities have been established in 116 locations nationwide as of November 1, 2014.

#### 6. The Women’s Consultant

The women’s consultant is another profession involved in DV support, holding consultations and providing information among other activities. Article 3 of the *Prostitution Prevention*

*Law* establishes the women’s consultant as a professional tasked with finding women in need of protection and providing them with consultation, guidance, and other services, and Article 4 of the *DV Prevention Law* extended their role to the support of DV victims as well. Japan has 1,348 women’s consultants nationwide as of April 2015, affiliated not only with women’s consulting offices but also with city welfare offices and other institutions.

#### 7. Others

DV has a serious impact on children as well. Experts have found that children suffer physical and mental effects after witnessing domestic violence. The Act on the Prevention, etc. of Child Abuse thus explicitly classifies as child abuse any domestic violence in a household in which children live. Thus, measures to support DV victims must include the provision of physical and mental care to not only the direct victims of DV, but also to any children living with them. These efforts have proceeded with the collaboration of children consultation centers and welfare offices.

Offender-oriented policies are another important part of preventing DV recurrence. However, such policies have yet to find priority in the legal system, with the only applicable measure in the *DV Prevention Law* being Article 25, which merely calls for the promotion of research and study concerning methods to guide the rehabilitation of perpetrators. While some municipalities offer pioneering rehabilitation programs for DV offenders, they vary widely among municipalities in terms of their implementation status. Thus, the development and enrichment of policies targeting the perpetrators of DV remains an important issue for the future.

#### **Reasons for DV Victim Support’s Unclear Relationship with Social Work**

Despite ongoing progress in the field of support for victims of domestic violence in

Japan, the policies concerned suffer from an unclear relationship with social work theory and practices (e.g., social-work-based model approaches). The reasons for this situation identified in previous studies can be grouped into three categories of problems: (1) legal issues, (2) support worker awareness, and (3) establishment of support methods. This paper acknowledges that commentators' standpoints could not always be discriminated neatly in these terms, as some identified several issues without classifying them as above, while others discussed DV victim support as a single complex issue.

### 1. Legal Issues

Even in Japan, it has long been argued that measures to combat DV must make full use of social work techniques, and that social workers must fulfill an expert role in such measures [7]. Nonetheless, one can hardly argue that social work practices figure prominently in the systems established for providing DV-related support.

Kaino identified “the lack of ‘women’s support’ as an explicit policy concept in the current system” as one reason for this insufficiency [8]. She raised women’s consulting offices as a specific example, which are a core consulting and support institution servicing women, and serve the function of public shelters in the context of DV policy, yet have their legal foundation in the *Prostitution Prevention Act*: Kaino wrote, “Their intended purpose was ultimately ‘rehabilitative protection’ for ‘women in need of protection’ (i.e., prostitutes or women feared to be involved in prostitution). This has created a large discrepancy between the mission of women’s consulting offices according to the law and the support that the actual users of the facilities require.” [9].

In reality, despite the steady rise both in domestic violence-related consultations at spousal violence counseling and support centers and in police filings, the number of temporary protection cases at women’s consulting offices has remained largely unchanged for over 10 years [10]. (Figure 3)

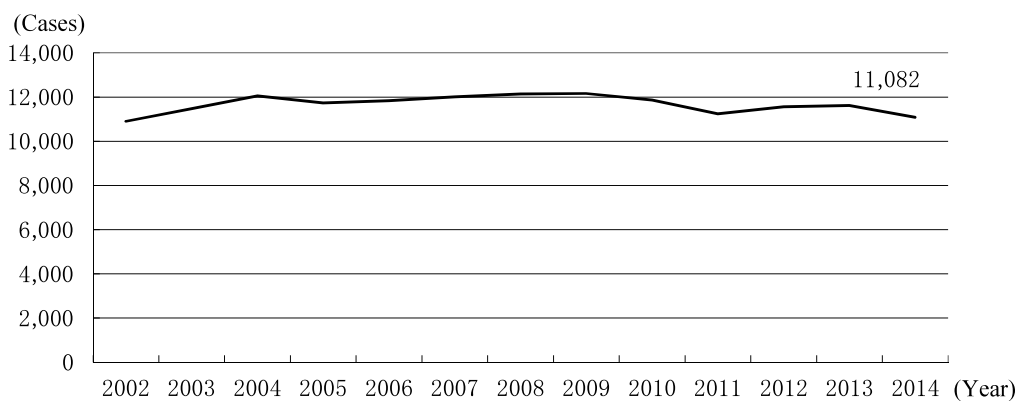


Figure 3. Yearly Changes in Temporary Protection Cases at Women’s Consulting Offices

Source: Gender Equality Bureau Cabinet Office, “Data on Violence from Spouses”. <http://www.mhlw.go.jp/file/06-Seisakujouhou-11900000-Koyoukintoujidoukat-eikyoku/0000080106.pdf> (accessed 1st August, 2016) Figure created by the author.

Regarding the factors behind this low number, Kaino pointed to the “hurdle posed by the administrative decision”, a procedural requirement of using women’s consulting offices. She was critical of the fact that “the decision for temporary protection is generally not made if there is no ‘prospect’ of post-release accommodation at the time a woman applies for admission”, and that “the ‘temporary protection’ system has not been re-examined nor its operations reformed even since the advent of *DV Prevention Law*.” [11].

Miyamoto discussed the low utilization rate of women’s protection facilities as another factor, stating that it “is a serious problem, even while the number of women who require the services of these facilities, such as DV victims, and is certainly not low.” She argued for the need to analyze the way that women’s protection facilities function in terms of whether they are actually easy to access for women who need them [12].

Finally, Sudo pointed out that while the number of users of women’s protection facilities is so low that some locations in Japan are empty, users surpass the number of places available in the Tokyo metropolitan area, justifying the existence and need for these facilities. She also stated that as women’s protection facilities have their legal foundation in the *Prostitution Prevention Law*, there is a huge gap between laws and policies, and the support that DV victims actually require. She gave the example of the inability of facilities to grasp and respond to the multiple and complex nature of the problems actually faced by each woman individually. In addition, she argued for the importance of clearly specifying what kinds of social work practices are actually performed at women’s protection facilities [13].

## 2. Support Worker Awareness Issues

As noted in section 3, Summary of DV Victim Support in Japan, the women’s consultant is a professional that provides consultation services and information regarding DV. However, a

number of commentators have noted the problems presented by the fact that women’s consultants do not necessarily have the expertise of social workers.

First, Hori argued that the duties of women’s consultants—namely consultation support and contacting, collaborating, coordinating, and forming networks with concerned organizations—can only be described as social work, yet the only requirements for becoming a women’s consultant, as defined by the *Prostitution Prevention Law*, are “social standing” and “the drive and knowledge required to carry out the duties involved.” In other words, she argued that the fact that social welfare-related qualifications are not prerequisites for becoming a women’s consultant, despite this being a type of social welfare expert, makes the position’s status vague. For this reason, she argued for the need to define the status of women’s consultants as a social work profession requiring a high level of expertise, as well as the need for women’s consultants themselves to view their own role as that of a social worker [14].

Kaino also pointed out that people have many different motivations for becoming a women’s consultant, and some lack training in consultation or counseling, or have insufficient experience working in consultation. Insufficient supervisory systems compound such difficulties in improving the expertise of consultants [8].

It has also been noted that insufficient expertise as a social worker is a problem for not only women’s consultants, but for all parties involved in DV support, which acts to impede victim support efforts. Organizations must have systems in place and share information to accommodate the variety of needs posed by DV victim protection. Despite this, shortages in support staff, both generally and for professionals with advanced expertise, have made providing social work with attention to detail a challenge, leading to careless provision of support [9]. This staffing shortage causes problems in the defining of roles. For example, DV support



requires interaction and liaison with a multitude of organizations, but the absence of social workers to coordinate this poses a considerable obstacle to coordination with concerned organizations [8].

Private bodies such as NPOs benefit from more flexibility in their scope and activities than public-sector organizations, and play an important role in combating DV in Japan. However, support workers employed there often lack awareness of themselves as social workers. On this point, Watabe wrote, "Most private shelters that support victims of DV are run by NPOs, and those performing support activities there do not call themselves social workers." However, she also stated that, "if we take into account the counseling, coordination and educational activities that constitute their work, along with their support goals, these people could be regarded as social workers." [15].

Sudo offered a counter-argument: "Social work is not something that is 'defined' as such by external parties. A social worker goes through a process of defining him- or herself as such." Further, she argued that social work is defined by whether or not participants involve themselves in problems with a sense of responsibility, based on a belief in the value and individuality of each human being, and can themselves explain these actions within the practical framework of social work. Based on this interpretation, she claimed that "social work research involved in the issue of DV also has the job of broadening the consensus on what social work is" [16].

Sudo went on to argue that "the way in which social work has continually limited its jargon within a small specialist circle is now creating an array of difficulties and confusion when faced with the social problem of DV. Furthermore, as long as the term 'social work' is not in common parlance within society, we might go so far as to say that social workers are not fulfilling their duties." Sudo also outlined the reasons why there is no simple answer to the question of whether women's consultants are social workers, including

that while some have received specialist social work training and identify as social workers, many others do not even understand the term and yet still succeed in fulfilling their roles and providing appropriate support. This points to a complex situation in the field [1].

### 3. Issues in Establishing Support Methods

DV-related social work practices have a long history and are well-developed overseas (e.g., in the UK and US) in terms of research and practice cases. On the practice side, Japan is also home to support organizations that have innovatively introduced such approaches. However, while as stated above a great variety of support activities have been developed to combat DV, in reality it is difficult to claim that Japan has established social-work-based approaches to service users, and these activities are not understood as directly linked with theory and practices.

Regarding this, Hori argued that while the needs of users are diversifying and a range of expert support functions are required at women's consulting offices, these facilities are not necessarily equipped with well-developed systems for operational management at the organizational level. She further argued that although support provision requires more than just instruction manuals, such operational management mechanisms are important as they enable visualization of support processes and sharing of support provision methods within the organization, helping ensure a standard level of support is provided across the organization [9].

Kaino claimed that this lack of clarity in support methods is a result of protection of DV victims taking priority in women's protection initiatives. That is, in order to prevent pursuit by perpetrators and protect the safety of DV victims, the content of support services offered in women's protection initiatives and thus the duty to explain it has been kept vague (e.g., information about temporary protection locations must be kept secret). Thus,

she claimed, the precedence of victim protection in keeping users from harm is the reason for the historical lack of clarity over support service content and how service users' rights are protected in practice [11].

In reality, there has been little research published regarding social work practice at women's consulting offices and maternal and child living support facilities. Although support workers take approaches such as living support to assist service users, there are known difficulties to such methods, particularly the reported shortage of support workers with specialized people support skills.

For instance, researchers have identified the importance of social work in maternal and child living support facilities, the point-of-service for living assistance, and Yamabe has pointed out the need for the expansion of comprehensive support based on generalist social work at them. That is, the needs of the users of maternal and child living support facilities are becoming more complex as society changes, and there is particular need for increased skills in providing support for self-reliance, as well as for support workers with advanced expertise [18].

Yokoyama stated that living support offered by maternal and child living support facilities comprises a variety of support relating to everyday life and can thus be regarded as social work. She also argued for the importance of developing models of practice [18].

Gaja also discussed social work in maternal and child living support facilities. She argued that support work there must be based on social work ethics and principles, and that although finding support workers with specialist people-support skills is crucial, in actuality the expected systems for achieving this are not adequately in place [19].

Note, however, that these issues are not confined to DV-related policies and practices. Fukuda has shown that existing policy lacks programs that can fulfill the needs of the particular categories

of people that social workers deal with on a daily basis (e.g. DV victims, the mentally handicapped, the elderly living alone, and the homeless), and moreover there is little awareness that existing programs are inadequately fulfilling their needs [20].

Sugimoto also identified the emergence of new problems in recent years as one of the difficulties faced by modern social workers. The recent recognition of longstanding but unnoticed issues as social problems, she argued, makes it necessary for social workers to tackle more issues, including DV, child abuse, elderly abuse, and other challenges, and for social work related to DV to be expanded further [21].

In summary, as all of these authors have noted, the dramatic expansion of the scope and categories of problems that the field of social work must tackle in Japan in recent years has led to delays in the development of support methods to tackle newly arising problems.

## **Conclusion and Directions for Further Research**

This paper summarized the issues raised by existing research regarding the reasons for the unclear relationship between policies surrounding support for victims of domestic violence and social work theory and practices in Japan. It analyzed this research from three perspectives: legal issues, support worker awareness, and establishment of support methods.

However, this does not mean that these issues should be perceived as individual problems, viewed from author-specific standpoints: rather, they must be viewed as an integral whole. The lack of clarity surrounding the relationship between DV victim support and social work in Japan is the result of interaction between multiple factors, and society needs to develop and expand DV support policies and practices based on the history of this problem.

While the discussion in this paper focused on

victim support, tackling DV requires communities to come together to create a society that does not tolerate it. This requires not only victim support but also strategies aimed at perpetrators. Thus, the implementation of rehabilitation programs for offenders, DV prevention measures, and recurrence prevention measures are all important issues. Furthermore, DV has a serious impact on children raised in households where it occurs, with researchers identifying issues such as trauma from witnessing events, as well as the increased risk of children becoming perpetrators and victims themselves (i.e., inter-generational chains of violence). For this reason, we need to apply not only social work practice to help the direct victims of DV, but a variety of other approaches to tackle DV such as family social work and community social work. The use of such methods to build support systems based on a deep understanding of not only the relationships between victims and perpetrators but also the sociocultural context and associations between individuals and their social environment is a pressing issue.

In this sense, social workers with expert-level knowledge are indispensable to dealing with the problem of DV. However, many support workers dealing with DV in public-sector organizations are in unstable positions, employed as temporary or contract workers or otherwise changing roles every few years. There are also stark differences between local governments in the functional status of support systems in place, and collaboration with private organizations are particularly inadequate in some regions. Furthermore, many private organizations face difficult financial situations, and it is not uncommon for them to struggle simply to maintain their core operations. Thus, from a long-term or holistic perspective, the expansion of highly skilled social work will naturally require improving financial assistance for private organizations and expanding the support activities provided by public-sector organizations. Less obviously, it will also urgently requires

policymakers to build on success stories among the innovative initiatives of some local governments to install comprehensive support systems, through promoting more strongly collaboration between public and private organizations as well as further utilizing social resources. Such efforts are required to provide fast and accurate support to DV victims in a wider range of geographical areas, as well as to build support systems at the community and social-network levels.

In future research, therefore, the author hopes to investigate successful social-work practices being undertaken by leading public and private organizations in the area of DV victim support, and thoroughly examine their effectiveness and the challenges they face. Hopefully, these efforts will help to make the relationship between DV victim support and social work more explicit, and these findings can be used to improve DV policies and practices.

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