Report on Violence Involving Sexual Minorities in Japan:

Summary and Recommendations from the JLGBT Study, 2003-2004

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EXECUTIVE SUMMARY

This study aimed to determine whether lesbian, gay, bisexual, transgender and intersex persons in Japan experience violence: 1) directed against them because of their sexual orientation or gender identity (i.e., bashing); 2) occurring within intimate partner dyads; 3) by or against family members; and 4) toward the self. Additional goals were to identify the perceived health impacts of such violence, describe how these issues are defined and understood within the Japanese context, characterize the socio-cultural environment that influences the occurrence of violence, and identify specific areas of inquiry that future studies can examine in further depth. An ethnographic framework comprised of qualitative interviews (n=39), participant observation (n=54), and archival research was used to find that physical, sexual, verbal, and psychological forms of bashing, intimate partner violence, self-harm/suicidality, and intra-family violence are experienced and perpetrated by sexual minorities. The violence was perceived by participants to result in a number of poor health outcomes, ranging from minor physical and psychological injuries to severe harm requiring hospitalization, and to death in a number of cases. The socio-cultural environment in contemporary Japan is conducive to sexual minority violence due largely to an increase in violent crime in the general population, which has direct bearing on violence in sexual minority populations, and cultural homophobia that informs all other levels of the social ecology and gives tacit assent to violent sanctions against sexual minorities. Based upon the data, recommendations targeting structural institutions, cultural homophobia, and individual-level perceptions are delineated and discussed.

A. INTRODUCTION

Research on violence involving sexual minorities (e.g., lesbian, gay, bisexual, transgender, and intersex persons) in Japan is very limited. Hidaka and colleagues (2000, 2001a, 2001b, 2004) found that bullying/harassment, verbal abuse, sexual abuse, and suicidal thoughts and attempts were prevalent among gay and bisexual men. However, no research has investigated intimate partner violence (IPV), intra-family violence, or fatal suicides among sexual minorities, or violence of any type among lesbians, bisexual women, transgender, or intersex persons. Therefore, this exploratory study aimed:

1. To determine whether sexual minorities in Japan experience anti-LGBT violence (bashing), IPV, intra-family violence, or self-harm/suicidality;
2. To describe how these forms of violence are defined and understood within the Japanese context;
3. To identify the health impacts secondary to this violence; and
4. To characterize the sociocultural environment in Japan that influences its occurrence.
B. METHODS

B1. Data Collection

Data were collected in Japan in 2003-2004 using three methods in an ethnographic framework: 1) in-depth, semi-structured, qualitative interviews (n=39); 2) participant observation (n=54); and 3) archival research. Nine persons participated in both the qualitative interviews and participant observation, yielding a combined, unduplicated sample of 84 individuals (N=84). The study achieved saturation of themes in the data, and the sample size comfortably exceeded recommended standards in ethnographic scholarship (Bernard, 2002).

B1a. Qualitative interviews. The qualitative interviews were formal and scheduled in advance. Thirty-one of the 39 interviews were conducted in Tokyo, and the remaining 8 were conducted in Kyoto, Nagoya, Chiba, and Ibaraki. They averaged 2 hours in duration and gradually moved from broad questions about social friction and interpersonal conflict in the lives of sexual minorities to narrower domains of inquiry about violence, specifically. To ensure the acquisition of formative data on the fullest range of perceptions possible, the study sought to document reports of violence at 3 levels: 1) personal experience (self, jibun); 2) specific violent incidents within one’s circle of family, friends, intimate partners, and acquaintances (“in-group”, uchi); and 3) specific cases of violence experienced outside of this same group (“out-group”, soto). As such, if respondents had any knowledge of sexual minority violence, they were asked to discuss it in the most applicable terms: their own experiences, those of others, or both. Rather than discounting reports of violence experienced by other persons as merely “hearsay”, it was essential to trust respondents’ richly detailed accounts and accept them as viable data. Due to the silence that surrounds sexual minority violence in Japan, and the general invisibility of perpetrators and survivors, the importance of documenting all relevant reports and perceptions at this early stage of research on the topic cannot be overstated. With permission, all interviews were audio recorded and transcribed for analysis. Personal names and identifying information were removed from interview records to maintain confidentiality, and only gender-appropriate pseudonyms (e.g., fictional names are being used in papers submitted for publication.
B1b. **Participant observation.** Participant observation included personal interaction with community members, participation in community activities, observation, and informal, unscheduled interviews with participants, mainly in sexual minority community settings and sometimes in “mainstream” settings. Most participant observation occurred in Tokyo, particularly in Shinjuku Ni-Chome, the main sexual minority community in the city, where the author was based during the study period. All participant observation activities, including quotes from informal interviews and observations of behavior, were recorded in field notes, which were then formally analyzed.

B1c. **Archival research.** Archival research involved an examination of: academic resources, such as books and articles in Japan that were not readily available in the U.S.; any accessible public record material, including secondary data on sexual minority violence, laws, and policies; sexual minority publications, such as magazines and websites; and mainstream media sources, including newspapers, magazines, and the Internet.

B2. **Sample**

B2a. **Qualitative interviews.** A total of 39 people were formally interviewed for the study. Snowball sampling was used to recruit 26 adult sexual minority community members. This method works by locating one or more key individuals and asking them to refer other people in their social networks to the study, then repeating this procedure with each new participant (Bernard, 2002). Additionally, purposive sampling was used to enhance heterogeneity in the qualitative interview sample (Patton, 1990) and identify 13 key informants, or “experts”, who, by means of their work, possessed specific, insider
knowledge relevant to sexual minority violence in areas such as health care, law, sexual minority-related academic research, and social services, including violence prevention. To be in the study, sexual minority community members had to: 1) be age 20 or over; and 2) self-identify as lesbian, gay, bisexual, transgender, or interex. Inclusion criteria for experts were: 1) age 20 or over; and 2) professional expertise relevant to sexual minority IPV. Notably, whereas sexual minority identity was not a requirement for experts, 10 of the 13 expert participants did self-identify as sexual minorities. Demographic information on the formal qualitative interview participants is summarized in Table 1.

**B2b. Participant observation.** Snowball sampling was used also in participant observation to capitalize on social networks, and persons were not excluded from the study based on their sexual orientation. Indeed, perceptions and knowledge of sexual minority violence held by heterosexually-identified persons were valuable in supplementing the data from sexual minority participants, thus allowing for a broader, more contextualized and complete understanding of the problem. The participant observation sample included 54 adults aged 20 or over. Due to the comparatively informal interviewing style and transient nature of interaction in the study’s participant observation, the collection of demographic data was limited to gender and sexual orientation (Table 2). Notably, 9 of the 54 individuals who took part in participant observation were also participants in the formal qualitative interviews.

<table>
<thead>
<tr>
<th>TABLE 1. Demographics of Formal Qualitative Interview Participants (N=39)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant category</strong></td>
</tr>
<tr>
<td>Sexual minority community members</td>
</tr>
<tr>
<td>Experts/key informants</td>
</tr>
<tr>
<td><strong>Sex/gender ID</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Transgender</td>
</tr>
<tr>
<td>Male-to-female (MTF)</td>
</tr>
<tr>
<td>Female-to-male (FTM)</td>
</tr>
<tr>
<td>Intersex</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
</tr>
<tr>
<td>Gay</td>
</tr>
<tr>
<td>Lesbian</td>
</tr>
<tr>
<td>Bisexual</td>
</tr>
<tr>
<td>Pansexual (open to all)</td>
</tr>
<tr>
<td>Heterosexual</td>
</tr>
<tr>
<td>Questioning/uncomfortable with labels</td>
</tr>
<tr>
<td>Refused to state</td>
</tr>
<tr>
<td><strong>Age (Mean = 32.6 years)</strong></td>
</tr>
</tbody>
</table>
TABLE 2. Gender Identification and Sexual Orientation of Participant Observation Sample (n=54)

<table>
<thead>
<tr>
<th>Sex/gender ID</th>
<th>No. of participants (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>35 (65)</td>
</tr>
<tr>
<td>Female</td>
<td>19 (35)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>No. of participants (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>25 (46)</td>
</tr>
<tr>
<td>Lesbian</td>
<td>6 (11)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Pansexual (open to all)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>21 (39)</td>
</tr>
</tbody>
</table>

B3. Data Analysis

Field notes from participant observation and transcripts from the audio-recorded qualitative interviews were analyzed for emergent themes and conceptual connections using qualitative data analysis software called ATLAS.ti 5.0 (Scientific Software Development, 2005). The analysis used techniques from grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990) and the iterative approach to qualitative text analysis outlined by Willms and colleagues (1990). This involved: 1) multiple re-readings of the field notes and transcripts; 2) an evolving coding process—as categories were organized into larger domains, which in turn were combined under broader themes through a process of addition, deletion, and merging; and 3) constant comparison of extracted excerpts. Archival sources were coded by hand and analyzed using the same
strategies. Material from the Internet was printed to hard copy to facilitate coding. Questions regarding nuanced language and meaning were addressed to Japanese research assistants for confirmation throughout the analysis.

C. RESULTS

Findings reported in the next six sub-sections are based upon analysis of all data from the formal interviews, participant observation, and archival research. This study documented that four types of violence occur among sexual minorities in Japan:

1. **Anti-sexual minority violence** (bashing);
2. **Intimate partner violence**, which is more commonly known as “domestic violence”;
3. **Self-harm and suicidality**; and
4. **Intra-family violence**, which refers to abuse involving parents, siblings, and other non-intimate family members.

This violence is manifested **physically, psychologically, verbally, and sexually**, and it occurs in a **social and cultural context** that has two main components:

1. An **increase in violent crime in the general population**, which is directly related to violence in sexual minority populations (See **Violence in Japanese Society**, below); and
2. **Cultural homophobia**, which influences all other levels of the social environment and gives unspoken permission to use violence against sexual minorities, whether that violence is directed against another person or the self (See **Sexual Minorities and Mainstream Japanese Society**, below).

C1. Violence in Japanese Society

According to study participants and archival sources, Japanese society currently is negotiating a period of profound change with regard to its image of itself as the world’s safest place to live. A collective sense of uneasiness has settled over the general population, as people perceive that crime and violence are increasing rapidly, and that Japan is a much a more dangerous place than at any time in people’s shared memory. This perception is based on measurable, undeniably negative social developments. The main findings on violence in Japanese society that are relevant to sexual minority violence are:

- For approximately a decade preceding the period of research (2003-2004), the rate of crime in Japan had steadily increased. In 2003, the overall crime rate dropped by a small amount (2.2%), but the proportion of **violent** crimes continued to rise.
- The public discourse on types of violence, shaped largely by the media, is dominated by: so-called “strange” crimes, especially murder; violence against women; child abuse; bullying; organized crime; and suicide.
• Juveniles have been assigned primary responsibility for the increase in violence. There is also a secondary emphasis on foreign perpetrators.
• The forces driving the trend of increasing crime and violence appear to be:
  ➢ The prolonged economic downturn in Japan, which in turn has contributed to…
    ▪ A shift away from traditional Japanese values that inhibit the outward expression of aggression.
  ➢ Cultural acceptance of certain types of violence (e.g., suicide, sempai-kohai relationship dynamic, violence in entertainment, sadomasochism).

C2. Sexual Minorities and Mainstream Japanese Society

Analysis of the data indicates that homophobia operates in Japanese society. Whether Japan is more or less homophobic compared to Western societies like the United States is less important than documenting the anti-sexual minority sentiment that is indeed very real to those who experience it in Japan. Negative assessments of sexual minorities by the mainstream are not based in religious notions of sin as in the West; rather, they are based in a cultural intolerance of difference—a profound difficulty in accepting and incorporating “the other” into the mainstream. Despite difference in the foundations of homophobia when compared to the West, the resulting stigma attached to sexual minority identity in Japan is not so different from the Western variety. The following findings from this study substantiate that many Japanese sexual minorities live in a homophobic socio-cultural environment:

• Whereas some people have positive images of sexual minorities, mainstream society typically either perceives sexual minorities in a negative manner or fails to recognize them at all.
• Tolerance of sexual minorities by the mainstream is predicated on the latter’s invisibility.
• Cultural heterosexism is best demonstrated by the intense pressure felt by all members of society, including sexual minorities, to marry a person of the opposite sex. Although this pressure is less now compared to before, it remains pronounced and wide in scope.
• Most sexual minorities do not disclose their true sexual identities for fear of negative repercussions. Those who do choose to “come out,” very rarely do so to their parents or at their workplaces.
• Discrimination against sexual minorities is widespread in Japan, most notably in the following spheres:
  1. Laws and policies
  2. Employment
  3. Housing
  4. Healthcare
  5. Giving Blood
  6. Education
Discrimination against minorities based on factors other than sexuality (e.g., race/ethnicity, traditional castes, homelessness) underscores problems with the full integration of those perceived as different into mainstream society.

**C3. Violence Involving Sexual Minorities**

Study participants reported personal experience and perpetration of violence in addition to violence involving friends, professional clients, and other acquaintances. Because this study was exploratory, it was important to consider all such reports of abuse in order to understand as much of the full range of experience as possible. Excluding cases not directly involving the participants from the analysis would have greatly diminished the essential insight provided by those data.

Table 3 summarizes frequency data from the qualitative interviews on experience and knowledge of violent incidents. Three levels of experience and/or knowledge of specific cases of violence are differentiated:

1. Having personally experienced violence (*jibun*).
2. Having knowledge of specific violent incidents within one’s circle of family, friends, intimate partners, and acquaintances: *uchi*, or “In-group”.
3. Having knowledge of specific cases of violence experienced outside of this same circle: *soto*, or “Out-group” (e.g., reports in gay and lesbian media, or from friends about third parties).

These three categories of knowledge/experience are considered for each of four major types of violence reported by participants:

1. Anti-sexual minority violence (bashing).
2. Intimate partner violence (IPV).
4. Violence involving family members.

Experience and/or knowledge of physical, verbal, psychological, and sexual forms of violence were counted equally.
### TABLE 3. Experience and Knowledge of Violent Incidents: Data from Qualitative Interviews (n=39)

<table>
<thead>
<tr>
<th>Experience/Knowledge</th>
<th>No. of participants (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced Bashing (jibun)</td>
<td>8 (20.5%)</td>
</tr>
<tr>
<td>Knew of Bashing Case(s), In-group (uchi)</td>
<td>15 (38.5%)</td>
</tr>
<tr>
<td>Knew of Bashing Case(s), Out group (soto)</td>
<td>30 (76.9%)</td>
</tr>
<tr>
<td>Experienced IPV (jibun)</td>
<td>9 (23.1%)</td>
</tr>
<tr>
<td>Knew of IPV case(s), In-group (uchi)</td>
<td>20 (51.2%)</td>
</tr>
<tr>
<td>Knew of IPV case(s), Out-group (soto)</td>
<td>18 (46.1%)</td>
</tr>
<tr>
<td>Experienced Self-Harm (jibun)</td>
<td>15 (38.5%)</td>
</tr>
<tr>
<td>Knew of Self-Harm Case(s), In-group (uchi)</td>
<td>13 (33.3%)</td>
</tr>
<tr>
<td>Knew of Self-Harm Case(s), Out-group (soto)</td>
<td>12 (30.8%)</td>
</tr>
<tr>
<td>Experienced Intra-Family Violence (jibun)</td>
<td>5 (12.8%)</td>
</tr>
<tr>
<td>Knew of Intra-Family Violence Case(s), In-group (uchi)</td>
<td>6 (15.3%)</td>
</tr>
<tr>
<td>Knew of Intra-Family Violence Case(s), Out-group (soto)</td>
<td>7 (17.9%)</td>
</tr>
</tbody>
</table>

*a Totals to more than 100% due to reports in multiple categories.

Only one person reported not having heard of, or experienced, any kind of violence involving sexual minorities.

### C3a. Anti-Sexual Minority Violence (Bashing)

This study documented the occurrence of physical, sexual, verbal, and psychological forms of anti-sexual minority violence (i.e., bashing). The following comprised the main themes that emerged from the data:

- Bashing is one of the two forms of sexual minority violence (the other is suicide) that are currently being addressed by sexual minority agencies such as the Japan Association for the Lesbian and Gay Movement (動くゲイとレズビアンの会), OCCUR （アカー）.

- Physical and sexual bashing:
  - Tend to occur in public “cruising sites”.
  - Are perceived as relatively low risk compared to other types of violence.
  - Perpetrators are usually young –often adolescent- heterosexual men, unknown to the victim, occasionally acting alone, but more often acting in groups.
  - Victims are most often men and typically do not fight back against their assailants.
• Verbal and psychological bashing:
  ➢ Are perceived to be highly prevalent.
  ➢ Include bullying, which is a common form of anti-sexual minority abuse experienced by children and even adults.
  ➢ Include blackmail, which generally occurs in the same settings as physical and sexual bashing: cruising areas.
  ➢ Perpetrators are both mainstream heterosexuals and sexual minorities.
  ➢ Victims include all types of sexual minorities. Bullying tends to happen to youth who do not behave according to traditional gender roles.

• Sexual harassment and “near sexual assaults” (i.e., severe sexual harassment that almost becomes physical assault) are also important issues that are perceived as forms of bashing by sexual minorities.

• All types of anti-sexual minority violence were predicted to increase in incidence in the future.

• Perceived health outcomes ranged from minor physical injuries to death, and from mild psychological injuries to serious mental illness.

• Reporting of any type of anti-sexual minority violence to law enforcement, medical or mental health care providers, or family is rare. Survivors sometimes tell their friends.

• Police and physicians, in particular, were perceived as generally not helpful in response to those who did seek their help.

C3b. Sexual Minority Intimate Partner Violence

To the researcher’s knowledge, this study documents for the first time the existence of intimate partner violence (IPV) among sexual minorities in Japan. Similar to anti-sexual minority violence, IPV was found to occur physically, sexually, verbally, and psychologically. Participants understood sexual minority IPV to be qualitatively very similar to heterosexual IPV against women, although public awareness of violence in sexual minority couples is comparably much lower –almost non-existent. The key findings on IPV include:

• Physical and sexual IPV:
  ➢ Included slapping, punching, kicking, slamming heads against walls, pushing down stairs, strangling, biting, pulling out hair, pushing a person in front of a moving car, cutting and stabbing with knives, throwing dangerous objects, and burning with cigarettes.
  ➢ Tend to co-occur with verbal/psychological IPV.
  ➢ There was some lack of clarity among participants about whether or not coerced sex was “sexual violence”.
  ➢ The practice of sadomasochism between intimate partners is a potential confounder for the analysis of sexual IPV.
• Psychological/verbal IPV:
  ➢ Psychological and verbal IPV were rarely understood as separate phenomena by participants. This contrasts with the perception of a clear distinction between these categories for anti-sexual minority violence.
  ➢ Included verbal assaults, which typically targeted a partner’s self-esteem or gender identity; severe control of a partner’s activities; and having sex outside a primary relationship to emotionally harm a partner.
  ➢ Stalking and blackmail by sexual minority intimate partners were also reported as psychological violence.

• Perpetrators:
  ➢ All types of sexual minorities, both Japanese and foreigners.
  ➢ Potentially more likely to be lesbians, bisexual women, and transgender persons, compared to gay and bisexual men and intersex persons.
  ➢ Perpetration generally follows lines of perceived power, based on economic imbalance, physical power, and gender roles.
  ➢ Both perpetration by one person only and mutual abuse were reported.

• Victims:
  ➢ All types of sexual minorities, both Japanese and foreigners.
  ➢ Lesbians, bisexual women, and transgender people may be at increased risk.

• IPV occurs in the home when couples live together, but cohabitation is not a requirement, as cases in other settings were reported.

• The cycle of violence (Walker, 1979) typical of many cases of heterosexual IPV operates also in IPV in sexual minority couples.

• Perceived magnitude:
  ➢ There is virtually no discourse on sexual minority IPV. It is widely considered a non-issue by both mainstream heterosexual society and sexual minority communities.
  ➢ Most participants tended to have one of two perceptions, essentially polar opposites:
    1. IPV occurs frequently and is a serious problem in Japan.
    2. There is no such thing in Japan – at least, not among sexual minorities.
  ➢ A few participants perceived that sexual minority IPV occurs in isolate cases, but that there are no distinct trends.
  ➢ There may be higher prevalence among lesbians, bisexual women, and transgender people.
  ➢ But a number of cases involving gay and bisexual male couples were also documented.
Several participants expressed that people’s understanding of IPV’s magnitude was informed more by a general lack of reporting than actual low incidence or prevalence.

- Survivors’ responses to violence:
  - There were reports of survivors leaving a violent relationship, but this did not occur during acts of violence.
  - No reports of successful efforts to physically resist or escape from violence while it was occurring, but several survivors did try.
  - It is very rare for victims to report IPV to the police or health care providers.
  - There were reports of perceived secondary abuse and poor treatment by police; mistrust of health care providers.

- Shelters:
  - There are no shelters designed for sexual minority survivors.
  - Staff at domestic violence (DV) shelters for women are not trained in knowledge, sensitivity, or skills related to sexual minority issues.
  - There are no DV shelters in Japan that accept men.

- Perceived physical health outcomes comprised minor trauma to injuries requiring hospitalization.

- Perceived mental health outcomes ranged from mild depression to severe psychological injury.

- The dominance of the *sempai-kohai* (senior-junior) relationship dynamic in sexual minority couples is a potential confounder in the analysis of IPV.

### C3c. Sexual Minority Self-Harm and Suicidality

There was a strong consensus among study participants that plans for, attempts at, and completed suicides, in addition to non-suicidal self-harm behaviors, comprise major problems in sexual minority communities in Japan. The major findings on self-harm/suicidality are as follows:

- With few exceptions, both suicidality and self-harm were perceived to be highly prevalent among sexual minorities in Japan.

- Non-suicidal self-harm was reported in many forms, and included the following major categories:
  - Cutting of the wrists and arms (the most frequently reported).
  - Heavy drinking.
  - Drug use.
  - Eating disorders.
  - Harmful sex.
Several other forms of self-harm, such as burning, breaking objects on the body, and hanging (non-suicidal).

- Three major groups of people were perceived to be at higher risk for using violence against themselves:
  - Adolescents and people in their early 20s.
  - People who work in the bar or sex industry (mizushoubai).
  - Survivors of intimate partner or family violence.

- No specific sexual minority group (i.e., gay male vs. lesbian vs. transgender) was perceived to be at higher risk than any other.

- Help-seeking:
  - With a few exceptions, help-seeking is not common.
  - The lack of reporting of sexual minority self-harm and suicidality masks both their prevalence and impact on population health.

- Perceived health outcomes:
  - Physical-- From minor burns, cuts and lacerations to organ damage, addiction, and death.
  - Mental health-- Non-specific neuroses to more serious diagnosed disorders, including posttraumatic stress disorder (PTSD).

C3d. Sexual Minority Intra-Family Violence

After initial analyses while still collecting data in the field, it was clear that a separate category of inquiry on intra-family violence was warranted. As with intimate partner violence, to the researcher’s knowledge, this marks the first documentation of sexual minority intra-family violence from empirical research. Overall, violence involving family members was perceived by participants to be a minor problem when compared to other categories of violence; nevertheless, a number of cases were reported. Key findings from these data were:

- Cases of physical and sexual intra-family violence were reported, but verbal and psychological abuse were more prominent themes in the study.

- Typical verbal violence included statements from parents toward their sexual minority children that alienated them from the family, such as, “You’re not my child,” or “You’re not a part of this family.”

- Main types of psychological violence included:
  - Ostracism, such as parents demanding their sexual minority children leave the family home.
- Forced reparative therapy (i.e., going to a psychologist who helps to “cure” a
  person of sexual minority identity).
- Parents prohibiting their children from:
  - Associating with other sexual minorities.
  - Going to areas known as sexual minority communities.
  - Disclosing their sexual orientation/identity to others, especially relatives,
    because of anticipated family shame.

- Fathers beating mothers in front of their children was reported in the context of
  psychological violence against the children.

- Perpetrators:
  - Usually parents, sometimes siblings.
  - Mothers and fathers generally equally likely to psychologically and verbally
    abuse, but there was also some indication that mothers try to be more
    understanding of their children’s sexual minority status.
  - Physical and sexual violence is perpetrated by fathers.
  - One case was reported of a gay man physically abusing his father – a reverse
    of the roles typical in intra-family violence.

- People perceived to be at increased risk for victimization:
  - Sexual minority youth, particularly teens.
  - Effeminate boys and masculine girls.

- Based on the relatively few cases reported in the study, survivors of intra-family
  violence tend not to seek medical or psychological care, or report their
  experiences to law enforcement or health care providers.

- Perceived health outcomes:
  - Physical injuries: cuts, bruises; death of a gay man by suicide, after being
    psychologically abused by his parents.
  - Mental health: More often reported than physical outcomes; PTSD and
    nonspecific “psychological injuries.”

D. Theoretical Model: What Factors Are Driving Sexual Minority Violence?

A theoretical model based upon all the data from the qualitative interviews,
participant observation, and archival research is illustrated in Figure 2. The model
attempts to explain why sexual minority violence was occurring in Japan at the time of
the study (2003-2004), particularly in terms of the various factors that appear to drive the
violence. Multiple factors at the individual, social-structural, and cultural levels
contribute to violence involving sexual minorities in Japan. For this reason, an ecological
model (Belsky, 1980; Bronfenbrenner, 1974; Garbarino, 1977) was used in this study.
The ecological perspective examines a problem in the context of its multi-level
environment.
To make the model easier to read, the driving forces of sexual minority violence have been classified as primarily cultural (green), structural (blue), psychological (red), or social trend (purple). In fact, all of these factors are influenced greatly by culture. Indeed, culture includes the economy, technology, religion/worldview, language, social structure/society, beliefs, and values (Hammond, 1978). However, while recognizing culture’s broad salience in shaping all these components of the environment, it is also useful to disaggregate those components for the sake of analysis. That is why a color coding scheme was chosen to label factors as primarily structural, social trend, cultural, or psychological. As such, the model includes both “macro-level” factors (i.e., cultural, structural, social trends) and “micro-level” factors (i.e., individual, psychological).
FIGURE 2. Theoretical Model of Sexual Minority Violence in Japan, 2003-2004

- Culture
  - Traditional Values That Inhibit Outward Aggression
  - Cultural Acceptance of Violence
  - Intolerance of Difference, “The Other”
  - Dominance of Western Psychological Models of Homosexuality/Transgender Pathology
  - Patriarchal Society

- Stigma
  - Violent Sanctions Tolerated
  - Homophobia
  - Internalized

- Sexual Minority Violence
  - Increasing Violent Crime in Mainstream Society
  - Perpetrators Know They Can Get Away With Violence
  - Sexual Minorities Not Protected
  - Lack of Reporting/Help-Seeking

- Cultural Heterosexism
  - Erosion/Shift Away
  - Increased Individualism, Outward Aggression
  - Economic Hardship
  - Protracted Economic Decline

- Discursive Laws, Policies
  - Rigid Gender Roles
  - Pressure to Marry
  - Power Allocated Along Gender Lines
  - Lack of Support by Police and Health Care Providers

- Lack of Reporting/Help-Seeking
  - Economic Hardship
  - Protracted Economic Decline
If we begin at the top of the model, five major components of culture are most relevant to sexual minority violence in Japan. First, a dominant patriarchal ideology enforces rigid gender roles, the pressure to marry, and power allocated along gender lines—whether expressed at the societal level among groups or at the interpersonal level within intimate partnerships. All of these factors, in turn, contribute to the maintenance of heterosexism in Japan. Heterosexism combines with an innate intolerance of difference from the mainstream, and the dominance of Western medical models of homosexual/transgender pathology—the second and third major components of culture, respectively—to generate the stigma that is attached to sexual minorities. This stigma leads to the development of homophobia.

Cultural homophobia in Japan propagates violence in four main ways:

1. Directly, by creating an environment in which violent sanctions are tolerated against sexual minorities.
2. Being internalized and creating a psychological motive for self-harm/suicidality among sexual minorities.
3. More indirectly, as it informs practices in the structural institutions of law and policy, and...
4. Law enforcement and health care.

When laws and policies do not specifically protect sexual minorities from discrimination and violence—for example, in the forms of hate crime laws and anti-discrimination laws—potential perpetrators perceive an environment of tolerance for violence against sexual minorities. This perception prompts them to exercise personal agency by choosing to engage in physical, sexual, verbal, or psychological attacks with impunity.

Likewise, a perceived lack of support from the police and health care providers—reportedly due to systemic homophobia in these institutions—hinders sexual minorities from either reporting their experience of violence or seeking the help they may require. Similarly, discriminatory laws and policies lead to a lack of services and shelters that, first, accept sexual minorities and, second, have staff trained to deal with sexual minority violence. This lack of services and shelters also results in hesitation to report and seek assistance. When potential perpetrators know that their victims are unlikely to report violence against them, they are motivated to act. Moreover, the lack of reporting has another effect: It feeds back and reinforces the status quo of discriminatory laws and policies. If there is no documented evidence of sexual minority violence, there is little incentive for policymakers to address the issue.

The final major structural factor is Japan’s protracted economic decline. The recession has helped to precipitate an increasing rate of violent crime both through: 1) creating economic hardship that motivates some people to use violence against sexual minorities for financial gain; and 2) contributing to a shift away from traditional values that inhibit outward expressions of aggression (the fourth major component of culture).
The erosion of this aspect of traditional values is understood as a major factor in provoking the rise in violent crime.

As we are now considering a move way from traditional values that inhibit expressions of outward aggression, the model has come full circle and returned to culture. Cultural acceptance of violence is the fifth major component of culture. It is partly instigated by the increased individualism and outward aggression resulting from the erosion of values that have traditionally inhibited such thinking and behavior. Cultural acceptance of violence both stimulates the increasing rate of violence and reinforces the tolerance of violent sanctions against sexual minorities.

The outcome of interest, sexual minority violence, resides at the center of the model, within the social context of increasing violent crime. This positioning illustrates how these phenomena are intimately connected: Sexual minority violence occurs within the broader context of increasing violent crime, which comprises a social trend that affects all members of Japanese society.

The model underscores how culture does not operate in isolation from structure, social trends, and individual-level operations. Rather, it is likely that all of these components of human ecology are, ultimately, specialized expressions of the cultural values and morés of a society. Therefore, in Japan as elsewhere, components of the environment as shown in the model do not exist as mutually exclusive, monolithic factors. Instead, they are informed by culture and interact to a high degree to explain what is driving behavior— in this case, violence involving sexual minorities.

**E. CONCLUSIONS**

The best way to conclude this report is to provide concise answers to the 4 specific research aims stated in the introduction (Section A). Table 4 summarizes the key findings in response to those aims.
### TABLE 4. Summary of Key Findings in Relation to Study’s Specific Aims

<table>
<thead>
<tr>
<th>Specific Aims of the Study</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim 1</strong>: To determine whether sexual minorities in Japan experience:</td>
<td></td>
</tr>
<tr>
<td>Anti-sexual minority violence (bashing)</td>
<td>Yes</td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td>Yes</td>
</tr>
<tr>
<td>Intra-family violence</td>
<td>Yes</td>
</tr>
<tr>
<td>Self-harm/suicidality</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| **Aim 2**: If these forms of violence are determined to occur in Japan, to describe how they are defined and understood within the Japanese context. | - Physical, sexual, psychological, and verbal forms generally distinguished.  
  - Very little is being done to address the violence.                                     |
| **Aim 3**: To identify the perceived health impacts secondary to this violence.           | - A range of perceived poor health outcomes reported.                    
  - From minor physical and psychological injuries to severe harm requiring hospitalization, and death in a number of cases. |
| **Aim 4**: To characterize the social environment in Japan that influences the occurrence of these four types of violence involving sexual minorities. | Sexual minority violence is driven largely by:                           |
|                                                                                          | - Cultural homophobia.                                                   |
|                                                                                          | - Structural institutions that maintain systemic discrimination against sexual minorities. |
|                                                                                          | - Increasing violent crime in the general population.                    |
|                                                                                          | - Perceptions that sexual minorities are pathologically different from the mainstream. |
|                                                                                          | - Perceptions that violence against sexual minorities can be perpetrated with impunity. |

**E1. Aim 1**

In response to the first specific aim, the answer to all four subcategories is “yes.” The current study documents that the four forms of violence under investigation—anti-sexual minority violence, intimate partner violence, intra-family violence, and self-harm/suicidality—do occur in Japan. To the researcher’s knowledge this marks the first
time empirical research has examined and documented sexual minority intimate partner violence and intra-family violence. It is also the first study of violence involving sexual minority groups other than gay and bisexual males—that is, including also lesbians, bisexual women, and transgender and intersex persons.

E2. Aim 2

Participants in the study defined and understood these four major types of violence in various ways. They generally distinguished between physical, sexual, psychological, and verbal forms of violence, although for intimate partner violence (IPV), participants tended to conflate psychological and verbal categories. There was no clear consensus on one social institution problematizing sexual minority violence over any other. In other words, violence involving sexual minorities has not been addressed to any significant extent by public health, law enforcement, medicine, mental health, the social services sector, or policymakers.

Aside from the efforts of a few sexual minority agencies, like the Japan Association for the Lesbian and Gay Movement (OCCUR; アカー), who has problematized bashing and suicide, and the Coalition for Gender and Sexuality Equality, Japan （性別と性の平等連合●ユニオンステーション）, who have just begun to address IPV, the only discourse on sexual minority violence exists between friends and acquaintances in the community, on the Internet, and in the press—generally sexual minority-themed magazines, but also the mainstream media to some extent. According to the data, an “official” discourse within and among agencies and institutions that have the power to make population-level changes has not yet developed to any significant degree.

E3. Aim 3

An implicit research question in identifying the perceived health impacts secondary to these four forms of sexual minority violence was whether or not they collectively or individually qualified as a public health problem in Japan. I can only conclude here that these forms of violence comprise a potential public health problem for the following reasons. First, all forms of violence targeted for examination were documented to exist in the population under investigation. That is the first step in defining a public health problem. Second, as Table 5 indicates, a number of specific poor physical and mental health outcomes were reported that were perceived as results of the violence and constituted a range from minor injuries to severe morbidity and mortality. It is, therefore, established that sexual minority violence is a perceived health problem.
TABLE 5. Physical and Mental Health Outcomes Reported to Result from Sexual Minority Violence

<table>
<thead>
<tr>
<th>Physical Health Outcomes</th>
<th>Anti-Sexual Minority Violence</th>
<th>Intimate Partner Violence</th>
<th>Self-Harm/Suicidality</th>
<th>Intra-Family Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuts, Lacerations</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Bruises, Contusions</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Burns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Fractures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disfigurement (Including Scarring)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected Transmission of HIV</td>
<td></td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Organ Damage</td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Inability to take Hormones</td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Loss of Consciousness</td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Drug Addiction</td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Non-Specific Physical Injury</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Death</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Outcomes</th>
<th>Anti-Sexual Minority Violence</th>
<th>Intimate Partner Violence</th>
<th>Self-Harm/Suicidality</th>
<th>Intra-Family Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Memory Loss</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Dissociative Disorder (Multiple personality)</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hikikomori (Social Withdrawal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Anorexia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulimia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Specific Neuroses</td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Non-Specific Psychological Injury</td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
</tbody>
</table>
Establishing a certain degree of magnitude, however, is necessary for an issue to qualify as a *public* health problem. Expectedly in a qualitative study, this is where the matter is a bit more complicated. Prevalence of violence in the current study was measured as *perceived* prevalence. For example, bullying, blackmail, verbal bashing, and self-harm/suicidality were generally perceived to be highly prevalent. But other forms, such as physical bashing or physical intra-family violence, were perceived to occur less frequently. In fact, a very strong consensus among participants was that all forms of violence tended to go unreported. As a result, most participants admitted that their own perceptions were likely based on gross underestimates.

**E4. Aim 4**

The socio-cultural environment in contemporary Japan is conducive to violence involving sexual minorities because of the impact of several factors, namely (See also Section D):

1. Cultural homophobia;
2. Structural determinants;
3. A trend of increasing violent crime in the general population; and
4. Individual-level (psychological) perceptions regarding sexual minority identity and violent sanctions against sexual minorities.

**E5. Protective Factors**

My analysis focused on factors that the data suggested were *driving* sexual minority violence, but I was also interested in factors that showed evidence of *protection against* violence. Due to a desire to keep this report focused and at a readable length, I did not commit space here to discussion of potential protective factors. It is worth noting, however, that such factors did emerge from the data, and they tended to emphasize two common themes: invisibility and reticence. Indeed, the most commonly reported methods for sexual minorities, as a population, to avoid anti-sexual minority violence, intimate partner violence, and intra-family violence was to remain hidden (i.e., “in the closet”) and to keep emotions inside rather than expressing them outwardly.

Invisibility and reticence, while they may be perceived as protective, nonetheless come at a great cost to sexual minorities, including poor mental health and suicidality/self-harm, which were conspicuously missing as outcomes against which such measures could provide protection. Indeed, it appears likely that sustained efforts applied toward gaining full membership in mainstream society over the life-course in Japan increase the risk of suicidality/self-harm and poor mental health outcomes for sexual minorities.
F. RECOMMENDATIONS

The final theoretical model, which was developed based upon the study’s major findings (Figure 2), can be used to formulate recommendations to address sexual minority violence in Japan. The researcher’s approach to intervention recommendations resonates with that of Herek (1992), who proposed a model of intervention to prevent anti-sexual minority violence that includes not only individual-level solutions, but also targets the “ultimate causes” of violence, found at the socio-cultural level.

Intervention recommendations are organized in three main categories, according to whether they target structural institutions, cultural homophobia, or individual-level perceptions. It is important to note that there is much permeability to the boundaries that separate these categories. For example, for the individual-level psychological recommendations (III, below) to be feasible, several structural solutions (I, below) must be achieved, which is unlikely to occur until social norms have shifted (II, below). Only by triangulating efforts at multiple levels of human ecology will effective change be possible.

Notably, my recommendations do not address the increasing rate of violent crime in the general population in Japan. This is not meant to diminish the importance of strategies to reverse this trend, but I determined that it was beyond the scope of this study to suggest anti-crime methods. For example, data from the study indicate that the rate of violent crime might continue to rise until the economic situation improves significantly, particularly for young men. A naïve recommendation of “job training programs,” for instance, would deny the complexity of the current economic situation. I hope that future studies will elucidate concrete mechanisms to address the apparent connections among the economy, the shift away from traditional values that inhibit outward aggression, the rising rate of violent crime, and sexual minority violence.

The recommendations are based on my analysis of the aggregate data and also upon the specific recommendations of study participants. This is important to emphasize, lest the reader get the impression that the recommendations comprise a culturally inappropriate application of models and programs found in the scholarly literature on mainly English-speaking, and other Western, populations. To the contrary, my recommendations are firmly grounded in the data and the voices of study participants in Japan. Most parallels between what I recommend below and existing intervention programs in the United States, or other Western societies, are likely the result of the influence of Western models of gay liberation and human rights that have found their way into the collective consciousness of sexual minority communities in Japan through agencies like OCCUR (アカー) and the large-scale, rapid, transnational diffusion of information in the modern era by means of technology such as the Internet.

At times, however, I do offer –for consideration- intervention strategies that have been used to address sexual minority violence in the United States for the sole reason that if they were evaluated and adapted to fit a Japanese context, they might save time and resources that would otherwise be applied to creating completely new programs. If the
comparatively longer history of intervention strategies used in the United States and other Western societies can shed even a little light on how to approach sexual minority violence in Japan, this is certainly better than unnecessarily “reinventing the wheel.” After all, although this was not an explicitly comparative study, one of the main findings based on a broad view of the data is that despite a few key differences between the West and Japan with regard to sexual minority violence, there is –perhaps surprisingly- much more similarity than disparity between the two.

Nevertheless, intervention campaigns that I suggest below should use cultural tailoring methods suitable for a Japanese context, not direct translations of American, or other Western, programs. Future community-based research –potentially using focus groups- should seek a consensus on the best strategies to use in the different sexual minority communities throughout Japan. Such focused research will undoubtedly generate recommendations not found here.

I. Recommendations Targeting Structural Elements of Society

1. Training for medical and mental health care providers, attorneys, social services employees, shelter staff, police, and government employees in relevant ministries about:
   a. Sensitivity to sexual minority issues in the Japanese social context, in general.
   b. The occurrence of the four types of violence documented in this study.
   c. The need to address sexual minority violence through coordinated efforts among their respective institutions –health care, the legal system, social services, law enforcement, and government.

2. Increased allocation of resources to agencies and services to which victims of violence can turn.
   a. More resources to existing agencies and institutions that are capable of expanding services to include sexual minority clients.
   b. Establishment of shelters designed for sexual minorities, or –failing that for the immediate future- at least shelters that will accept men.

3. Policies in hospitals and physicians’ offices for screening of same-sex intimate partner violence (IPV), and IPV experienced by transgender and intersex persons.


5. Inclusion of sexual minorities and same-sex couples in future revisions of The Law for the Prevention of Spousal Violence and the Protection of Victims. Although this law was just revised in 2004 (House of Councilors, 2004), sexual minorities were excluded again.
6. Sexual minority agencies need to address forms of violence other than bashing and suicide. They need also to include non-fatal self-harm, intra-family violence, and –above all- IPV, around which there is a cloud of silence and ignorance.

7. Full equality in laws and policies, including: pension plans; power of attorney; anti-discrimination policies in housing and employment; enforcement of International Covenant on Civil and Political Rights (United Nations, 1966), with inclusion of sexual minorities in all domestic human rights legislation; marriage or civil unions; and adoption.

II. Recommendations Targeting Cultural Elements of Society: Social Norms and Homophobia

1. Inclusion of sexual minority issues in sex education in middle and high schools – specifically, curricula that educate children on sexual minorities and teach acceptance and respect.

2. Campaigns promoting acceptance of sexual minorities in the mainstream population:
   a. Similar to campaigns currently implemented in Japanese middle and high schools to prevent bullying.
   b. In addition to schools, the campaign should also target corporate environments and other typical work environments.
   c. A social marketing approach might be a good initial strategy.
   d. Build on Japan’s history of acceptance of same-sex relations (e.g., Tokugawa period). Question and challenge the Western pathological models that began to dominate the discourse on sexual minorities starting in the Meiji period.

III. Recommendations Targeting Individual-Level Perceptions and Psychology

1. More, and improved, mental health care for sexual minorities to counteract internalized homophobia, associated poor mental health outcomes, and self-harm/suicidality.
   a. Campaign to reduce stigma attached to mental health care, particularly psychiatry.
   b. Add sexual minority mental health issues to curricula in mental health care professionals’ education programs.

2. Mental health care programs for batterers and convicted hate crime perpetrators (secondary to establishment of appropriate laws.)

3. Awareness campaign in sexual minority communities on sexual minority violence:
a. Make key findings of this study available to sexual minority agencies, websites, and ministries (e.g., Ministry of Health, Welfare, and Labor), for links on their websites and development of informational brochures.

b. There is also a need to make sexual minorities aware of the resources – although few- that are available to them (e.g., OCCUR’s hotline for referrals; contact information of agencies such as the Coalition for Gender and Sexuality Equality, Japan; 性別と性の平等連合・ユニオンステーション).

4. Target the perception of potential perpetrators that sexual minority violence is socially acceptable.

   a. Social marketing campaign stating that sexual minority violence will not be tolerated by law enforcement and perpetrators will be prosecuted to the full extent of the law.
   
   b. Encourage witnesses of sexual minority violence to report to authorities.
   
   c. Use posters in public places (e.g., trains, stations), similar to public messages already used in Japan that promote public awareness of the police campaign against *chikan* (i.e., “perverts” who touch people on trains).

IV. Recommendations for Further Research:

1. Large probability sample quantitative study to generate prevalence statistics and test hypotheses that can be generated from the findings in the current study.

2. Additional ethnographic studies to explore each of anti-sexual minority violence, intimate partner violence, self-harm/suicidality, and intra-family violence in greater depth.

An essential caveat to the recommendations enumerated above relates to what emerged from the data as the two major categories of potential protective factors against sexual minority violence: invisibility and reticence (See also Section E5). Future research must test hypotheses about the protective function of these factors against bashing, IPV, and intra-family violence (not self-harm/suicidality). If significant protection is shown, then we might predict at least an initial spike in the occurrence of bashing, IPV, or intra-family violence if several of my recommendations are implemented. That is to say a number of my recommendations would likely result in increased visibility of sexual minorities in Japan by encouraging their full equality with mainstream heterosexual members of society. From a purely injury prevention perspective, it might appear that my recommendations thus contradict the finding that invisibility is perceived to be protective against violence.

How can I make recommendations that could result in increases in three out of the four forms of sexual minority violence that I examined in the study? This is a difficult
issue and one that requires serious ethical consideration. In the short term, increased visibility of sexual minorities in Japan might lead to temporary increases in violence. But if this were to occur, it might be a necessary –if temporarily costly- step toward a long-term solution. The alternative would be to recommend that sexual minorities in Japan remain hidden, and accept the diffuse discrimination against them and the status quo regarding violence. Whereas such a recommendation might prevent sexual minority violence from worsening in the short-term, it might not; and certainly it would do nothing to improve the situation. To put this conundrum in terms of a medical problem, it would be analogous to treating symptoms by doing nothing rather than addressing the fundamental causes of the disease—the etiology. Based upon the overall findings of this study, it is clear that addressing more fundamental, or “upstream,” etiological factors influencing sexual minority violence in Japan involves creating a social environment of equality for sexual minorities.

Combining an injury prevention perspective with a prospective orientation on human rights is probably the best way to approach strategies for change that will have lasting effects. In other words, the initial spike in sexual minority violence that might or might not occur because of increased visibility would likely be temporary. If the goals stated in my recommendations were achieved, this would precede a steady decrease in violence that would improve the situation far beyond current conditions. Hopefully, such positive change would be more permanent than temporary fluctuations in rates of violence that accompany the initial implementation of interventions.

G. FINAL THOUGHTS

I would like to reiterate what I believe is an important qualification with regard to this study, now that the results have been reported and recommendations made. Throughout this research, I have been acutely aware of how problematic my positionality as an American can be, particularly in terms of the topics under examination in this study, and especially at this time in the recent course of American history.

At the time of this writing, the current administration of the United States executive branch of government continued to support a constitutional amendment that would make it illegal for any state to allow same-sex marriages. Concurrently, all of the forms of violence investigated in Japan in the current study remain serious public health and social issues in the U.S. Accordingly, I am mindful of the potential hypocrisy that might be perceived from the overall critical tone of this report and the recommendations I make for improvement of conditions in Japan.

Nevertheless, these facts do not negate the evidence presented in this report or the lived reality of the sexual minorities who shared their stories, and those of their friends and acquaintances, with me. I hope that the findings will be used in similar efforts at positive change that I recognize are very much needed in my own country.

Finally, the findings of the current study have implications beyond Japan. Edgerton (1981) concluded that in American society there is a small range of behaviors
that comprises “normality” and a much wider range of behaviors that are classified as “deviance.” Although the current study was not specifically comparative, the data suggest that Japan is similar to the United States in this regard. In both societies the labeling of sexual minorities as deviant has resulted in stigmatization and violence. Moreover, anti-sexual minority violence has been documented in other areas of the world, including South Africa (Graziano, 2004), Botswana (Ehlers et al., 2001), Cameroon, Sierra Leone, and other parts of Africa (Human Rights Watch, 2003-2006; Lwabaayi, 2004), Australia (Van de Ven, 1995), France (Campbell, 1993), the Netherlands (Van Gemert, 1994), England (King et al., 2003; Rivers, 2004; Warner et al., 2004), Iran, Saudi Arabia, Egypt, Nepal, Bangladesh, Guatemala, Jamaica, Russia, and Mexico (Baker, 1994; Human Rights Watch, 2003-2006). It appears that, like Japan and the United States, many societies have failed to develop ways to integrate sexual minorities fully and effectively into the mainstream. Instead, these societies construct –as part of their culture- rules that stigmatize people who deviate from prescribed sexual norms. As a result, both sexual minorities and society as a whole suffer, because, in addition to provoking violence, such stigmatization breaks up families and precludes the full participation and contribution of sexual minorities.

ACKNOWLEDGEMENTS

The data collection phase of this study was supported by funding from the Japanese Government Ministry of Education, Science, and Technology (Monbukagakusho). Data analyses and the original draft of this report were supported by a Quality of Graduate Education (QGE) grant from the Department of Community Health Sciences at the University of California, Los Angeles (UCLA) School of Public Health.

This study could not have been completed without a great amount of help from a number of people. I first want to express my thanks to my Ph.D. advisor and mentor at UCLA, Professor Marjorie Kagawa-Singer. I am also grateful for the guidance of Professors Susan Sorenson and Snehendu Kar of UCLA’s Department of Community Health Sciences and Professor Mariko Tamanoi in the Department of Anthropology. Before data collection began, Yoshiko Umezawa and Yoshi Okubo helped to assure that my Japanese language materials for the study were linguistically and culturally accurate. The Office for the Protection of Research Subjects (OPRS) at UCLA was very helpful in ensuring that the study protocols met high ethical standards, particularly Professor Nancy Levine, the chair of my Institutional Review Board (IRB). In Japan, my sincere thanks go to Professor Masakazu Tanaka of the Institute for Research in the Humanities at Kyoto University for his excellent guidance during my fieldwork. Gratitude is also due to Professor Takeshi Matsuishi of the Department of Special Education at Yokohama National University for his support at the proposal stage of the study. In Tokyo, Chuo University’s Postwar Transgender Social History Research Group gave me access to their archives, which was a great boon to the study. I thank Dr. Mark McClelland at the University of Queensland in Australia for facilitating that access and also for his insights on topics relevant to my research. Jane Koerner at Tokyo University was a good friend and a great help during the study. Taku Hazeyama, Yuki Watanabe, Ayako Orikasa, and Makiko Yoneyama transcribed Japanese interviews.
into written text, while Julie Giang and Susan Park assisted in transcription of the few interviews conducted in English. Thanks to Dr. Peter Hammond, professor emeritus of anthropology at UCLA, for his counsel before and after my field work. Naoki Onizuka co-authored the Japanese version of this report with me. Abbie Miyabi worked closely with us to translate the English version into Japanese. Both Naoki’s and Abbie’s expertise added greatly to the quality of the Japanese report. I thank them for their excellence, their enthusiasm about this topic and the need to address it.

Finally, my sincere thanks and respect are due to the people who participated in this study, who gave generously of their time and themselves to bring some very important issues to light.
REFERENCES


