

## TELEPHONE HOTLINES FOR MEN IN JAPAN

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### ABSTRACT

The purposes of this study were to identify telephone hotline programs specifically for men in Japan and to describe their structure, characteristics, and practices. Using the internet and snowball sampling, we identified 17 telephone hotlines. The hotlines were established within approximately the past 10 years. Callers learn about the hotlines from a variety of sources, including government and private websites, newspapers, doctors, and callers' family members. Programs are largely staffed by volunteer and paid male staff with either non-professional or professional backgrounds. The hotlines are typically open about 6 hours per month. They provide free support resources, including psychological counseling, information, and referral to relevant legal and other organizations. These findings are discussed in the context of traditional Japanese cultural values about gender and helping. By considering how belief and value systems are accommodated and assimilated by culturally diverse individuals and groups, telephone hotlines and self-help/mutual-aid groups can be more effective.

Japan faces social and health problems related to interpersonal violence that until recently have not been widely discussed. The number of reported domestic violence incidents, child maltreatment, elder abuse, other violent crimes and suicide are significantly increasing every year in Japan (Gender Equality Bureau, Cabinet Office, 2005; Kobayashi, 2004; Ministry of Health, Labor, and Welfare,

2005a, 2005b; Ministry of Justice, 2007). As with violent crime in other countries, men in Japan are far more likely to perpetrate most of these forms of violence than women. One distinctive aspect of male violence in Japan which raises concern is the rate of suicide. The prevalence of suicide among men is roughly twice as high in Japan than the United States and many industrially advanced countries in Europe. The suicide incidence of Japanese in 2004 was 35.6 for males and 12.8 for females per 100,000 (WHO, 2007). Today, Japan has the third highest incidence of male suicide and the second highest of female suicide in the world (Ministry of Health, Labor, and Welfare, 2005a). People in Japan are approximately five times as likely to commit suicide as to be killed in a traffic accident (Curtin, 2004).

Not only is the number of men who commit suicide increasing, but also those that injure or kill others, most typically family members. For instance, 26,569 child maltreatment cases were reported in 2003 while just 1,101 cases were reported in 1990 (Ministry of Health, Labor, and Welfare, 2005b). According to the Ministry of Health, Labor, and Welfare (2004), most reported child abuse incidents are perpetrated by biological parents (53.8% by biological mothers and 18.2% by biological fathers). The number of reported domestic violence cases has also significantly increased in recent years. While only 309 incidents were reported in 1996, 1,255 cases were reported in 2007 (Gender Equality Bureau, Cabinet Office, 2008). In a survey of randomly selected married individuals over the age of 20 ( $n = 2,328$ ), approximately one out of three (33.2%) females had experienced at least one incident of domestic violence in their lifetime, and 10% reported experiencing violence consistently at home (Gender Equality Bureau, Cabinet Office, 2006a). The number of arrests for domestic violence in 2006 increased 26.4% from 2005. One out of three males (35.1%) reports perpetrating violence against their partners (Gender Equality Bureau, Cabinet Office, 2003). The rates of domestic and family violence appear to be increasing significantly in Japan, though greater social acceptance of reporting victimization, improvement in authorities' response to victims, and a resulting increase in willingness to report victimization may account for some of the change in violence statistics.

The current scope of interpersonal and family violence in Japan is beyond that which can be addressed by the resources accessible through existing healthcare systems. Additional preventive programs and services such as self-help/mutual-aid groups and telephone hotlines could help address the specific needs and experiences of men that underlie suicide and other forms of male violence (Mankowski & Silvergleid, 1999-2000). However, significant cultural barriers need to be addressed in the development of specific programs and services to assist Japanese men, such as self-help groups (Oka, 1994). In particular, self-help group formation and participation by men in Japan is at odds with Japanese cultural values and gender role expectations that emphasize the importance of men's internal strength (Sugihara & Katsurada, 2002). These role expectations

consequently may discourage men from seeking help from others and admitting problems or weakness.

Recently, new legislation has been passed in Japan that addresses gendered crime and mental health services. The Basic Law for a Gender-equal Society, enacted in 1999 (Gender Equality Bureau, Cabinet Office, 1999), defines basic principles with regard to formation of a gender-equal society and describes the role of Japanese governmental offices in promoting this society. Following passage of this law, some prefecture offices have attempted to make additional sources of help available by establishing telephone hotlines specifically for men to receive information, referrals, listening, and support.

### **TELEPHONE HOTLINES AS SELF-HELP AND ORGANIZATIONAL SERVICE**

Telephone hotlines grew out of the grassroots community mental health movement as a highly accessible source of assistance in which persons, typically during a time of crisis, contact via telephone a trained person who offers listening, information, or referral to other services and support in the community. Bleach and Claiborn (1974) describe hotlines as typically having four characteristics:

1. accessible at times when traditional helping services are not;
2. staffed by nonprofessionals or paraprofessionals, rather than professionals;
3. accept calls from anyone in a geographic community on any topic; and
4. provide advice, information and referrals.

Rosenbaum and Calhoun (1977) add that many hotlines do include professionals, often in a consulting role, and that some hotlines are staffed entirely by professionals. Hotlines have also focused their audience and often target specific populations defined by age, gender, or the specific nature of their concern.

From the perspective of callers, telephone hotlines share some characteristics of the broad self-help ethos as defined by Riessman and Carroll (1995), which emphasizes the importance of internal resources and experiential knowledge in responding to challenges in living. Telephone hotlines are highly accessible to individual callers due to their free cost and long hours of operation (some are staffed 24 hours per day), have generally high levels of participant control, often utilize nonprofessional or paraprofessional helpers, and provide listening and practical forms of helping. Latzer and Gilat (2000) emphasized how hotlines give the caller a sense of control that is valuable particularly to those who may feel threatened by professional or face-to-face services.

While sharing some of the broad ethos of self-help, it is important to note some differences, in particular those that distinguish hotlines from self-help and mutual-aid *groups* (Katz, 1993; Schubert & Borkman, 1991). With hotlines, support provided is generally unidirectional from staff to caller, non-reciprocal, and occurs in a dyadic rather than a group or collective environment. Because

hotline callers are not directly connected to a group of peers who share the same experience or problem, hotlines are also different from self-help/mutual aid groups that meet over the telephone (e.g., "Tell-A-Group"; Bertcher, 1992; Galinsky, Schopler, & Abell, 1997) or internet.

From the contrasting perspective of the telephone hotline itself, hotlines represent a form of organizational service that provides external resources that are similar to those from self-help clearinghouses (Meissen & Warren, 1993) and self-help advice centers (Meyer, Matzat, Höflich, Scholz, & Beutel, 2004). Hotlines often gather and distribute information needed by callers, provide referrals to other services and sources of support, and do public advocacy work on behalf of the target population of callers. In referring callers to self-help groups, hotlines provide a bridge between the public (or professionals) and self-help/mutual-aid groups. Conversely, some callers learn about the existence of hotlines while attending self-help groups (Cuadrado, 1999). In Japan, many hotlines are operated by the Gender Equality Bureau or other prefecture offices, but they are also organized and administered by non-profit private organizations. For example, the Japan Telephone Hotline Society (Nihon Denwa Soudan Gakkai) was established in 1988 to promote the use and understand the need for telephone hotlines in Japan. Today, there are over 500 individuals and 100 organizations, including governmental offices, that are members of the society (Japan Telephone Hotline Society, 2008). Members participate in conferences and work to promote connections among agencies that provide telephone hotline service of any type.

Telephone hotlines have been used to aid persons with specific behaviors or conditions such as tobacco use, gambling (Cuadrado, 1999), and eating disorders (Latzer & Gilat, 2000), and have been developed for specific populations, such as war veterans who call for help with domestic violence, substance abuse, traumatic memories, depression, and anger (Bryant, 1998), for gay men (Halfpenny & Cotterill, 1986), people with marital problems (Hunt, 1993), people experiencing infertility (van Balen, Verdurmen, & Ketting, 2001), victims of domestic violence (Bennett, Riger, Schewe, Howard, & Wasco, 2004), and people with HIV/AIDS (Benedetti, Zaccarelli, Giuliani, di Fabio, Valdarchi, Pezzotti, et al., 1989). In addition to their role in addressing specific behaviors and populations, hotlines have been implemented as a general intervention in communities responding to large scale community mental health needs following disasters (Wunsch-Hitzig, Plapinger, Draper, & del Campo, 2002) or during warfare (Gilat, Lobel, & Gil, 1998).

Over the past 40 years, hotlines have become widespread in some countries. For example, telephone hotlines (or "quitlines") have become a standard part of tobacco control strategies in North America. Hotlines are available in every U.S. state and Canadian province (Cummins, Bailey, Campbell, Koon-Kirby, & Zhu, 2007). Hotlines are also used in many countries including Israel, China, South Africa, and Japan.

### **Utilization and Outcomes of Hotlines**

Research on the effectiveness of hotlines as a resource for persons with problems in living shows generally promising results. While evaluation studies are limited by several design and measurement challenges similar to those facing self-help groups—the voluntary, self-selected nature of participation/utilization and a lack of consensus about what constitutes successful outcomes—sophisticated research designs have been implemented recently to yield good data on utilization and outcomes. Utilization data on hotlines strongly support their value as part of a mental health system (Rosenbaum & Calhoun, 1977). Experimental outcome studies have demonstrated that hotlines, over and above self-help materials alone, reduce tobacco use in a community (Ossip-Klein, Giovino, Megahed, Black, Emont, Stiggins, et al., 1991; Severson, Andrews, Lichtenstein, Gordon, Barckley, & Akers, 2000). Some data are also available on hotlines specifically for men. A hotline for partner-abusive men in Australia that was implemented as part of the Freedom from Fear campaign (Gibbons & Paterson, 2000), a mass media public education campaign aimed at abusive men to reduce domestic violence, was reported by 80% of callers to have made their lives better.

As a public health resource, however, hotline use can be low in the intended population. For example, Glasgow, Lando, Hollis, McRae, and Chance (1993) reported about two calls per month to a smoking cessation hotline and estimated with other developers of hotlines that only 1-2% of a target population may use hotlines, a rate supported by data in other surveys (Cummins et al., 2007). This level of utilization is similar to that of self-help groups, which appeal to about 2-10% of the potential population that could utilize them (Kessler, Mickelson, & Zhao, 1997).

## **TELEPHONE HOTLINES IN JAPAN**

### **Historical and Cultural Context**

The use of telephone hotlines in Japan must be considered within the unique historical and cultural context of this nation. Japan has been well protected from outside invasions and has maintained its isolated culture and societal values for over 2,000 years, which produced clear gender norms in the Japanese society (Sugihara & Katsurada, 2002). Men are encouraged to be strong and to exert control and dominance over women, while women are encouraged to be reserved, subservient, and to obey men (Sugihara & Katsurada, 1999). Amusingly, there is even existence of “onstage dominance” by men over women in the domestic sphere, which means that “many husbands are concerned with maintaining his authority over his wife and being treated as dominant only in front of others” (Lebra, 1986, p. 130). Although male gender role ideology has been shifting

toward more egalitarianism as the society becomes more westernized today, traditional gender roles are still highly valued and strongly encouraged by the majority of people in Japan (Sugihara & Katsurada, 1999).

Not only norms relating gender appropriate behaviors, but also many Japanese values, have been influenced by the teaching of Confucianism. Confucianism has been highly respected within Japanese culture from ancient times and has had a tremendous influence on Japanese people and society (Ornatowski, 1996; Sugihara & Katsurada, 1999). Moral values are often based on religious beliefs. Religious beliefs can strongly influence political views, cultural values, beliefs about appropriate and expected behaviors, and how these contribute to the functioning of a society.

Confucianism teaches subordinates the values of loyalty, sacrifice for the common welfare, and respect for superiors and authorities, as well as emphasizing internal strengths such as integrity and warm heartedness (Sugihara & Katsurada, 2002). These expectations include the idea that talkativeness cannot form or reconfirm men's masculinity, but rather, it may reveal their weaknesses, worries, pains, and possible fears (Nakamura, 2003). Unfortunately, these teachings may discourage victims or other vulnerable individuals to seek help as teaching of Confucianism values strength of withstanding pain without complaining. As a result, people, both men and women, tend to remain silent to show the internal strength.

Additionally, many Japanese people are likely to believe that they should remove or hide any difference in themselves in order to protect themselves from isolation or alienation as they are living in such a strong socially homogeneous country. The feelings of differences even create intense guilt in the Japanese mind (Oka, 1994). Japanese people may be more likely than others to hide their family's problems, particularly mental and/or rare diseases and disabilities, because they are often considered to result from bad actions of the parents or ancestors in traditional Japanese religions (Oka, 1994). This cultural value system may discourage men from forming or contacting existing self-help groups to express their problems because they are likely to regard such behaviors as their family's shame and fear being excluded from their local social and kinship groups. The combination of conservative gender role norms toward men, the teachings of Confucianism, and traditional cultural values may threaten men's mental health, which reveals itself in the high rates of male suicide and perpetration of social issues, such as domestic violence (Gender Equality Bureau, Cabinet Office, 2005).

Attitudes about help-seeking from professionals in Japan likely influence the formation and utilization of helping resources. Japanese men and women value the family system more than the individual, and as mentioned, help-seeking outside the family is often regarded as bringing shame to the family (Braun & Browne, 1998). Partly as a result, Japanese people tend to view professional help-seeking negatively. For example, Fukuhara (1986) found that when Japanese

college students recognized they were having trouble, they were less likely to seek professional help than American students and showed negative attitudes toward such help-seeking (see also Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005). Although the perception toward psychological counseling has been changing as people obtain more information about it, many Japanese people, both men and women, may still worry about social stigmatization resulting from their help-seeking outside the family. Consequently, traditional self-help/mutual-aid groups may be somewhat unappealing to Japanese men and women and few such groups have emerged. In contrast, telephone hotlines provide a private (dyadic, rather than group) but accessible form of assistance that may be more consistent with Japanese cultural norms.

**Case Study Example:  
A Telephone Hotline for Men in Japan**

We learned about “Otoko” Nayamino Hotline in the course of working on a separate study of domestic violence intervention programs in Japan. The program attracted our attention because it was the first telephone hotline established specifically for men in Japan and because it is operated by a private volunteer non-governmental organization, which is distinctive among telephone hotlines for males in Japan. (“Otoko” Nayamino Hotline, 2006). The hotline opened in 1995, about 1 year after a few men gathered together and formed a team to develop the project. They were moved by the experiences of an increasing number of men who appeared to suffer as the result of a conflict between traditional male gender role expectations and other contemporary forces that reduced pressure to fulfill gender role expectations. The founders felt strongly the need to take action to help these men (“Otoko” Nayamino Hotline, 2006). Although they initially focused on men who were abusive toward their partners, they grew to accept calls from men with various concerns. Their original shared goal was to develop a telephone hotline to support men who wanted to end their domestic violence. Staff members participate in a workshop meeting with clinical psychologists once a month to improve their consulting skills with callers and to learn more about gender issues. One staff member discussed how working as a hotline staff member and participating in staff meetings and workshops gives him the opportunity to express and discuss his personal issues as they are related and similar to the experiences of the callers (“Otoko” Nayamino Hotline, 2006). In addition, he thought that the diverse professional backgrounds of the volunteers brings multiple, valuable perspectives on the men’s issues in Japan (“Otoko” Nayamino Hotline, 2006). All staff work as volunteers and each person pays fees to maintain the telephone hotlines because they do not receive any funding from the government or prefectural offices.

By 1997, “Otoko” Nayamino Hotline (2006) had received about 100 calls, which grew to 1,213 calls within the first 10 years (1995-2005) of their existence.

While this total includes calls from women, mistaken calls, and silent calls (i.e., callers remained silent and did not respond to hotline staff or hung up the phone without talking with hotline staff), the program does receive between four and five serious calls on average every day during the 2 hours the hotline is open. The hotline operated during more days in response to its increasing use, beginning with twice a month for the first 7 years and growing to three times a month currently), and staffed more consultants (6 staff in 1995 and 13 by 2005). Callers are from a wide range of age groups (teenager to 70s), with men in their 20s to 30s the most common. Calls are received from various prefectures throughout Japan. The staff do not ask callers to identify themselves. If further assistance was considered necessary, staff refer men to other professional services (e.g., psychological counselors).

Hotline staff members report that men who used the hotline between 1995-2005 discussed a variety of concerns and problems. Forty-two percent consult about sexual issues (e.g., feeling inferiority about their genital parts, sexual harassment); 14% about personality issues; 14% about domestic violence; 12% about marital issues; and 18% about other issues. At the same time, callers remain silent and do not speak in one-third of calls, consistent with our understanding of the particular difficulty men have asking for help or self-disclosing (e.g., Addis & Mahalik, 2003). "Otoko" Nayamino Hotline (2006) reported that for the first 10 years of their existence about 14% of the calls were related to domestic violence. Although the hotline did not receive calls related to domestic violence for the first 4 years after they established their hotline in 1995, the number of calls related to DV has increased little-by-little after the issue of domestic violence gained greater attention in society. After a new comprehensive Japanese domestic violence law was enacted in 2001, approximately 25% of the calls have been related to domestic violence ("Otoko" Nayamino Hotline, 2006).

## PURPOSE OF THE CURRENT STUDY

During the completion of our study on domestic violence intervention programs in Japan (Maruyama & Mankowski, 2007), we learned about the existence of the "Otoko" Nayamino Hotline. Inspired by our newfound knowledge of this form of help for abusive men, we undertook this study to identify additional telephone hotlines specifically for men in Japan and to describe their characteristics, structure, and practices.

## METHOD

### Participants

We searched for telephone hotlines for men throughout Japan using the World Wide Web and snowball sampling techniques. A representative from each identified program was asked via e-mail whether s/he was willing to participate in the



study and whether s/he knew of other telephone hotlines in Japan for men. Using these methods, 17 hotlines were identified (see Table 1). At least one hotline was identified in most regions of Japan, except the northern region (see Figure 1).

### **Procedure**

Between December 2007 and January 2008 we contacted a director or staff person at each of the programs by e-mail or mail to ask their participation in the study via telephone. Because several organizations asked for the option to complete a survey by mail instead of participating in the telephone interview, we also offered this option. One organization agreed to participate in the survey via telephone, 13 organizations requested and completed paper surveys via postal mail, and 3 organizations requested and completed surveys via e-mail.

### **Survey**

We adapted a survey previously used to assess characteristics of domestic violence intervention programs for men (Mankowski, Wilson, Silvergleid, Chamberlain, Truesdell, & Huffine, 2002). The survey included 18 questions about the history, staffing and availability, utilization, resources provided, funding, and organizational collaborations of the telephone hotlines.

## **RESULTS**

Some program characteristics notably varied, while many other characteristics are common across all programs (see Table 1). With the exception of "Otoko" Nayamino Hotline, which formed in 1995, all of the hotlines were established since 2000. Sixteen of the 17 telephone hotlines are offered by the federal government's Gender Equality Bureau, Cabinet Office, which was formed in 1999 to promote gender equality in Japan. In terms of the goals and objectives the programs had at the time of formation, 5 out of 17 programs reported that their hotlines started with the goal of changing societal values: to make a society more "gender equal." Four out of 17 programs were developed to respond to men's needs or opportunities to seek help. Four out of 17 programs reported that their hotlines were developed in response to a request from the Gender Equality Bureau or prefectural office to promote the equality of gender in the society. While accessibility is an advantage of telephone hotlines compared to face-to-face groups or services, most of the hotlines are concentrated in urban areas of Japan (see Figure 1) and consequently are not easily contacted by men living outside these specific regions.

All hotlines accept calls on a wide range of men's issues and offer a range of resources including psychological counseling, information, and referral to relevant legal and other support services (see Table 2). They reported that callers learn about the hotline from a variety of sources, including government and private

Table 1. Characteristics of Telephone Hotlines<sup>a</sup>

Hotline name	Place (City)	Phone number and homepage address	Organizer's contact	Year established program	Hours
Tokyo Women's Plaza	Tokyo	03-3400-5313 <a href="http://www.tokyo-womens-plaza.metro.tokyo.jp/contents/consult.html#01">http://www.tokyo-womens-plaza.metro.tokyo.jp/contents/consult.html#01</a>	03-5467-1719	2001	Every Monday and Wednesday, 5 pm to 8 pm
Chiba-shi Shiminkyoku Seikatsu Bunka-bu Danjo Kyoudou Sanka	Chiba	043-245-5640 <a href="http://www.city.chiba.jp/shimin/seikatsubunka/danjo/danseisenyououdan.html">http://www.city.chiba.jp/shimin/seikatsubunka/danjo/danseisenyououdan.html</a>	043-245-5060 danjo.CIL@city.chiba.lg.jp	2006	Every Friday, 7 pm to 9 pm
Chiba Kenmin-Kyousei Center	Chiba	043-285-0231 <a href="http://www.pref.chiba.lg.jp/syozoku/kyousei/soudan/soudan/html">http://www.pref.chiba.lg.jp/syozoku/kyousei/soudan/soudan/html</a>	043-252-8036	2006	Every Tuesday and Wednesday, 4 pm to 8 pm
"Otoko" Nayamino Hotline	Osaka	06-6945-0252 <a href="http://homepage3.nifty.com/MHL/">http://homepage3.nifty.com/MHL/</a>	Mens_hotline@yahoo.co.jp	1995	The first, second, and third Mondays, 7 pm to 9 pm
Danjo Kyousei Center Rose WAM	Osaka	072-620-9920 <a href="http://www.city.ibaraki.osaka.jp/kikou/wam/wam_hotwam.html">http://www.city.ibaraki.osaka.jp/kikou/wam/wam_hotwam.html</a>	072-620-9920 rosewam@city.ibaraki.lg.jp	2004	The third Wednesday, 6:30 pm to 9:30 pm
Creo Osaka Danjo Kyoudou Sanka Center	Osaka	06-6815-7405 <a href="http://www.creo-osaka.or.jp/soudan/otoko.html">http://www.creo-osaka.or.jp/soudan/otoko.html</a>	06-6770-7200	2004	Every Friday, 7 pm to 9 pm
Flat Neyagawa Osaka Shiritsu Danjo Kyoudo Sanka Suisshin Center	Osaka	072-832-7887 <a href="http://www.city.neyagawa.osaka.jp/danjyo/furatti/danjyo-c01.htm">http://www.city.neyagawa.osaka.jp/danjyo/furatti/danjyo-c01.htm</a>	072-832-5580	2004	The second Wednesday, 7 pm to 9 pm
Hyogo Kenritsu Danjo Kyoudou Sanka Center Even	Hyogo	078-360-8553 <a href="http://www.hyogo-even.jp/soudan.htm">http://www.hyogo-even.jp/soudan.htm</a>	078-360-8550	2000	The third Tuesday, 5 pm to 8 pm

Shizuoka-ken Seikatsu Bunkabu Azarea	Shizuoka	054-272-7880 <a href="http://azarea.pref.shizuoka.jp/soudan.htm">http://azarea.pref.shizuoka.jp/soudan.htm</a>	054-250-8107	2005	The third Saturday, 1 pm to 5 pm
Tottori-ken Danjo Kyoudou Sanka Center Yorinsai Soudanshitsu	Tottori	0858-23-3939 <a href="http://www.pref.tottori.lg.jp/yorinsai/tottori.jp">http://www.pref.tottori.lg.jp/yorinsai/tottori.jp</a>	0858-250-3901 yorinsai@pref.tottori.jp	2001	The first Saturday, 3 pm to 6 pm
Hamamatsu Danjo Kyoudo Sanka Suishin Kyoukai Ai Hall	Shizuoka	053-473-5700 <a href="http://www.ai-hall.com/05SOUDAN/P04.htm">http://www.ai-hall.com/05SOUDAN/P04.htm</a>	053-473-4501	2006	Every Thursday, 6 pm to 8 pm
Paity Tochigi Danjo Kyoudou Sanka Center	Tochigi	028-665-7714 <a href="http://www.parti.jp/soudan/index.html">http://www.parti.jp/soudan/index.html</a>	028-665-7700	2004	The first and third Wednesday, 6 pm to 8 pm
Nabari Danjo Kyoudo Sanka Shitsu	Mie	0595-63-5347 <a href="http://www.city.nabari.lg.jp/index.html">http://www.city.nabari.lg.jp/index.html</a>	0595-63-7559 danjo@city.nabari.mie.jp	2006	The second Thursday, 7 pm to 9 pm
Mie-ken Danjo Kyoudou Sanka Center "Frente Mie"	Mie	059-233-1134 <a href="http://www3.center-mie.or.jp/center/frente/soudan/index.html">http://www3.center-mie.or.jp/center/frente/soudan/index.html</a>	059-233-1130 frente@center-mie.or.jp	2001	The first Thursday, 5 pm to 7 pm
Matsuyama-shi Danjo Kyoudou Sanka Suishin Center	Ehime	089-943-5777 <a href="http://www.coms.or.jp/index2.htm">http://www.coms.or.jp/index2.htm</a>	089-943-5776 coms@coms.or.jp	2003	The second Wednesday, 6:30 pm to 8:30 pm
Kouchi Danjo Kyoudou Sanka Center Sole	Kouchi	088-873-9100 <a href="http://www.sole-kochi.or.jp">http://www.sole-kochi.or.jp</a>	088-873-9100 sole@sole-kochi.or.jp	2002	The first and third Tuesday, 6 pm to 8 pm
Fukuoka-shi Danjo Kyoudou Sanka Suishin Center Amikas	Fukuoka	092-526-1718 <a href="http://amikas.city.fukuoka.lg.jp">http://amikas.city.fukuoka.lg.jp</a>	092-526-3755	2006	The first and third Monday, 7 pm to 9 pm

<sup>a</sup>More detailed information for each organization is available from authors by request.

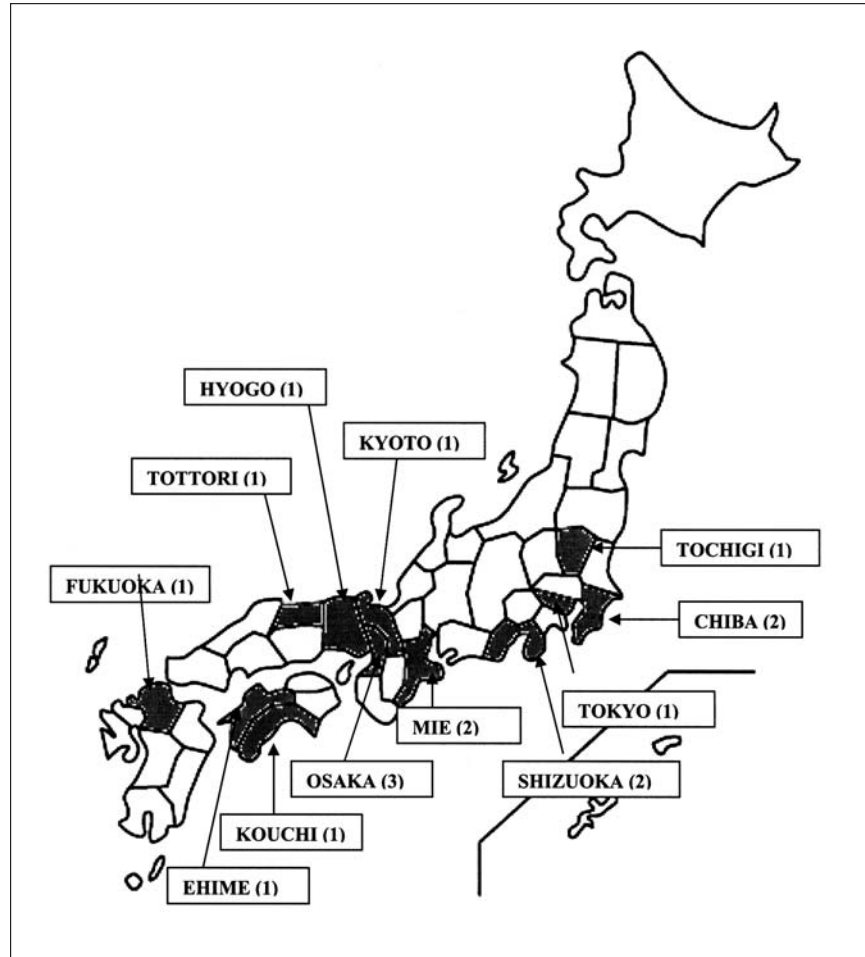


Figure 1. Distribution of telephone hotlines for men in Japanese prefectures.  
**Note:** Numbers in parentheses are the numbers of hotlines in each prefecture.

websites, newspapers, doctors, and the caller's family members (see Table 3). Consistent with many other forms of self-help, programs do not ask callers for identification (they remain anonymous), and they focus on listening openly without giving professional advice, other than referrals.

All of the hotlines are free of charge and operate as governmental or non-profit private agencies. However, it should be noted that the hotline numbers are not toll free and local calls are charged a modest rate per minute in Japan. None of the government-operated hotlines receives funding that is specifically reserved

Table 2. Types of Help Offered by Hotlines to Callers

	<i>n</i>	%
Provide information about or referral to legal services (e.g., lawyer)	12	70.6%
Passively listen to callers' story (without any professional advice)	11	64.7%
Provide information about or referrals to other organizations or hospitals for professional help	10	58.8%
Provide clinical counseling	9	52.9%
Provide information about or referral to batterers' intervention programs	5	29.4%
Provide information about face-to-face self-help groups or programs	3	17.6%
Provide information about or referral to anger management programs	2	11.8%
Provide information about online self-help groups or programs	1	5.9%
Talk to callers' family	1	5.9%
Others	2	11.8%
– Provide necessary (more specific) advice and information	1	5.9%
– Introduce callers another telephone hotlines offered by hospital	1	5.9%

for the telephone hotline program (although two hotlines did not answer this question). All of the programs except “Otoko” Nayamino Hotline are run by the Gender Equality Bureau. These Bureaus draw on their general funding to operate the hotlines. “Otoko” Nayamino Hotline reported that staff pay the operating costs of the hotline themselves and volunteer their time to staff the hotlines. “Otoko” Nayamino Hotline (2006) published the book “Otoko no Denwa Soudan” [Telephone Hotlines for Men] in 2006 to describe the history of their offices and their experiences with hotline services. The motivations of these staff, which they reported to be related to their own life backgrounds, may be different from those of staff operating telephone hotlines offered by the Gender Equality Bureau.

Table 3. How Callers Learned About the Telephone Hotlines

	<i>n</i>	%
Program website (if applicable)	14	82.4%
Callers' family members	8	47.1%
Advertisement in the newspaper	7	41.2%
Brochure	7	41.2%
Other private self-service offices	6	35.3%
Introduced by city/prefecture offices	6	35.3%
Website of the governmental offices (e.g., Gender Equality Bureau)	5	29.4%
Other men who have called the hotline	4	23.5%
Medical doctors/hospitals	1	5.9%

All of the hotlines are answered by males who work either as volunteer or paid staff and have non-professional (e.g., community volunteer) or professional (e.g., psychological counselor, university professor) backgrounds. The hotline staff averages 1.38 members ( $SD = .74$ ; range = 1 to 3). Five of the 17 hotlines have non-professional staff members who answer calls, some of whom are paid for their work. Most hotlines ( $n = 12$ ) have professional counselors who are paid for their work as part of a position in the Gender Equality Bureau. Two of the programs have a large number ( $n = 10-13$ ) of volunteers who support the operation of the hotline. Many staff members, including those who do not answer the hotlines, receive training sessions or educate themselves in other ways about the hotline—for example, by reading manuals developed by the Gender Equality Bureau (see Table 4). Surprisingly, none of the telephone hotlines reported collaborating with other agencies (e.g., intervention programs for alcohol abuse or domestic violence) or other hotlines in Japan.

Unfortunately, the hotlines generally are available only infrequently, open about 2 hours per day, 1 to 3 days per month for a total of about 6 hours per month ( $M = 5.82$  hours/month;  $SD = 4.46$ ; range = 2 to 16). They receive between one and five calls per day ( $M = 2.35$  calls/day;  $SD = 1.33$ ). All hotline staff answered calls only in Japanese. None of the organizations offer online access (e.g., responses via e-mail).

Table 4. Types of Trainings Hotline Staff Completed

	<i>n</i>	%
Read manuals developed by the Gender Equality Bureau	7	41.2%
Participate in training sessions offered by other private programs (e.g., private self-help services, universities)	6	35.3%
Participate in training sessions offered by your hotline	6	35.3%
Invite clinical psychologists who have already trained in this area	3	17.6%
Participate in training sessions offered by the governmental offices (e.g., the Gender Equality Bureau)	3	17.6%
Invite professionals from other organizations and we are not sure about their training background	2	11.8%

## DISCUSSION

In contrast to the significant number of men experiencing health and social problems (e.g., suicide, domestic violence, alcoholism), there are only a handful of gender specific programs for men in Japan. Although Japan's services (e.g., intervention programs) and legal response to these social issues are not yet well developed when compared to those in the United States, attention toward these social issues has increased in the last decade. When we asked organizations about the goals and objectives of their services, most of them discussed the importance of changing societal values regarding gender. The fact that most of organizations in our study were from the Gender Equality Bureau and that the title of the government office clearly highlights gender equality reflects significant changes in Japanese society regarding gender, consistent with the passage in 1999 of the Basic Law for a Gender-equal Society.

As discussed previously, Japanese traditional values, which are strongly influenced by Confucianism, may still make it hard for people to vocalize their victimization or seek help from others. However, attention toward social problems related to men's violence has increased and norms about help-seeking and discussing problems with others may be shifting. For instance, even though the total number is still small relative to Japan's population, 11 batterer intervention programs were recently established (i.e., between 1999-2002; Maruyama & Mankowski, 2007). Almost all of these programs use a peer group format with a small number of participants in each weekly meeting (e.g., five to eight). Although

most hotlines were not developed specifically for men who abuse their partners, some men do call about domestic violence perpetration. We expect that promoting men's mental health by providing them information, referrals, and guidance through hotlines could function as an alternative form of intervention for men's intimate partner violence in Japan. We are aware of only a very few self-help groups for partner-abusive men, though a Batterers Anonymous model has been tried in a few locations in the United States (Goffman, 1984; Hamm & Kite, 1991). Hotlines for men who abuse their partners (Gibbons & Paterson, 2000) may be an effective and important resource to consider expanding, given limited access to professional help and educational programs.

While intervention programs for men are more available (Gender Equality Bureau, Cabinet Office, 2006b), the group format of these programs still needs to be carefully considered within the Japanese culture context. Strong gender role norms may interfere with men's participation and disclosure in group settings. In addition, people tend to hide their weaknesses from others as Japanese communication is not straightforward and an important message is often delivered indirectly (Iwasaki, 2005). Japanese people traditionally tend to "read others' minds," whereas people in western culture tend to "say what's on their mind" (Markus & Kitayama, 1991). Group formats that often require participants to share their feelings and beliefs with other participants may be less appropriate for Japanese people, especially for men.

Telephone hotlines, a highly accessible community-based resource that can be contacted anonymously by individuals, may be easier for Japanese men to utilize for support and assistance in behavior change. All of the telephone hotline calls are answered by men, which may make Japanese men more comfortable using the hotlines. Japanese men may be less likely to show perceived weakness (e.g., complaining) toward women because gender role expectations emphasize that men should be stronger and lead women.

### **Implications for Research, Policy, and Practice**

Future investigations of the satisfaction with and effectiveness of using hotlines for individual callers are needed, as well as information about the characteristics and motives of callers. In the current study, we found gaps between privately organized hotlines (i.e., "Otoko" Nayamino Hotline) and the telephone hotlines of the governmental offices (i.e., Gender Equality Bureau). "Otoko" Nayamino Hotline (2006) reported that they are not actively advertising their hotline in public, except by having a webpage, because they cannot respond to more calls than they now receive. However, the telephone hotlines offered through government offices reported that they receive few calls from men and therefore offer fewer days of operation. Research is needed to explain these differences in utilization between the private organization and government sponsored hotlines.



By considering how cultural belief and value systems are accommodated and assimilated by individuals from different backgrounds and experiences, self-help groups and resources based on them will likely be more effective. Exchanging information and learning from the data produced in other countries can provide critical assistance in designing and completing more studies in Japan. At the same time, we need to investigate whether self-help resources based on programs from other countries are effective for the male Japanese population.

In the current study, none of the organizations work collaboratively with other agencies (e.g., Alcoholics Anonymous, batterer intervention programs) or hotlines. Inter-agency communication networks need to be established to enable the efficient exchange of information. As “Otoko” Nayamino Hotline (2006) reported, a significant number of men called the hotline to seek help for their abusive behaviors toward their partners. In such cases, it is important to have formal connections between the telephone hotlines and relevant programs, such as batterer intervention programs, so that men can receive education and services appropriate to their needs.

The majority of the 16 telephone hotlines offered by the Gender Equality Bureau started to offer hotlines for men in addition to hotlines for women to promote gender equality. Though the Gender Equality Offices have been offering more telephone hotlines for men, the majority of offices are located only in urban cities, in particular regions of Japan. Although issues of lack of trained staff members may arise, more offices in each city and in rural areas would provide greater awareness of and access to these programs.

Understanding and support are needed from the local community toward self-help programs and men’s mental health needs. “Otoko” Nayamino Hotline (2006) described how most callers compared themselves with traditional gender role ideologies, such as “men need to be tall and strong” and “men cannot whine” and “men should not talk too much,” even as the economic structures and roles for women are changing in contemporary Japan. These beliefs can interfere with men’s ability to communicate effectively with their partners, and family members may consequently not understand them fully. Further, men may feel confused about failures in their traditional role as economic provider because of increasing employment of wives and their economic support of the family. When “Otoko” Nayamino Hotline started their telephone hotline, they were concerned whether any men would call their office because traditional gender roles and expectation still remained strong in Japan. However, soon they started to receive many calls from men when they opened the telephone line, and many commented that they always wanted to talk about their concerns with someone else, but there were no such services available. Telephone hotlines and self-help groups specifically for men could be effective at preventing suicide and decreasing gender role strain in a rapidly changing Japanese society.

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