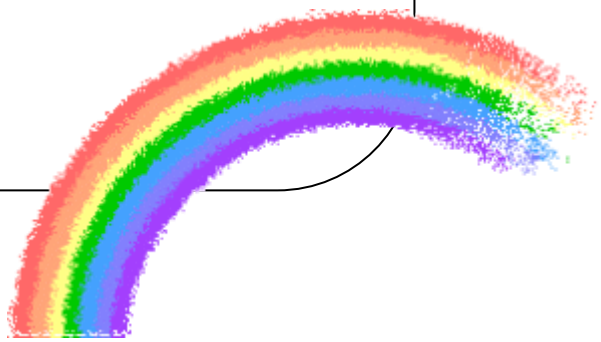
Medical / Welfare Service for LGBT Individuals in Japan



QWRC　(Queer and Women's Resource Center)

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Why it is Important for You as a Medical or Welfare Worker to Understand Lesbian, Gay, Bisexual, and Transgender (LGBT) Needs

Sachiko Katsuragi

Only recently, the term LGBT has entered the vocabulary in Japan. There is nothing special about LGBT individuals. They are ordinary people who go to school or work daily, shop at a local supermarket with many others, and use medical institutions. Still, many people think they have never met a person who is LGBT, or LGBT individuals don't live in their community.

Have you ever thought of why you, the user or worker of medical or welfare services, don't "see" any LGBT individuals?

LGBT individuals are invisible in Japan because the majority of them find it difficult to assert what their needs are. For the most part, society is not aware of LGBT individuals and the Japanese social system has not been built with LGBT individuals in mind. LGBT individuals have been deemed nonexistent or have been ignored. They are often the subject of laughter. They have learned to survive by keeping quiet. Consequently, they have a hard time coming out. Still harder for them is to insist on what they want to do or to call on a change in how you provide services. Some people who are so used to being in need may not ask for your help as they don't even realize their own dire situation. That's why it is rare to "see" LGBT individuals in medical or welfare settings.

Without understanding the needs and problems unique to LGBT individuals and their concerns for their future wellbeing, medical providers may experience miscommunication or non-communication with their clients, leading to treatment interruption and decreased quality of life (QOL). For the provider or servicer, such individuals may be puzzling users for whom treatment or support is difficult. However, this cycle can be changed, if only the typical ethos is applied: "Each individual should be respected." On a fundamental level, nothing will change by whether or not your client has come out to you. To respect sexual diversity such as gay, lesbian, bisexual and transgender also means to respect those who don't identify as LGBT. This is what we want to convey in this booklet.

It is our wish that you keep your empathy for those who around you as always do.

What's LGBT?

L (lesbian)… A woman who is sexually attracted to other women;

G (gay)… A man who is sexually attracted to other men;

B (bisexual)…A person who is sexually attracted to both men and women, or who does not consider the gender of the person relevant in finding sexual attraction.

T (transgender)…A person whose sex or gender expression does not conform to the gender expression of the assigned sex at birth.

※ The LGBT population in any given country is considered to be about 3 to 5% of the entire population.

In recent years the acronym SOGI, sexual orientation and gender identity, has been used by individuals who believe sexual orientation and gender identity are universal issues experienced by everyone.

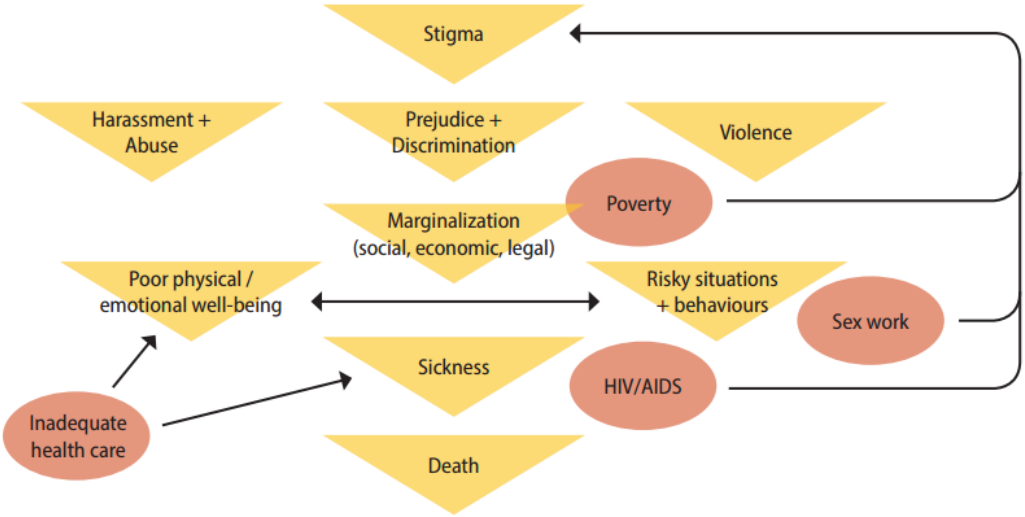
Are People with Gender Identity Disorder (GID) Different from Those Who Identify As Transgender?

Gender identity disorder is the diagnosis of a medical condition with which a transgender person is regarded as someone with a mental disorder whose internal sense of gender is in discordance with their assigned gender at birth. In Japan, The Japanese Society of Psychiatry and Neurology provides the guideline for the diagnosis and treatment of gender identity disorder (4th version is the latest).

There are arguments from a wide range of perspectives for and against the classification of transgender as a mental illness.

Stigma

Lily



(Winter, S. 2012)

The word stigma expresses a negative concept. The diagram above shows the way in which stigma can lead transgender individuals to slide into illness and eventually death[1], but it can also be useful in thinking about the medical care and social welfare problems faced by a wide variety of LGBT individuals.

For example, in the case of gay stigma, stigma leads to hatred and mistreatment of gay individuals, discrimination and prejudice, and violence. Additionally, gay stigma leads to economic and legal marginalization, as well as to neglect of physical, and mental health care, and to the worsening of dangerous situations and behaviors.

In the process of this downwards slide, stigma becomes established, and individuals are face with poverty, sex-work, and issues related to HIV. Additionally, insufficient health care provisions for people facing the neglect of physical and mental health issues and sicknesses can result in the worsening of conditions, and eventually result in the death of the individuals concerned.

In order to completely stop this negative chain of stigma, as well as respecting the diversity of sexual and gender orientations, to eliminate feelings of stigma from all individuals, and to enforce rights that allow people to live a healthy life, it is essential that we foster an environment in which people can safely consult with a third party, and access health care and social welfare.

[1] Winter, S. (2012) Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacifi c Region, p. 13. Thailand: UNDP Asia-Pacifi c Regional Centre

Legally-Compliant Handling of Same-Sex Partners in Medical Settings

Akiyoshi Miwa, attorney at law

Sometimes same-sex couples encounter problems in their everyday lives, including the way in which the partner of a patient is treated by medical professionals. Below are examples that explain this in further detail.

● When medical professionals brief on the condition of the patient:

It is widely understood that a physician who divulges medical information about a patient to anyone who seeks such information, is an invasion of the patient's privacy. Suppose an unconscious patient has been rushed to the hospital. In some instances, the patient's partner may not be able to obtain an update from medical professionals who insist on the protection of the patient's personal information; yet they also regularly provide their patient's family members with information about the patient's current status or health condition. However, there are no clear legal grounds for such sharing of a patient's medical status. In fact, the status of a patient is the patient's own personal information. Qualifying as the patient's family member does not automatically grant the right to access the patient's medical information. Physicians sometimes assume that the patient has agreed to providing family members with their own medical information. If this is the practice, physicians should treat same-sex partners in the same manner as other family members in providing information on the patient's condition if the patient's intention can so be assumed.

● Partners not allowed to stay in patients' room during the last hours of life

There are some instances where the partner of a dying patient is not allowed to enter the room during the last hours of the patient's life, making it impossible for the partner to see the patient off. This practice is not based on clear legal grounds, either. Hospitals have the authority to determine who they permit entrance to patients' rooms. As a general rule, they do not permit non-family members to enter the room where the patient is, even if they are on their deathbed. The general practice avoids potential for conflict and liabilities. For example, it prevents access by a debt collector who intimidates family members as well as the potential for physical violence to occur in a hospital room such as between the patient's wife and lover. Yet, the patient is not always guaranteed protection as some family members may exert troublesome behaviors in front of the dying patient concerning inheritance, for example. There is no ground to differentiate people on the basis of their blood relation. At the very least, hospitals should consider accommodating same-sex partners so that they will be with their dying partner during the final hours, if the patients' intention is confirmed.

● Emergency surgery consent form

When an unconscious patient needs an emergency surgery, the patient's same-sex partner may not be allowed to sign the consent form because the partner is not considered to be a true family member. As it is a crime for a physician to operate on an individual without their consent, hospitals ask for consent to be made, so as to avoid criminal liabilities such as corporate manslaughter and civil liabilities such as damage compensation in a medical malpractice case. Legally speaking, depending on the nature of the error, medical providers are not immune from their responsibility even with the patient's consent. As such, it is imperative to obtain consent from only the patient to undergo surgery. This is because of personal and exclusive rights. For this reason, there is no clear legal ground to ask for consent from the family of an unconscious patient. Many hospitals may consider consent received from a family member as equal to receiving the patient's own consent. In other words, many hospitals find it socially justifiable to conduct surgery on such a patient as long as they have received consent from a patient's family. If this is the case, hospitals should permit a partner with a partnership certificate to sign a consent form in the very same way other family members are permitted. Surgeries based on such consent should be regarded as socially justifiable.

——Emergency Contact Card——

QWRC provides a card that is used to actively indicate the contact person in case of an emergency. If you find this card carried by an unconscious person, please contact the person indicated.

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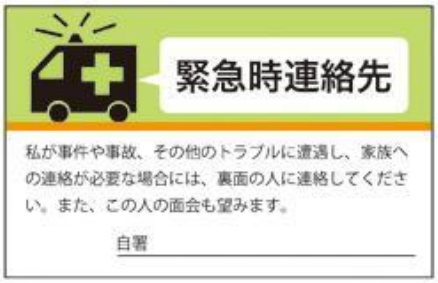

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If you want this card

Please directly contact us by e-mail (info@qwrc.org).

Declaration of Intent in Advance by Same-Sex Couples

Sachiko Katsuragi

Some municipalities such as Shibuya and Setagaya Wards issue "partnership certificates" that objectively certify same-sex relationships. Some same-sex couples use notarial deeds and mutual contracts other than the above-mentioned certificates in order to objectively certify their relationships. The voluntary guardianship system is also used for this purpose.

According to the Guideline for the appropriate handling of personal information for medical and healthcare professionals issued by the Japanese Ministry of Health, Labour and Welfare, "At the request of the person in question, as long as it does not interfere with their medical treatment, it is allowed to add relatives or the equivalent who are actually taking care of the patient (user) to a list of those who receive a briefing or specify certain family members in such a roster."

It is important for healthcare providers to honor personal wishes based on such legal documents as submitted by same-sex couples, especially if they have declared their relationship in advance. Is it also important to recognize that some couples, despite having been in a relationship for a long period of time, may not have introduced their partner to each others' parents, let alone come out as being in a same-sex relationship to their own parents. In such cases, there is a potential barrier to using the certification documents. However, as long as hospitals recognize that same-sex couples exist, they can alleviate the sense of burden these couples may feel.

-- Voluntary guardianship --

This is an arrangement in which a person, while having the capacity for decision-making, appoints someone to act as a proxy in anticipation of the day the person becomes incapacitated and thus unable to make a decision such as entering in a contract. Some same-sex couples become each other's guardian to overcome legal barriers indicated per the above.

Cancer Risks and Delayed Diagnosis

Mameta Endo and Sachiko Katsuragi

● Cancer risks and delayed diagnosis

Cancer risks are closely related to lifestyle, including factors such as smoking, obesity, experience of childbirth, excess drinking and stress. The LGBT population is disproportionately affected many cancer risk factors. For example, one overseas study found a higher smoking rate among the LGBT population compared to other populations [1]. Many lesbians, bisexual females and transgender males do not have a childbirth experience, potentially having an impact on their cancer risk profile. Moreover, HPV, a sexually transmitted infection, can cause cervical and anal cancer. According to the Centers for Disease Control and Prevention in the United States, the incidence rate of anal cancer among men who have sex with men (MSM) is approximately 17 times as much as heterosexual males [2]. Such examples indicate that cancer risks are closely related to sexuality. An important consideration is that for LGBT individuals who feel uneasy about visiting medical facilities, they will visit hospitals less frequently, leading to delayed diagnosis of cancer.

● Offer medical briefings to those who the patient chooses

When asked by healthcare providers if there is someone with whom they should discuss that patient's cancer diagnosis, very few LGBT patients would request their provider to talk to their same-sex partner. LGBT individuals are accustomed to the situation in which their partner is socially excluded; therefore, the concept to include them in healthcare conversations does not naturally occur. Moreover, LGBT patients may think it is not appropriate to disclose to their physicians that they have a same-sex partner.

To alleviate this issue, it is recommended that providers straightforwardly ask their patients about individuals they would like to include on a list of people with whom to share information about their conditions, their therapeutic options and treatment strategies available to them. Patients may feel less anxious and their sense of isolation may be reduced as a result. After all, for these patients, LGBT partners and friends are indispensable. Healthcare providers should clearly convey their willingness to brief anyone, as directed by the patient.

● Therapeutic strategies and medical advice

Responses to treatment including medication and surgery differ according to the individual. For example, one patient whose appearance is male may get depressed over hair loss or fat deposition. In some cases, biological females may opt out of breast-conserving surgery. Healthcare providers should describe any expected symptoms or events that may result during and after a treatment is given

before the patient begins the treatment course.

Gynecologic cancers such as uterus cancer as well as prostate cancer may trigger a significant change in the outlook relating to a patient's own sexuality. Some patients may no longer experience the same kind of sexual acts as they had previous to their treatment and therefore some may lose confidence in sex [3]. The topics of sexuality and sex life are difficult ones to discuss and engage in a conversation with, for both physicians and patients in the first place. LGBT individuals have an added anxiety, for example, as they many wonder if their physicians understand sex acts that do not involve penile-vaginal intercourse, or if their physicians understand the patients' gender dysphoria.

When healthcare providers want to ask their patients of any questions or problems including their sex life or self-image, they should do so in a space where privacy is ensured (and where the patient's right to not answer is reassured). Healthcare providers should directly ask the patient about situations or particular concerns they may have, especially if they are unsure about the treatment. Doing so will allow for a more productive treatment course and potentially lessen the patient's anxieties.

[1] Lee. J. G.,Griffin. Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review. Tob.Control.18（4）,275-282

[2] http://www.cdc.gov/msmhealth/STD.htm

[3] Frances Goodhart, Lucy Atkins. The Cancer Survivor's Companion: Practical Ways to Cope with Your Feelings After Cancer 2013 (Piatkus Books in the US)

Transgender Individuals and Medical Care

Mameta Endo

● General medical needs (primary care)

Transgender individuals are often tentative about their visits to medical facilities due to feelings of unease in disclosing their gender to medical professionals. Below is a description of some factors related to this issue.

1) Hesitation to present health insurance card, or to be called by the registered name

In cases where a person's outer appearance and daily lived experience of gender do not match the gender and name assigned on their health insurance card, it can result in the need for a transgender individual to be forced into explaining their gender to medical staff (coming out). In the case of individuals who usually live their lives without needing to explain that they are transgender, having to do this in a medical facility that is close to their home can be experienced as burdensome and threatening.

2) Hesitancy regarding medical examination

There is a particularly strong hesitancy regarding the medical examination of areas related to one's biological sex, such as gynecology and urology. It is necessary for individuals to enter waiting areas designated for only males or females, or to face the severe stress that accompanies having to have one's breasts or genitals examined.

3) Fear of denial

There are cases where one cannot reveal aspects of one's identity, feelings, or gender due to the fear of denial of treatment. Even in cases of hormone therapy occurring over a period of many weeks, there are some details that one is unable to disclose.

In the cases above, understanding the need for early medical diagnosis and consideration can become difficult.

In order to respond in a measured and appropriate way to cases where an individual's gender may not fit archetypal patterns, we need to share appropriate knowledge with the professionals involved. Furthermore, it is also important for us to re-consider the protection of privacy at reception desks and in waiting rooms.

●Specialist needs

Transgender individuals also have more specialist needs related to their gender.

Amongst individuals who visit psychology and psychosomatic departments, there are individuals who simply wish to receive treatment in line with the Gender Identity Disorder (GID) Guidelines, and those who wish to explore and consult with specialist doctors about their own gender identities.

On the other hand, in cases where individuals have experienced gender incongruence, alienation from family, work colleagues, and local communities, or where they have experienced depression, anxiety and other issues as a result of stress etc., there are those who would like to talk in more depth about their individual gender when they receive counseling, or seek acceptance and sympathy.

Even in the cases of individuals who are undergoing medical treatments such as hormone therapy and gender reassignment surgery, there are those who experience symptoms or additional diagnoses as a result of these treatments. For example, as a result of hormone treatments, some individuals may experience cardiovascular problems, diabetes, and low bone density.

In cases where individuals receive treatment abroad, or in areas of Japan far away from their home, it is still necessary to have check-ups back at home. We need to make an effort to act as openly as possible, so that patients feel as though they can speak candidly about the treatment they have received.

●High-risk medical procedures

Currently, the number of facilities where transgender individuals can receive necessary medical treatment is small, and depending on the prefecture where one resides, there are individuals who are not able to receive treatment. If an individual is unable to find a hospital where they can receive treatment with peace of mind, they may choose to undergo high risk medical treatments based on their own personal judgment.

There is no shortage of individuals who buy hormone drugs on the internet and self administer doses based on their own judgment, or who want to expedite their treatment by going abroad to undergo operations offered by medical businesses. Even within Japan, the number of incidents of people dying as a result of paying for cheap treatments from inexperienced doctors is on the rise.

If the number of health care facilities where one could feel peace of mind increased, these extreme situations can be avoided. It is therefore important to listen to patients in a responsive manner so that their needs and personal backgrounds can be understood. Additionally, is it important to provide the necessary support and information so that patients can access lower risk treatments.

●GID Guidelines

The current 2015 guidelines state roughly the following:

(1) Psychotherapy: Gender Identity Disorder (GID) to be diagnosed after a childhood developmental history has been taken and other mental illnesses are excluded. GID is to be diagnosed by two psychiatrists in order to receive hormone treatments and gender reassignment surgeries.
(2) Hormone treatment: administration of hormone therapy of the opposite gender to that of biological gender in order to change outer gender appearance.
(3) Gender reassignment surgery: Removal of breasts and/or genital surgery in order to change outer gender appearance.

Both (2) and (3) produce irreversible effects. If an individual has received gender reassignment surgery and has met the conditions completely they are able to change their assigned gender on their family register (Special Law for Handling cases of Gender Identity Disorder). There are also cases where individuals can improve their quality of life through non-medical treatments such as by choice of dress, the way they choose to be dealt with in everyday life, changing their name, and undergoing voice training.

The following organisations are currently undertaking specialist research in order to support the correct use of these guidelines.

・GID Society
http://www.gid-soc.org

・NPO Kansai GID Network
http://www.kgn.or.jp

HIV/AIDS and Sexually Transmitted Diseases (STDs)

Lily

In 2014, the Japanese Ministry of Health, Labour, and Welfare (MLHW) reported that in addition to the majority of new HIV infections and new AIDS cases occurring among Japanese national men, new routes of transmission between men who have sex with men (MSM) were also a majority of new cases. Furthermore, the research group within the MHLW found that MSM with AIDS were largely also frequenters of gay-friendly commercial facilities. The prevalence of HIV/AIDS cases among MSM are thought to be due to the following factors.

1. MSM who have anal intercourse and who do not properly use condoms are at risk for HIV infection due to the thin mucus membranes around the anus
2. Information and knowledge is difficult to reach in some populations, due to history of discrimination and limited spaces without fearing prejudice; additionally, AIDS prevention messages through awareness campaigns assume heterosexuality and therefore do not reach this population.
3. Due to lack of places to meet partners, sexual networks tend to be dense. As such, the introduction of HIV into these networks can have huge impact with rapidly occurring new infections.

It is difficult for some, especially among those who have sex with same-sex partners, to talk to others about AIDS and other sexually transmitted diseases due to fear of disclosing their own sexual orientation. For example, a female who has sex with another female may not receive the necessary care from her gynecologist if she does not reveal that her sexual partner is female. Another example, trans males (FtM) may feel reluctant to visit a gynecologist due to their gender appearance; similarly, trans females (MtF) may hesitate to see a urologist when they feel something is wrong with their genitalia.

Such risks are exacerbated when it is relatively more difficult to obtain protection such as female condoms, dental dams for use during oral sex, and gloves for manual penetration, when compared to regular condoms.

To change the current situation concerning HIV/AIDS and STDs, it is necessary to promote prevention and education under the following assumptions: first, that sexual orientation and gender identify occur on a spectrum.; second, to create an atmosphere for everyone to use medical facilities without hesitation regardless of their sexual partners or gender expression; and lastly, to make safer-sex goods more readily available.

<Resources>

Non-profit organization, Place Tokyo (http://www.ptokyo.org)

Community center Akta (http://www.akta.jp/)

Pregnancy and Childbirth

Shouko Kichijoji

Three major topics about pregnancy and childbirth among the LGBT population will be discussed.

1. Pregnancy and childbirth among lesbian and bisexual women

When a lesbian couple plans to have a child, they often look for a sperm donor to get pregnant. The sperm donor's role in child-rearing varies widely: he may participate in raising the child as a biological father with or without his partner or he may not take part in the process at all. Use of assisted reproductive technologies (ART) are available only to those couples in de facto or legal marriage relationships, according to the guidelines provided by the Japan Society of Obstetrics and Gynecology and other medical associations in Japan (as of 2014). Some lesbian couples, whose relationships are not legally recognized as marriage, may conduct artificial insemination at home without medical supervision, resulting in the potential for many health risks including infections. When a lesbian person undergoes infertility treatment by a physician pretending she is married, she may end up having awkward conversation with her physician about treatment policies as there is no evidence of intercourse or living with a [male] partner.

2. When a woman wants to get pregnant after getting married to a trans man

A transgender man can officially change his sex in the family registry from female to male in accordance with the Special Rules Regarding the Sex or Individuals and get married to a woman. When his wife becomes pregnant, it is highly unlikely that she was not impregnated by her husband's sperm.

There was an incident that a married transgender man was denied to be listed as the father of the child born to his wife. However, the supreme court of Japan decided to recognize the husband as the father in their family registry.

3. Transgender male pregnancy and childbirth

Transgender men who haven't yet had a hysterectomy can get pregnant. It could be an unexpected pregnancy but it could be the result of a conscious decision to have a child using a certain method.

When a trans man becomes pregnant unexpectedly, he is forced to realize that he has a female body. Since he may be in denial or wishes to avoid facing such a reality, he may not receive medical care, therefore missing the period of time during which abortion can be conducted. In the case the trans man does not wish to abort or wanted to get pregnant in the first place, he may visit an obstetrician's office; however, as such offices are exclusively for females, they are not friendly to non-women and may make him feel uncomfortable. Many trans men appear to be male even without having undergone surgical procedures. In other words, a person who looks like a man may be pregnant.

When implementing LGBT-friendly health care concerning pregnancy and children the following should be considered:

・Make it possible for lesbian couples to access Assisted Reproductive Technologies (ART).

・Provide a private waiting room in OB/GYN offices for a person with a male appearance to see the doctor.

・Stop using pink as the color for OB/GYN office exteriors.

・When providing pregnancy consultation by midwives and other healthcare providers, make sure they understand their patient may be a pregnant transgender person.

・If the gender of the pregnant person makes it difficult to deliver a baby in a hospital setting, provide the person with information concerning delivery at home and other alternative birthing places.

・In case someone enters the birthing room, makes sure this is someone the pregnant person wishes to be there.

The above suggestions for consideration are items that become clear when delivery of medicine and welfare is reviewed from a client-centered, universal perspective, not just from the LGBT perspective. This is because there is a wide variety of non-LGBT people who also seek such consideration. For example, there are unmarried women who wish to access ART, people who do not want to share waiting room space, married women who do not wish to have their husbands witness birthing but instead wish to have their close friends do so, women who feel uncomfortable when they are forced to be in an environment painted in pink, among others.

Guaranteeing these wishes does not go against the welfare of children. Many children have been raised by LGBT people to adulthood. What is important is to have a society that provides an environment in which people have and raise children, rather than to be concerned of the parents' gender and sexual orientation. And it is also important to develop a relationship in which children are valued and also these children value.

<Author's personal note about her delightful moment>

I am a bisexual woman who delivered a baby whom I am currently raising.

When I told my physician that I wanted to have a friend of mine to witness my childbirth, the doctor agreed without asking any further.

I didn't mean to deceive anyone as he was just a friend.

But the doctor's reply made me realize that the hospital values individual patients.

Later on, I came out to the medical provider before delivery. I was able to consult with them about my concerns about my pregnancy, delivery and childcare.

LGBT Individuals and Parenting

Haru Ono (Nijiiro Kazoku)

LGBT individuals who are also parents live almost everywhere—they do not only live in large cities but also in small towns across Japan. It is our observation that the majority of LGBT families are not flashy at all. In other words, they are ordinary families just like most of families with heterosexual parents. My current daily parenting life with my same-sex partner is not so different from the time when I was parenting with my ex-husband. My child who is now in high school says, "Our family is ordinary although we may look different from the outside."

Still, we always feel the pain that comes from the lack of a safety net in case of an emergency. Healthcare and welfare providers are the embodiment of the safety net. We hope they become aware of families who haven't been recognized as such.

• Here are some types of LGBT parents:

・LGBT individual who divorced their spouse from a heterosexual relationship and who starts living with a same-sex partner with children from the previous marriage (Step-family type)
・Woman with a child through sperm donation who lives with her partner (Artificial insemination type)
・Parent who feels gender dysphoria (Transgender parent)
・Foster parent or a partner who is a foreigner adopts a child outside of Japan (Foster parent type)
・Parent who raises children alone (Single parent type)

LGBT families who can neither expect any social support from the social welfare system nor casual support from their friends and families, often fall into a precarious situation. Some single parents hesitate to live with their partners as a measure to protect their children from social prejudice. Even when they live together, they hesitate to tell others that they are same-sex couples, often describing their partners as a sibling, a relative or a good friend. Some people play the role of a mother (father) and/or wife (husband) even though they have gender dysphoria as they cannot explain it to their family members.

• Healthcare/welfare providers should examine the following:

・Under the current Japanese legal system, non-biological parents (those who parent the children their partners gave birth to) are not granted status of legal relationship to the children they help raise. However, even when a non-biological parent is not recognized as a legal or biological family member with the child or the partner, this person is still considered the other "parent." If such a person is declared as a custodial person without biological connection, providers should give preferential treatment to this person when giving medical briefings and having someone present for some important junctures.
・Those who provide educational consultation, medical consultation, and counseling should always be

aware of the presence of LGBT parents and their children. When LGBT families face domestic problems, many of them tend to isolate themselves as they are unable to talk to those around them. These families often keep mundane problems that occur daily as well as issues related to children's rebellious phase and domestic violence all to themselves. If they have a place where they can consult about their families without hiding or feeling scared, both the parents and the children will feel safe.

・Healthcare/welfare providers should understand that there are children who are raised by LGBT parents. When healthcare/welfare providers treat only the biological parent as a parent and treat the non-biological parent as "non-existent" or "someone with whom we should not talk about to others," it will confuse and hurt children. Healthcare/welfare providers should instead make it clear to these children that families with LGBT parents is just one example of a wide range of families that exist and that they should not feel ashamed of it.

<Resource>

Niji-iro Kazoku (Rainbow Family) (http://www.queerfamily.jimdo.com/)

LGBT and Fostering

Megumi Fuji, Rainbow Foster Care

1. LGBT foster parents

In Japan, most children and young people in the social care system live in institutions and only 15.6% of these children live with foster parents (as of the end of 2015). The Ministry of Welfare is promoting fostering and there are various initiatives underway by local authorities. However, same-sex couples (i.e. two people with the same legal sex) are currently neither recognised nor considered as potential foster parents.

Local authorities often respond to questions about potential foster parents positively. For example, in Shimane prefecture, it is authorized for persons to foster a child, as long as conditions such as having a consistent employment status and support system for raising children, are met. While authorities generally allow such arrangements, the assumption is that the potential foster parent is either married in a heterosexual couple. Single people and those in same-sex couples are not included.

Although many foster parents are indeed married couples who could not conceive their own children, there are also young same-sex couples who would like to foster children. In many countries these same-sex couples are regarded as valuable resources for fostering. I believe that local authorities should encourage same sex-couples to consider registering themselves as foster parents.

2. LGBT children and young people in foster care

In some parts of America, there have been many incidents of young LGBT people being kicked out of their foster parents' home due to prejudice and a lack of understanding of LGBT issues. Some local authorities put emergency calls for LGBT adults to foster such LGBT youth. It is important to note that this does not mean finding LGBT foster parents is the only solution to this problem. Although there is no research about the situation of LGBT children and youth in foster care in Japan, one can assume that many LGBT youth are facing similar challenges. It is still very difficult for these young people to come out to their birth parents, and it is much harder to come out to foster parents with whom they have no legal parental relationship and hence it is easy for these adults to end the parenting relationship. For transgender youth in foster care, they cannot start hormone treatment without parental consent from birth parents who often live far away and need support from their foster parents, which is often very difficult to obtain.

The situation for LGBT youth living in institutions is equally challenging if not more so. Many LGBT young people experience peer pressure as it is in group settings such as schools; they cannot escape it in institutions as their public and private lives are the same. In addition there are many spaces clearly segregated for girls and boys in institutions, creating potentially stressful situations for some LGBT youth. It is critical to include programming such as LGBT youth support and training for foster parents and professionals employed at these institutions.

<Resource>

Rainbow Foster Care (http://www.rainbowfostercare.jimdo.com/)

LGBT and Abuse

Non-profit organization Ikuno Gakuen

LGBT children are often exposed to specific forms of abuse. Even though it is not possible to "change" an LGBT existence through personal volition or the efforts of others, children can experience crushing pressure from the people surrounding them.

＜LGBT-specific abuse＞

・Forcing children to match their legal gender (ex: forced haircuts or growth, clothing, personal items)
・Compulsory heterosexuality (ex: "You have to get married and have kids")
・Rejection and humiliation through discriminatory language (ex: "fag" "lezzie" etc)
・Restrictions on movement and activities, locking the child in the house, planting seeds of guilt/shame (ex: "You're a disgrace to the family name" "Don't go outside looking like that")
・Sexual abuse (trying to use sexual activity to "explain the attraction of the opposite sex" or "cure" the child)
・Disallowing questioning of sexuality. Or, outing children as LGBT without their consent

Sometimes children who have been abused are lonely and seeking for place to go, hooking up with someone, even if they are also abusive. If they experience additional abuse they may think "It's my fault for going with them" "I don't want anyone to find out I'm LGBT" "At least they're better than my family," and become unable to talk to anyone about it. Children who have been able to get away from abuse and into foster care may also experience violence from the other children in care or the staff, again resulting in having nowhere to turn for help.

●Why LGBT Abuse Often Stays Hidden

One reason for not talking about abuse is lack of information. Accurate and necessary information about LGBT survival are lacking; in contrast, there are plenty of resources about sex. As a result, children often have a hard time verbalizing who they are and what they need. They may be spending a lot of energy trying to hide the fact they are LGBT from everyone around them, or they have been convinced there is nothing to do about the abuse because it's their fault.

Abuse can continue after childhood ends. Other problems in the family such as domestic violence and alcohol abuse may exist; there may also be other forms of abuse – economic exploitation, for example -- can complicate the situation and make it more difficult to escape. Survivors can also be driven to suicide as they experience negative feelings about oneself, instability, flashbacks, dissociation, addictions, unsafe relationships or sex, and unwanted pregnancy or STIs,.

● Support for LGBT Abuse Survivors

Families need information and support to respect an LGBT existence without self-blame for children and adults. Community-based support groups are increasing, but also important are concrete human rights and psycho-education, information, and back up from education, day care, (child) welfare, medical, and other institutions. Children need direct access to information to feel safer and more positive.

Survivors need people to hear their stories and believe them without making assumptions based on outward appearance or legal gender. How each person handles, expresses, acts, and lives out their gender/sexuality is a fundamental human rights issue. We need a society in which being LGBT will never be used as a reason or excuse for abuse, or make it hard to survive.

LGBT and Domestic Violence

Non-profit organization Ikuno Gakuen

Domestic violence (DV) is violence within an intimate relationship, like a family member or lover/partner, in a closed environment like a private room. Often the abuser has a good reputation and doesn't look abusive on the outside, which makes it hard to recognize. The reason for the violence is not because the victim is necessarily LGBT, a woman, or a person living with disability; it is not necessarily because they have a close relationship as parent and child or lovers. It is because society condones the violence. Abusers think they have the right to demand that everything goes the way they want, even if that means resorting to violent or coercive methods. Additionally, society legitimizes this value system through gender and other restrictive systems. DV includes not just physical, but sexual, economic, and psychological control, which makes it difficult to escape from.

＜Points Specific to DV Among LGBT＞

・Difficult subject to discuss

Many people are not out as LGBT and/or are not accepted by the people around them. They may be more interested in staying in the closet than in seeking help.

・Human (social) resources

People who have a community of friends and allies may want help through seeking safety and a safe place with friends, who might also be mutual friends of the abuser. They may do so as a result of not wanting to cut people off "for safety's sake." LGBT communities are very small, so trying to avoid everyone who might be connected to the abuser can result in isolation.

Support for LGBT Survivors

Support agencies that can flexibly respond are increasing. Most public facilities separate people based on their legal gender into Fujin Hogo ("Protection for ladies" under the anti-prostitution law) or Homeless Services. However, some Fujin Hogo facilities can provide free, individualized services to transgendered people, depending on the situation and wishes of the individual. Among NGOs, one group opened a LGBT-specific shelter, and the number of shelters with private rooms is increasing. Even if a shelter is not LGBT-specific, if they are providing services, for example, to elders or people with disabilities who have been abused, they may be able to provide support not limited to "women."

All the supportive services, specialized knowledge, and functions necessary to provide support to LGBT survivors (survivor services, LGBT services, shelter, casework, etc) may not be available under one roof, but it is possible to provide comprehensive care through a network of organizations and agencies working together to come up with survivor-centered creative solutions.

Putting an End to Abuse and Victimization in LGBT Communities

Everyone, including LGBT, needs access to information about non-violent relationships, or those based on mutual respect and equality. Workshops on dating violence, for example, should not be limited to heterosexual couples. Also, it is vital for LGBT to experience respect, positive regard, and safety, on a day-to-day basis. It makes it easier to talk to someone to get help if something bad happens. Shelters and other facilities need to become more inclusive and accessible, both physically and in terms of the quality of supportive services available. The scope of the laws and legal services around restraining orders for DV, stalking, etc, needs to be broadened and accessibility increased. Also necessary is long-term care, and a relationship of trust that can make all these services possible. A society that values and respects every individual is going to be a society in which it is easy to live and survive, for LGBT and everyone else as well.

<Resource>

Non-profit organization Ikuno Gakuen (http://www.ikunogakuen.org/)

LGBT and Poverty

Ren Ohnishi, Non-profit organization, Moyai self-help support center

● Are minorities at risk for impoverishment?

One in six Japanese nationals lives in poverty. In 2012, the Ministry of Health, Labor and Welfare reported a poverty rate of 16.1% in Japan. The poverty line in 2012 was determined as annual income under 1,200,000 JP yen (US$9,800 in November 2015 rate). In 2012, 20 million people in Japan were living on a monthly income of 100,000 JP yen (US$800 in November 2015 rate).

In order to support their day-to-day lives, individuals must earn income through some form of employment, financial support from family members or partners, wealth inheritance, savings accounts, pension or retirement payments, or social welfare support and welfare checks. When we lose these types of support systems, we are at risk of impoverishment.

People who are socially categorized within minority groups are at higher risk of living in poverty. When at risk, minorities are highly prone to a variety of factors such as: inability to keep a full time job due to illness, low income or minimum wage without benefits, family facing economic hardship, family with limited pensions, inability to depend on family members or relatives due to abusive relationships or even violence within the family, etc.

● Why are LGBT individuals at risk for poverty?

LGBT individuals tend to be isolated or feel ostracized by their communities or work environments due to bullying, lack of acceptance by others, and/or lack of understanding of sexual identities. For instance, some transgender individuals are unsure whether to use male- or female-specific restrooms in public; others wear male or female work/school uniforms that seemingly do not match their gender identities. Some LGBT individuals also require medical support, due to health issues and could face mental illness without such support. Some LBGT individuals are also unable to use health care benefits even though they are in a long-term cohabited same-sex relationship. These types of services, which are considered 'norms' in our society do not apply to LGBT individuals and couples. These factors contribute to the degradation of the social network of LGBT people.

● How to provide necessary support

LGBT individuals are more likely to fall out of the public support system such as welfare programs. For instance, while seeking public assistance when facing economic hardships, some LGBT individuals, especially transgender individuals, face difficulties of using the binary (male/female) divided emergency shelters. It is difficult for LGBT individuals to reach out for support as they are often forced to endure the "coming out" process to social welfare workers when they need to communicate about sensitive issues related to their welfare. One major reason it is difficult is that the majority of representatives do not understand issues LGBT individuals face, in particular in understanding sexual identities. Many LGBT individuals are fearful of rejection based on who they are. They are terrified of possible violence and rape in the shelters.

LGBT specialized care and support programs may seem exceptionally unusual or exclusive. However, any shelter that can offer private non-binary rooms, or rooms that do not divide into either male or female genders, can ensure there is a safe space for LGBT people. The safety and peace for all individuals, not just the LGBT community can thus be protected in these types of shelters, as there are advantages to cis-gendered males and females including protection of their privacy. It would reduce stress while promoting a safe environment, which is a very critical matter for all people including LGBT individuals. In addition, all staff such as public workers, receptionists, counselors, social workers, and medical service providers for any support agencies in direct contact with LGBT populations must be educated to ensure understanding and respect of the unique and diverse needs of this community. These changes would improve access to these vital agencies among the LGBT community as poverty and access to support services are interconnected. Addressing the accessibility issues can help alleviate poverty in the LGBT community.

<Resource>

Non-profit organization, Moyai self-help support center (http://www.npomoyai.or.jp/)

A Personal Perspective from a Schizophrenic Lesbian Who Used to Engage in Wrist-Cutting and Prescription Drug Abuse

cozi

Hello. What kind of person do you think this is? I, like many others described by the above, am a member of the society in which we all live. I started self-harming at the age of 14, which has involved cutting various parts of my body and other forms of abuse such as overdosing on prescription drugs. Once, I took two-weeks' worth of prescription drugs at the same time.

Before I realized I was a lesbian, my school mates teased me and called me "lesbian". When I was 14 I started hallucinating whenever I looked into dark corners of rooms and the visions and delusions began to endlessly expand. I couldn't share what I was going through with anyone. It seemed like I was different from everyone else and I feared that if I asked for help I would be bullied even more or I would cause other people to worry.

When I felt anxious, angry or uncomfortable which were feelings beyond my control, I cut myself and when I felt ungrounded I took pills. For a while I could manage myself in this way. However, although it all started as a way of self managing and a form of healing for myself, eventually these practices took over and I lost control like many lost in other addictions. I suffered doing it but I also suffered not doing it. I wanted to stop but I couldn't.

● LGBT and addiction

Those who are not good at asking for help could often end up in living with addiction. Being both LGBT and living with addiction can pose many challenges. While feeling isolated with complex challenges, we cannot find someone to talk to easily and we often lack life experience that enables us to affirm ourselves. In this context, if we find something which made us feel better, you can see why we will rely on such activities in order to survive, no matter how self-destructive it might be and hard for others to understand.

● Request for professionals

Those who end up with addiction are not weak-willed or simply pleasure-seeking. We can be addicted to all sorts of things—drugs, alcohol, gambling, shopping, wrist-cutting, overdose, eating disorder, sex etc. For these people like me, they need to satisfy their addiction to survive in their world. If you want a solution, you need to look deeply into the background of the person and see what could possibly cause this addictive behavior. Healthcare professionals should treat such patients or clients with respect and in a non-judgmental way, as many have managed to survive despite their addiction. Also help them to be connected to people who might have similar experiences. What we need is to meet others and share our own stories.

●To someone who are close to us

The reason I could stop self-harm and drug abuse was that I learned that by taking personal responsibility I could achieve a lot in life and build on these positive experiences rather than being written off by others as just "being ill". Over time I have learned and accepted what I can and cannot do. If we never give up on ourselves there is always a way through and a possibility of eventual change.

LGBT and Suicide

Mameta Endo

It is well known that LGBT individuals constitute a high-risk group as far as suicide is concerned. In the United States every one in three young individuals who commits suicide is LGBT, and this is true across the generations. In Japan, sexual minorities are classified as a high-risk population according to 'National Policy Against Suicide', which suggests the precarious situation in which Japanese LGBT individuals find themselves in terms of suicide.

According to an internet survey conducted in 2005 by Yasuharu Hidaka, professor at Faculty of Nursing, Takarazuka University, 65.9% of all survey participants (5,731 gay/bisexual men) answered that they had once thought of killing themselves, and 14% had effectively intended to commit suicide. According to the research conducted by Mikiya Nakatsuka, professor at Okayama University, targeting those people who have been diagnosed as having gender identity disorder, slightly less than 70% of the respondents declared that they had ever thought of committing suicide.

●Background

Among the multiple factors at school, work and daily life, social isolation and absence of self-esteem have been identified as posing the most challenging and difficult to manage and there as a trigger to suicide. Challenges and difficulties include such incidents as lost love, a big argument with one's family, failure of entrance exams among others; such difficulties are sometimes consequences of a sense of difficulty constantly cultivated in one's daily life, which may cause suicidal crisis, stress-related illnesses, depression, etc.

●What professionals can do

When you hear from an individual who says: "I would rather disappear from this world" or "I want to die", you may be advised to ask whether he/she really does have an intention of committing suicide, because asking him/her such a question will ensure that they understand you are truly concerned about him/her. In case of self-injury, it is important not to be too reproachful and it is essential to tell him/her that you are really concerned about that person.

When working within an intensive care unit you may see an individual brought in over and over again after attempting to commit suicide. It would be expected to thus build up a network of professionals who can work together to give physical and psychological care to the admitted individual.

Once the above-mentioned general recommendations are implemented, it would be helpful to ensure you address the true problems concerning LGBT individuals. For example, it would be important to understand the numerous issues related to sexuality. If a client comes out to you, it would be important to ensure you create a safe environment for this in which LGBT individuals feel safe to come out. Concretely, you may consider furnishing your workplace with posters, fliers and books positively related to LGBT, or to speak in positive terms about LGBT on the Internet

Grief Support for the LGBT community for the Establishment of An Environment Where They Can Say Their Final Good-Bye to Their Partners

Mameta Endo

For many, losing someone dear to us is one of the most excruciating of life events. When facing significant loss, people experience various emotions including grief. Typically when one loses a loved one, they go through the process of parting; they go to the deceased's deathbed and attend their funeral. That individual may also find others who can understand and emphasize with their situation. However, if that individual is gay, lesbian, bisexual or transgender (LGBT), there may not be opportunities or rights to partake in the grieving process.

Many LGBT people are not able to publicly proclaim their relationship with their significant other. When they experience a separation whether it is an estrangement from their family or bereavement, it can result in the individual experiencing disenfranchised grief, which is characterized by long-term pain that cannot be resolved. When such individuals are not afforded a proper farewell ceremony such as a funeral or acceptance or sympathy from others, some may face difficulties in sorting out the relationship to the deceased loved one. It becomes incredibly hard for the LGBT individual to accept the loss. Rather, the individual suffers from a sense of guilt of missed opportunities to have said or done something in the past, with conflicting feelings of sorrow and anger over many years.

It is important for all individuals to be treated in a dignified manner when facing bereavement or separation. Healthcare providers need to be courteous to their patient's partner, whether this person is of the opposite or same sex as the patient. This is also true when this key person has been introduced to the medical practitioners as a friend, not just as a partner. In addition, it is advisable to create an environment that facilitates coming out. If representatives of public institutions are hosting a meeting for "surviving families" or organizing a grief-sharing group, they should be mindful to not limit participants to the blood or legal relationships of family members so that LGBT individuals can also participate.

• LGBT individuals often encounter the below scenarios when their partners are during the final stage or have departed:

<Until the death of the partner>

・Not fully able to care for the partner due to the lack of understanding by the partner's family.
・Not able to receive sufficient explanation from the hospital regarding the partner's condition and the treatment plan.
・Not able to realize the partner's wishes concerning end-of-life care as they had discussed previously.
・Not able to stay in the partner's hospital room to be on their side during the final moments of life.

<Funeral-related>

・The partner's family members plan to have a funeral in their hometown　therefore, transporting the body right away and not allowing the LGBT individual to say a final goodbye.
・Not being informed of the fact that the partner passed away.
・Not being allowed to attend the funeral; treated as a general funeral attendee or a friend, not as a family member.
・No one understands the enormity of their grief.　They are not entitled to taking bereavement leave at their workplace.
・There is no place for them to fully experience and express their own emotions.
・ During the funeral, the fact that the deceased was an LGBT individual is denied.

<Continued loss>

・Unable to inherit the title to the apartment under the partner's name where two lived together and loses the place of residence.
・ Unable to receive the deceased's remains to keep at hope
・ Unable to visit the grave as it is located far away
・ Tendencies to withdraw from social interactions and falls out of touch with friends
・ Not accepted into a support group or a religious community such as a church

<Resource>
Grief support Setagaya　(http://www.sapoko.org/)

Deaf LGBT

Fuyumi Yamamoto,Deaf LGBT Center Representative

●About Deaf LGBT (sexual minorities)

It is thought that there are about 10,000 to 20,000 deaf LGBT individuals in Japan. However, until recently, understanding of the deaf LGBT community has been piecemeal at best and there have been no appropriate sign language expressions.

Lesbian

Gay

bisexual

Transgender

● Offensive expressions related to gender and sexuality

On the other hand, sign language with a discriminatory basis has come into use.

「Queer」

「Homo」

「Dyke」

In sign language there are many words that include biased images of males and females. Amongst deaf LGBT individuals there are many instances of people who feel very uncomfortable when words that do not reflect their own personal gender identity are forced upon them.

At the Deaf LGBT Center, we are undertaking a restructuring of sign language expressions related to LGBT, through activities that spread expressions that do not imply any disdain, for example "gay" and "lesbian". We publish information about LGBT sign language expressions, and other issues, on the Deaf LGBT Center homepage at http://deaf-lgbt-center.jimdo.com/.

● Addressing deaf LGBT issues

There are a variety of issues that are part of addressing deaf LGBT.

① It is difficult to utilize sign language interpretation

・The use of biased images of males and females are still taught as a fundamental aspect of sign language interpretation curricula. Furthermore, words that are related to the diversity of sex and sexuality are not considered (only male and female).

・There are incidents where sign language interpretation work is refused on the basis that specialized interpretation is needed, such as in cases where transgender individuals want to change their registered gender, when individuals wish to access hospital and counseling services, and in some court cases.

・Distribution of the Deaf LGBT Support Book to sign language interpreters
・The adoption of sharing of basic knowledge and expressions related to LGBT at training sessions for sign language interpreters and note-takers

② There is no understanding of LGBT in the deaf community

・There are a few people in the deaf community who have knowledge of LGBT individuals
・The deaf community is small, and there is a high risk of one's sexual or gender identity being disclosed to others without the permission of the person concerned
・There are discriminatory sign language expressions, and there are cases where this develops into bullying

・Work towards being able to introduce a consultation service

③ There is no place in the LGBT community for deaf individuals

・It is difficult to communicate and participate in the LGBT community

・Work towards being able to introduce a deaf LGBT circle
・Cultivation of deaf LGBT sign language interpreters

④ It is difficult to use consultation services

・It is difficult for deaf LGBT to use regular consultation services
・There are many telephone consultation services related to LGBT and deaf individuals cannot use these services

・Make it apparent that consultation services not only learn about but also have an understanding of LGBT individuals
・Introduction of a consultation service that can respond to sign language consultations over a web chat service

<Resource>
Deaf LGBT Center (http://deaf-lgbt-center.jimdo.com)

Promising practices to express sexuality and gender for people with disabilities

Sachiko Katsuragi

There are certainly LGBT identified people among those with disabilities, regardless of the type of disability -- mental, cognitive, physical or developmental.

here is generally a lack of information for people with disabilities within a non-disabled normative society. Additionally, in Japan, people tend to avoid speaking about one's ow sexual and gender identity. As a result, it is difficult to get accurate information about one's sexuality and gender identity for people with disabilities. It makes some of them feel isolated and become worried. Their hopelessness causes them to shut themselves away from others in society.

As a supporter, you may feel as though you would like to help them in some way. Typically a supporter helps them solve problems, listens to their life history and helps to set life goals. However, most LGBT people hesitate to tell their stories because they have felt unsafe to do so or they think it should be kept a secret. Gender expression and close relationships affect every aspect of one's life. If you assume that all of your clients are heterosexual, the goal that you and your client set together will not work at all. It doesn't mean your clients have to tell you all of their story. What you need to do is create a safe environment for LGBT people to feel comfortable to speak about themselves.

Here are some tips that you can do for LGBT people with disabilities.

1. Address LGBT issues at staff meetings in schools or institutions for deaf and disabled people. If you need more details, you can ask an LGBT organisation as many offer educational programs and resources.
2. Don't make fun of LGBT people; openly disapprove of homophobic statements at disability peer groups and daycare centers.
3. Discard the stereotype that heterosexuality is the only standard of human sexuality. Heterosexuality is the one of many diverse sexualities that exist across a spectrum.
4. Don't judge one's gender by their appearance. A trans person who has not yet transitioned will still look like their assigned gender; you would not know their true gender identity unless you have asked them.
5. Develop a reasonable plan that suits each individual. Same sex care is important because people with disabilities have a history of being discriminated against; the same level of care and sensitivity is necessary for trans people. In particular, the importance is placed on asking the individual how they identify to get this information. This will lead to respectful client care in which the client feels comfortable. It will also be important to identify the caregiver for this person.

<Resource>

Mainstream Center (http://www.cilmsa.com/)

LGBT and Geriatric Care

LGBT Nursing Care Network

There are three scenarios in which LGBT people are involved in nursing care: first, LGBT individuals who are service users; second, LGBT individual as a family member of those who are service users; and third, LGBT individuals who are a service provider and who work among non-LGBT people.

In many nursing facilities, services are often provided based on the male-female binary classification of individuals: same-sex nursing assistance, separate rooms for men and women, days of bathing assigned by sex, group bathing with other same-sex service recipients. In some cases, if there is a large bath, multiple users take a bath together. In this case, providing transgender individuals with services would pose an issue. Fundamentally, services should be provided based on the client's needs and according to individuality.

When nursing care facilities begin providing services, they interview their new clients by asking their life history, work experience, family history and other details for assessment. The more detailed response they receive, the more appropriate service can be provided for clients. However, what if someone who has just been interviewed has a same-sex partner in a de facto matrimonial relationship for the past 20 years? Would the facilities' staff members be able to draw that effect in this client's genogram accurately? They may assume this old person was making a mistake in drawing the line signifying a marital status between two people of the same sex. Nursing care providers need to consider family structure diversity, in other words, that a family does not necessarily consist of a married man and woman and their own children.

In 2010, an LGBT organization in Western Australia conducted a survey among nursing facilities whether there was a client who identified themselves as LGBT in their facilities. The vast majority of the responses was, "We don't have any of those people here." (1) This survey result suggests that, in their old age, many LGBT individuals go back in the closet and resume a way of life in which they don't reveal their true identity. There are different reasons to start hiding one's identity and this differs based on the individual. However, one can easily find that some LGBT individuals are afraid of harassment from their peers or caretakers in nursing facilities which may result in negative consequences in receiving services and feeling isolated. In many cases, senior citizens in nursing facilities have lost their spouses. Many display photos of their departed spouses. Would LGBT individuals display photos of their same-sex partners in their room? If they don't feel safe to talk about their happy memories in such a space, one can only imagine how suffocating their life might feel like.

Let's turn our attention to transgender people. When conducting an intake interview and have them draw a genogram, a certain consideration is needed in terms of how to denote them in the diagram.

There is even an observation that when transgender individual starts exhibiting symptoms of dementia, their memory of changing their gender might get blurry. There must be a way in which to properly denote about the individual's transgender identity.

Nursing caregivers should always be reminded that there is an LGBT person who is unable to openly talk about it among their clients. When they do encounter an LGBT client, they should remember Biestek's seven principles of the social work relationship so that each caregiver can put "individualization," "acceptance," "nonjudgmental attitude" and other principles into practice to help the client live a life in character to the very end.

Note 1: GLBTI Retirement Association Inc. (GRAI), "We don't have any of those people here"

The Code of Ethics of Japanese Association of Certified Social Workers
Japanese Association of Certified Social Workers (JACSW)"
(Prohibition upon Sexual Discrimination and Sexual Abuse) Social workers shall not make sexual discrimination, sexual harassment, or sexual abuse against the service users depending on the difference in sex or sexual orientation.
This code of ethics was approved and adopted by the following professional organizations in Japan as the common code of ethics among those organizations: Japanese Association of Social Workers, Japanese Association of Social Workers in Health Services, Japanese Association of Psychiatric Social Workers and the Japanese Association of Certified Social Workers.

From Care Plan Center Nijiiro Kazoku (Rainbow Family):

"Some of our clients have a guarantor or receive financial assistance from someone of the same gender who is not related as a spouse or a family member. Sometimes, such a person plays a key role in providing daily care. They may be so-called same-sex partners or former partners. We make the utmost effort to provide a support system with diverse family formats in mind.

● Nijiiro Kazoku, Co., Ltd., Nijiiro Care Plan Center
In-home nursing care support business run by a sexual minority designated by Osaka City 2773306473
06-6661-0278 ／ 070-5655-9838 Mon-Fri 9:00-18:00, Available on holidays except for weekends
【Facebook】Nijiiro Kazoku

Resources

Please ask each organisation if English is understood and can be spoken.

<Hotlines>

Non-profit organization, OCCUR

●Helpline Service

Consultation for gay, HIV positive indiviudals and the people close to them

【Phone】03-3380-2269

【Availability】Tuesdays, Wednesdays and Thursdays (excluding holidays) 20:00～22:00

●Legal Consultation Service

Legal consultation for gay and HIV positive individuals

【Phone】03-3383-5556 【Availability】 Weekdays (excluding holidays) 12:00～20:00

【Website】 http://www.occur.or.jp/

Northern Tohoku Sexuality and Human Rights Consultation

●Consultation for LGBT individuals; those who have experienced domestic violence, sexual violence, and other issues related to sexuality

【Phone】017-722-3635 【Availability】Every Thursday from 16:00 to 22:00

【E-mail】crisis-call@goo.jp

Non-profit organization, QWRC

●ＱＷＲＣ Telephone Consultation

Phone consultation for LGBTI individuals and individuals close to them. Also provides consultations about work and labour. Please contact us by e-mail for details about consultations for deaf individuals.

【E-mail】info@qwrc.org 【Phone】06-6585-0751

【Availability】First Monday of every month from 19:30 to 22:30

【Website】http://qwrc.org

PROUD LIFE

●Rainbow Hotline

Consultation for sexual minorities and those close to them

【Phone】0120-51-9181【Availablity】 Mondays 19:00～22:00

【Website】http://www.proudlife.org/

AGP (Specialised group for the care, treatment, education and counseling for gay individuals)

●Phone consultation「Mind Consultation」

For gay individuals and consultations for their families

【Availability】Tuesdays 20:00～22:00

●Phone consultation「Body Consultation」

For gay individuals and their physical health and illnesses

【Availability】First Wednesday of every month 21:00～23:00

【Telephone】050-5539-0246 【Website】http://www.agp-online.jp

Non-profit organization, SHIP

●SHIP Hotline

Consultation for individuals who are worried about their sexuality or feel uncomfortable about their gender, and those close to them

【Telephone】 045－548－3980 【Availability】 Thursdays 19：00～21：00

【Website】http://www2.ship-web.com/

Osaka City, Yodogawa Ward

●LGBT Phone Consultation

Consultation for LGBT individuals and those close to them

【Telephone】0570-009-918

【Availability】 The first four Mondays and Wednesdays of each month 17:00～22:00

【Website】http://niji-yodogawa.jimdo.com/

Tondabayashi Centre for Human Rights Education and Affairs

●Rainbow Hotline

Consultation for a wide spectrum of concerns, such as those related to LGBT and sex/sexuality

【Telephone】0721-20-0285【Availability】First and third Saturday of each month 10:00 ～15:00

【E-mail Consultation】tayousei_tondabayashi@yahoo.co.jp

Non-profit organization, coLLabo

●coLLabo LINE

Consultation for lesbian woman and those close to them

【Phone】03-6322-5145【Availability】First Saturday of the month from 12:30-15:00

【Website】http://www.co-llabo.jp

Yorisoi Hotline

●Consultation for issues related to sexual minorities such as gender identity and same-sex relationships. (We accept calls from outside of Japan)

【Phone】0120-279-338（Press 4 after the greeting message)

【Availability】24 hours, free of charge【Website】http://279338.jp/

ESTO

●ESTO Phone and E-mail Consultation

Consultation for LGBT individuals, those with disorders of sexual development, intersex individuals, those who identify as asexual etc. and those close to them

【Phone】080-6049-8843

【Availability】Weekdays 20:00 ～ 22:00 Weekends and Holidays13:00 ～ 22:00 ＊We suggest you contact us by email before calling

【E-mail consultations】esto@estonet.info 【Website】http://estonet.info

FRENS(Fukuoka Rainbow Educational NetworkS)

●FRENS Line

Consultation for sexual minority individuals aged 24 and under, and the adults close to them

【Phone】080-9062-2416 【Availability】Sundays17:00-21:00

Connecting LGBT Families and Friends Group

●Phone and E-mail Consultations

Consultation for families who have been come-out to

【Phone】090-6055-2424

【Availability】 Phone consultation is by appointment, we will call you back

【E-mail Consultations】family2006@goo.jp

●Meetings

Meetings for LGBT individuals and their family and friends. Everyone welcome. Meetings are held in Tokyo, Kobe, Fukuoka and Nagoya. Please check the website for details

【Website】http://lgbt-family.or.jp/

<Recovery and Self-help meeting>

Freedom

●Support to recover from drug dependency

※ We accept consultations from LGBT individuals with drug dependency issues

≪ Freedom Drug Dependency Phone Consultations≫

Consultation for those struggling with drug dependency and their families and friends, and drug addicts(individuals with drug dependency)

【Phone】06-6320-1196 【Availability】Saturdays 15:00～19:00

≪ Freedom Face to Face Consultations for Drug Dependency≫

Consultations for people struggling with drug addiction, their families and friends, by appointment.

【Consultation reservations】06-6320-1463

【Availability】Monday to Saturday 10:00～18:00

【Website】http://www.freedom-osaka.jp/ 【E-mail】addict@yo.rim.or.jp

Osaka DARC (Drug Addiction Rehabilitation Centre)

●Drug Dependency Rehabilitation Facility

※ We accept consultations from LGBT individuals with drug dependency issues

We provide consultation and face-to-face meetings with people with drug dependency

【Opening Hours】Monday to Saturday 10:00～17:00

【Phone Queries】06-6323-8910（Not available from 10:30～11:30 and14:00～15:00）

Rainbow and Addiction Meeting

Created for LGBT individuals with drug dependency, alcohol abuse, gambling addiction and eating disorders etc.

【Meeting】 Fourth Thursday of every month 19:00～20:00 at dista（Osaka-to, Osaka-shi, Kita-ku, Doyama-cho 17-5, Tatsumi Building 4th Floor)

【Phone】090-3359-8910 【E-mail】mebako505@gmail.com

SCA JAPAN

Self-help group for recovery from sexual compulsion (sexual dependency and sex addiction)

Meetings are held in Tokyo, Fukuoka (Friday nights) and Yokohama (Sundays except the third Sunday in February, April, June, August, October and December). We are open to individuals of all sexual orientations.

【Phone】090-6188-6398【E-mail】scajapan@gmail.com 【Website】http://www.sca-japan.org/

【Address】 (SCA-JAPAN, Shinjuku Post Office Box, 163-8696)

AA Sexual Minority Meeting

Target group: Sexual minority individuals with alcohol dependency

【Meetings】First and third Thursdays of the month from 19:00

【Venue】Community Centre Akta (Shinjuku-ku, Shinjuku 2-15-13-301)

【Website】 http://www.h2.dion.ne.jp/~aa-kkse/

AA Sexual Minority Meeting is held in addition to our other activities.

Please use the contact details below for queries: (Available 10:00-19:00 year-round)

【Queries】Kanto AA Central Office 【Phone】03-5957-3506 【FAX】03-5957-3507 【Address】〒 170-0005 Tokyo-to, Toshima-ku, Miniami Otsuka 3-34-16, Otani Building 3rd Floor

NA「Shinjuku Group」

※ Self-help group for individuals such as LGBT people who have drug dependency issues

【Meetings】Wednesdays 19:00～20:30 Student's House (Tokyo-to, Shinjuku-ku, Hyakunin-cho 2-23-27)

【Phone】090-9686-8900

NA「Workers Group」

※ Self-help group for individuals such as LGBT people who have drug dependency issues

【Meetings】Thursdays from 19：00 Mary Knoll Meeting House（Tokyo-to, Chiyoda-ku, Kioi-cho 6-2）

【Phone】070-1304-7232

NA「Rainbow」

＊Self-help group for individuals such as LGBT people who have drug dependency issues

【Meeting】 Third Saturday of every month from 14：00～ 【Venue】Rise（Aichi-ken, Nagoya-shi, Naka-ku, Sakae 4-12-16 NEWS BLD. 3rd Floor)

【Meeting】 Fourth Saturday of every month from 18：00～ 【Venue】Yokiso Meeting Room（Aichi-ken, Nagoya-chi, Chikusa-ward, Hocho 2-5-17）

【Phone】090-1299-2190

NA「LGBT Kyoto Group」

＊Self-help group for individuals such as LGBT people who have drug dependency issues

【Meetings】 Sundays from 15：30～ 【Phone】080-5703-4121

【Venue】Shimogyo-ku Iki Iki Community Centre （Kyoto-fu, Kyoto-shi, Shimogyo-ku, Kamino-cho 38）

<Medical Facilities>

Shirakaba Clinic

Internal medicine, cosmetic surgery・dermatology, mental health（mental health counseling and general clinical psychiatry）, gynecology

＊We are currently aiming to safely help individuals who have previously had problems gaining access to a diagnosis

【Address】〒162-0065 Tokyo-to, Shinjuku-ku, Sumiyoshi-cho 8-28 B・STEP Building 2nd Floor

【Phone】03-5919-3127【 FAX】03-5919-3137

【Website】http://shirakaba-clinic.jp/【E-mail】info@shirakaba-clinic.jp

Taiyuji-cho Taniguchi Clinic

GP, primary care（accept: dermatology, allergies and internal medicine)

Many of our patients are LGBT individuals. We don’t just treat colds, eczema, hay fever etc., but also patients who are HIV positive or have sexually transmitted diseases

【Address】〒530-0051 Osaka-shi, Kita-ku, Yaiyuji-cho 4-20, Suterameito Building 4th Floor 【Phone】06-4792-7877 【Website】http://www.stellamate-clinic.org/

Apari Clinic

Target group：Individuals such as LGBT who have drug dependency issues

We hold mental health meetings as part of out day-care program. Reservation and doctor’s diagnosis required. Covered by health insurance.【Meetings】 Every day, Monday to Saturda

【Address】〒162−0055 Tokyo-to, Shinjuku-ku, Yochomachi14-4 【Phone】03-5369-2591

Yoshino Women’s Clinic

Gynecological Clinic open to transgender people

【Address】Tokyo-to, Nakano-ku, Ehara-cho 3-35-8, Gurorio Nakano Shinegota,1st Floor

【Phone】03-5996-6101【FAX】03-5996-6102 【Website】http://www.drkazue.jp

<Counseling Service>

Counseling LAB SORA

Counseling room open to individuals of all sexual orientations and gender identities.

【Phone】070-5263-7138 （8:00～21:00）

【E-mail】sora-white@counseling-lab.sakura.ne.jp 【Website】 http://www.counseling-lab.com

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