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Research Article

BARRIERS TO HELP-SEEKING FOR VICTIMS OF DOMESTIC VIOLENCE IN JAPAN

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A R T I C L E I N F O	ABSTRACT
	The number of domestic violence (DV) victims in Japan is increasing, and many do not seek support. Research has identified systemic, professional, and victim-related barriers, but little is known about how the practices of support professionals specifically discourage victims. This study conducted in-depth interviews with a small sample of five female DV victims about the difficulties they encountered when seeking help. Three primary themes guided the analysis:1) difficulties arising from the competencies and attitudes of support professionals; 2) victims' psychological responses attributable to support professionals and 3) victims' perceptions and recognition. The results showed that unsupportive attitudes of support professionals—such as blaming victims for not leaving sooner, redirecting them elsewhere, or lacking knowledge about DV—created psychological barriers. Some women internalized the feeling of blaming themselves, some persisted in seeking assistance out of necessity, whereas others became discouraged, believing "nothing will improve even if I seek help." The findings suggest that obstacles to seeking support arise from a combination of factors and are influenced by both the women's experience of violence and prevailing gender norms in Japan that expect women to be patient and self-sacrificing. In conclusion, three main factors prevent victims of DV from accessing help: professionals' unsupportive attitudes and practices, victims' self-blaming perceptions, and disappointment in the support system that is shaped by gender norms. Training for support professionals to develop psychological sensitivity and recognize the influence of gender expectations is necessary.

1. Introduction

In Japan, the number of domestic violence (DV) consultations received by police in 2024 reached 88,619, the highest number since the enactment of the Domestic Violence Prevention Act in 2001. The 2024 amendment to the Domestic Violence Prevention Act emphasizes not only victim protection but also support for self-reliance, requiring support

professionals to adopt advanced practices to encourage women's independence while helping them overcome the physical and mental damage caused by domestic violence.

However, more than half (55.2%) of DV victims seek help from informal social resources, such as friends and acquaintances, family and relatives, and coworkers and part-time workers (colleagues and seniors). Only 6.7% of consultations were directed to formal social resources, such as the police, welfare offices, domestic violence prevention centers, gender equality centers, legal affairs bureaus, and school officials, and only 3.3% were directed to welfare offices, domestic violence prevention centers, and gender equality centers with female counselors (Cabinet Office Gender Equality Bureau, 2021). Domestic violence remains a serious social issue, and the low utilization rate of formal social resources by victims is a serious problem. Furthermore, the reasons for victims' inability to access support despite their needs may lie in the support system rather than in the victims themselves. While addressing this issue is important, research into these factors remains insufficient. To prevent DV victims from becoming isolated or excluded from society, it is critical to investigate and clarify the reasons why victims are unable to access support services even when they seek help.

2. Literature Review: Difficulties in Accessing Support

One of the factors that prevents women from connecting with support is the current support system. Japan's Domestic Violence Prevention Law stipulates that DV victims are not eligible for support unless they take some kind of action themselves (Kainou, 2006). Even if they apply for emergency temporary protection, the criteria for determining whether protection is available are not clear, and protection is not always available (Kitanaka, 2019).

Factors that prevent women from seeking help include a sense of powerlessness owing to loss of self-confidence caused by the violence, which leads to isolation from others (Izumikawa, 2013). Older women who have been married for a long time are more likely to be discouraged from leaving their abusers (Zhou et al., 2012) because of concerns about the impact on children (Donnelly, 2015: Minamino 2022) and their fear of criticism from others for not staying for the sake of their families.

Researchers have observed that practitioners at times impose their personal values onto victims. For instance, victims may be blamed for the abuse, as exemplified by statements such as, "It is your fault that your husband is violent." Furthermore, even staff members at shelters, female counselors, and social workers carry stereotypical attitudes towards women, and these biases frequently go unchecked. Consequently, the gravity of victims' concerns is often underestimated, the responses provided tend to be uniform and mechanical, and, in certain circumstances, the intervention may inadvertently align with the perspective of the perpetrator (Sudou, 2002). Such issues have continued to be identified since the enactment of the Domestic Violence Prevention Law in 2001 (Itagaki, 2001; Ohtake et al., 2018; Nosaka, 2025), but there are few studies that focused on women's own voices.

3. Purpose and Methods

We conducted in-depth interview to qualitatively explore the mechanisms that hinder DV victims in Japan from accessing support, with a focus on the responses of support professionals regarding the challenges victims encounter when seeking support. Taking into

consideration the trauma of the participants, we selected participants from one institution after making sufficient arrangements with a reliable support organization. We also narrowed the number of participants down to five in order to hear more concrete experiences and emotions. We formulated the following research question to guide our investigation: What types of responses from support professionals do DV victims encounter when seeking support?

Our analytical approach was based on thematic analysis (Sato, 2008). We thoroughly reviewed the collected data, paying particular attention to the analytical perspective concerning the challenges faced by DV victims in accessing support services. Three primary themes guided the analysis: 1) difficulties arising from the competencies and attitudes of support professionals; 2) victims' psychological responses attributable to support professionals' competencies and attitudes; and 3) patterns in victims' perceptions and recognition.

The survey was conducted from April 2022 to January 2023. We recruited participants through Mother and Child Life Support Facility B, located in Prefecture A. This facility provides emergency temporary shelter for DV victims, with DV being the predominant reason for utilization. The survey protocol was approved by the Ethics Committee of Saku University (approval no: 20220005).

During the interview, we asked the participants to describe specific aspects of support professionals' responses that posed difficulties for them when seeking support. We sought to elucidate the underlying mechanisms whereby victims experience such difficulties, taking into consideration both the psychological processes involved in deciding to leave a violent environment and the effects of encountering new challenges in anticipated safe spaces. We placed emphasis on elucidating the psychological trajectory from the initial experience of DV, through the decision to seek help, to the actual experiences of accessing support. During the analysis, an independent peer reviewer was invited to evaluate the research process and check the consistency of the raw data.

4. Results

4.1 Difficulties arising from the competencies and attitudes of support professionals

The results revealed two categories for the first theme: "unwillingness to accept consultations" and "poor quality of support," with six codes identified under these categories (Figure 1).

Figure 1: Difficulties Arising from the Competencies and Attitudes of Support Professionals
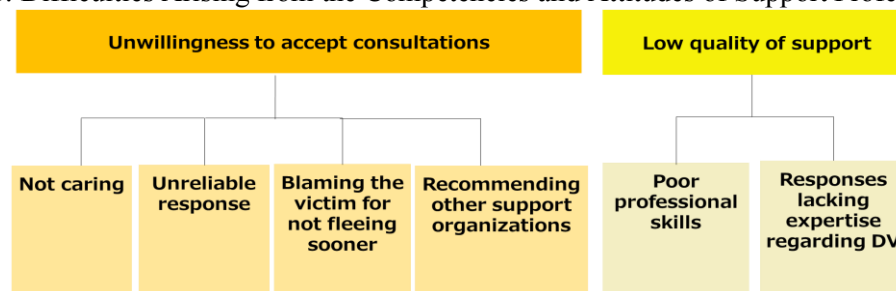
4.1.1 Unwillingness to accept consultations

The first code, "Not caring," pertained to cases where misunderstandings arose when victims felt support professionals were indifferent or not accepting. Victims became anxious

and doubted whether contacting the helpline or leaving their situation was the right choice. D, for example, stated that "Some of the staff seemed to be unbothered by the situation, and I felt uneasy when they treated me carelessly.") The second code, "Unreliable response," referred to cases where support professionals often needed to check with supervisors or gave unclear answers, leading victims to feel uneasy and doubt whether they could trust the support. As E stated, "Several staff members were saying different things, so after calling a few people, I got that answer." conflicting advice from different staff increased her anxiety. The third code, "*Blaming the victim for not fleeing sooner*," described the cases where some police and support staff invalidated victims' personal reasons for not leaving immediately. Some police and support staff paid little attention to these circumstances, instead commenting on and blaming the victims for their past actions like; "Staff at the police, the child welfare office told me '*Why didn't you run away sooner?*', *no matter where I went*." The fourth code, "Recommending other support organizations," occurred when some professionals repeatedly referred victims to other agencies without providing direct help, leaving victims unable to find support. As C stated, *"I was told, 'You'll get more support in prefectures other than here, so go there.'"*, victims being advised to seek help in other prefectures also caused physical, emotional, and financial burdens.

4.1.2 Low quality of support

Regarding the first code, "Poor professional skills," victims noticed a lack of teamwork or cooperation among staff, making them uneasy about seeking help. E stated, "If there is no atmosphere of mutual appreciation and cooperation among staff members, anxiety will build up, making it difficult to seek advice, as people will wonder, 'Can I really leave things in the hands of these people?'". The second code, "Responses lacking expertise regarding DV," pertained to victims' fear that their information might not be protected, based on observations of support from non-experts or overwhelmed staff. If staff lacked DV knowledge, victims often stopped seeking help.

4.2 Victims' psychological responses attributable to support professionals' Competencies and attitudes

Our analysis on victims' psychological state caused by the skills and attitudes of support professionals suggested four codes under two categories: "Disappointment" and "Resignation" (Figure 2).

Figure 2: Victims' Psychological Responses Attributable to Support Professionals' Competencies and Attitudes
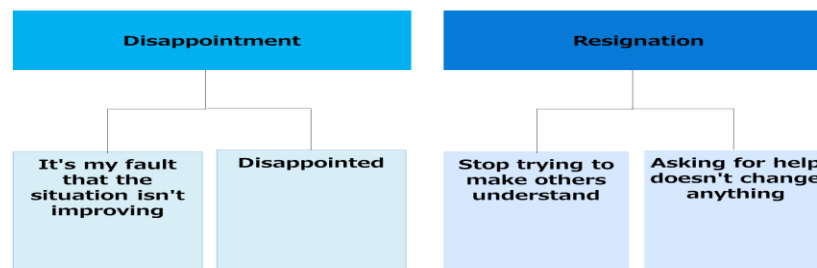
4.2.1 Disappointment

This category included, "It's my fault that the situation isn't improving." When support staff recommended other helpdesks and the victims had trouble finding the appropriate one, victims felt it was their own fault or due to their poor choices, leading them to blame themselves. D stated, "Feelings of self-blame, worrying about whether my choice was wrong and whether I should have stayed with my perpetrator, or whether this was really the right decision for my children." The second code was "Disappointed," referring to victims' feelings when support staff gave vague answers, delayed responses, or ended the consultation abruptly owing to their working hours. As E stated, "If they say they will listen to me up until the end of the staff's shift, I won't ask for advice anymore," such responses discouraged those seeking support.

4.2.2 Resignation

This category included the code, "Stop trying to make others understand," pertaining to victims who took the time to seek help but lost the desire to make others understand their situation and felt like giving up explaining, if they felt misunderstood or did not receive empathy. C stated, "In the end, I felt like I had been told so many things that I even started to think to myself, 'You're right, I wonder why they didn't run away sooner.'" "Asking for help doesn't change anything," described negative experiences with support organizations that made victims feel that seeking help was pointless, at times leading them to return to their previous environment. These conflicting feelings created more confusion.

4.3 Patterns in victims' perceptions and recognition

Under the three categories of "Self-sacrifice," "Hesitation," and "Resignation," six codes pertaining to patterns in victims' perceptions and recognition were identified.

Figure 3: Patterns in Victims' Perceptions and Recognition
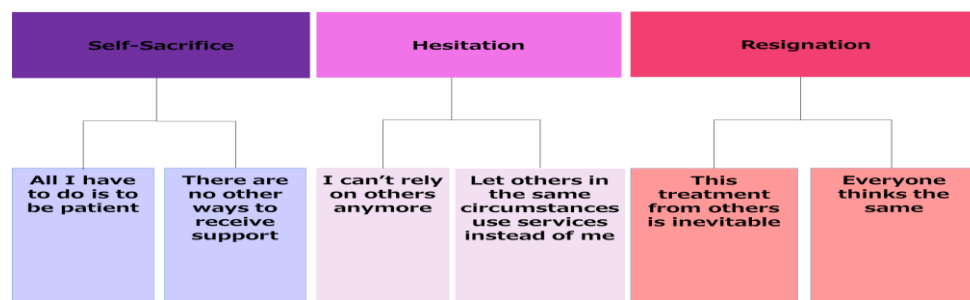
4.3.1 Self-sacrifice

"All I have to do is to be patient," referred to the belief held by victims experiencing DV that if they tried hard, the violence would stop. Similarly, when difficulties arose in the mother–child relationship after evacuating, the victims tended to think that they had no choice but to bear them alone. When the mother and child leave a violent environment and start living together in a new environment, the child can become mentally anxious. Within the victim, a self-sacrificing mentality arose that she would just have to bear it, even if it was painful. B

stated "I thought that if I just did my best, we could stop domestic violence. For three years, I couldn't say anything and was thinking it was my fault.".

"There are no other ways to receive support," emerged from descriptions of victims' perceptions regarding receiving support. For example, A stated "I knew it was unavoidable given my position, but it was the 'restrictions on movement' that made me want to leave the facility." The victims told themselves that to receive support, they had no choice but to accept the restrictions at the shelter, the environment where they could not rest enough (such as sharing a room), the designated method of support, the condition of being protected to leave home, and the period of protection, which was basically permanent.

4.3.2 Hesitation

This category included the code, "I can't rely on others anymore." Victims who have left violent environments and are receiving support often feel guilty for being dependent on others. A stated "Because I was in a position where I was being looked after, there were times when I found it difficult to ask for help." This feeling causes victims to forbid themselves from further relying on others, even when they are faced with difficulties. In addition, when they first accessed support, they felt ashamed of others finding out about their situation as DV victims, and they had a history of worrying about what others would think of them, which strengthened their feeling that they could not rely on others.

Another code was "Let others in the same circumstances use services instead of me was led from comments such as D "When other people are in consultation and the atmosphere becomes a bit crowded, I sometimes feel like I should hold back." Some victims felt that other victims may have more serious problems. They refrained from seeking help because they perceived others needed the services more. This feeling was also felt in the aftercare setting after leaving the facility.

4.3.3 Resignation

This category included the code, "This treatment from others is inevitable." Even when the victims were told by support professionals to go to another counseling agency, were repeatedly blamed for what had happened up until that point and faced a situation where finding social resources was difficult, the victims convinced themselves that "this is just how it is." Even when it became clear several months later that the initial counseling agency they had found themselves was appropriate, and that they had truly wanted others to understand, they seemed to swallow their feelings of sadness and anger and convinced themselves that "it is only natural to be treated this way."

Another code was "Everyone thinks the same." Although victims wanted to talk to support professionals and have them understand their difficult and painful situation, they somehow digested and accepted their difficult situation by justifying that the information available about support for DV victims is generally limited and that many people adopt thoughts and actions that blame the victim.

4. Discussion

5.1 Psychological barriers experienced by victims attributable to the skills and attitudes of support professionals

Previous research has suggested that support professionals should be careful of certain words and actions (Cabinet Office Gender Equality Bureau, 2008). This study found that victims who received support from professionals who lacked skills (e.g., blaming them for not fleeing sooner) were less likely to express anger or sadness, and instead to blame themselves or become depressed. As a result, they tend to abandon efforts to communicate their difficult situation to support professionals or conclude that seeking help is futile, leading them to withdraw during counseling sessions. Research has shown that violence exerts power and control over victims throughout their lives, and forcing women into silence is one element of this violence (Kaino, 2002). Thus, support professionals' responses not only further silence victims but also perpetuate an environment characterized by secondary victimization. Therefore, the lack of expertise and skills of support professionals acts as a significant psychological barrier for victims of domestic violence. These may occur due to support professionals' implicit gender bias unconsciousness; support professionals need training that focuses on this.

5.2 Impact of victims' perceptions

In this survey victims exposed to violent environments frequently developed unhealthy beliefs, such as that acting strong will stop the violence or that their children's problematic behaviors are a result of the victim's decision to marry a violent partner. Furthermore, victims often adopted a hierarchical perception as recipients of support, rationalizing, for example, "I should not make any claims because I am receiving support. (E)"

Feelings of shame about being DV victim are also prevalent, and some victims refrain from seeking help because they think they can no longer rely on others. National survey results indicate that the most common reason for not seeking help is the perception that "it is not worth seeking help" (46.7%), followed by "if I simply endured it, I could somehow cope" (33.3%), "it is useless to seek help" (21.9%), and "I was ashamed to tell anyone" (21.0%) (Cabinet Office Gender Equality Bureau, 2024).

In addition to the influence of domestic violence, these trends may also be shaped by gender norms prevalent in Japanese society. Socially, women are often expected to demonstrate modesty and shoulder household and childcare responsibilities (Yasuda, 2013). This influence is evident in the victim's statement in this interview: "I couldn't say anything, I just put up with it, thinking it was my fault. (B)" Deeply rooted gender norms, combined with a social context in which victims are forced to remain silent rather than make important decisions and address the perpetrator's behavior, reinforce victims' tendency to self-blame. Furthermore, given that support professionals themselves appear to adhere to similar gender norms, victims' difficulty receiving appropriate support may reflect widespread social acceptance of inappropriate professional responses. The behavior of these unethical support professionals serves as an important institutional filter that actively puts victims in danger, making this situation a public safety issue.

5.3 Mechanisms impeding access to support for victims of domestic violence

The behaviours of support professionals—such as attributing blame to victims for not fleeing sooner, encouraging referral to other counseling agencies, and responding with insufficient expertise regarding victimization—generate psychological barriers that induce victims to internalize responsibility for their victimization and normalize substandard treatment during help-seeking efforts. Some women, despite encountering such psychological barriers, continue seeking support out of necessity to protect themselves and their children, whereas others become disheartened—concluding that "nothing will change even if I ask for help"— and consequently abandon the pursuit of assistance. From the perspective of victims' perceptions, patterns of self-sacrifice, reluctance, and resignation are evident, and these may be attributed to the enduring influence of gender norms in Japanese society. Moreover, such norms are thought to shape not only victims' cognitions but also the skills and attitudes of support professionals, thereby reinforcing systems that obstruct access to support for DV victims. As a result, support professionals unconsciously expect women to be patient and tend to criticize those who are not.

5.4 Limitations

The results of this study are limited by the small sample size, and participants were recruited from a single facility, and the possibility of recall bias. Since we only recruited participants from a temporary emergency shelter for DV victims, the experiences of these victims may not be representative of those victims who were unable to reach a shelter. Future research should include larger-scale studies.

6. Conclusion

This study found that the mechanisms preventing DV victims from seeking support from support professionals consist of three factors: "poor quality of support provided by support professionals," "victims' self-blaming perceptions," and "victims' disappointment in the support they receive." Furthermore, gender norms in Japanese society that expect women to be patient also have an influence. To prevent victims from seeking help from social welfare services, all support professionals need mandatory, ongoing training focused on trauma-informed care, understanding the dynamics of power and control in DV, and recognizing own gender biases. Policymakers should revise support protocols and funding to ensure adequate staffing, resources, and supervision for support professionals to be able to provide appropriate support as a professional.

7. Acknowledgements

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