Counter trafficking in Japan

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CONARE prioritises the protection of two distinct vulnerable groups: refugees without legal and physical protection, and women at risk. The special attention to vulnerable women, particularly women heads of household and/or victims of violence, has rendered extremely positive results in terms of local integration. It is estimated that 20% of resettled refugees in the country are women heads of household.

In 2004, in the framework of the Mexico Plan of Action for Strengthening the International Protection of Refugees in Latin America, CONARE has since decided to expand its programme beyond the region’s borders. In 2007, a group of 108 Palestinian refugees arrived in Brazil from the Ruweished camp in the Jordanian desert, fleeing persecution in Iraq and having been denied protection by several traditional countries of resettlement.

Future challenges

Despite ten years of positive developments, many challenges remain, the biggest being refugee self-sufficiency and sustainability. Deficiencies in education and professional training make it difficult for some refugees to find proper jobs or earning opportunities in the country – something of course shared with some Brazilian nationals.

Decentralisation of refugee care is also a big challenge for a continent-sized country like Brazil. New investments, partnerships with local governments and public information campaigns are being implemented in order to improve the quality of refugee reception and assistance in all parts of the country, as well as to optimise asylum proceedings and local integration.

In sum, the Committee’s main challenge is to reduce refugee exclusion from full integration by facilitating their access to social benefits as well as by encouraging further involvement of the private sector. We believe the tripartite structure – government, society, UN – established for the implementation of refugee policy in Brazil is CONARE’s biggest asset and a possible model for other national committees around the world.

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2. The extension of the condition of refugee to family members is enshrined in article 2 of the Law 9.476/97.
See also William Spindler, ‘The Mexico Plan of Action: protecting refugees through international solidarity’.

Counter trafficking in Japan

Naoko Hashimoto

It has been three years since Japan launched its first National Action Plan of Measures to Combat Trafficking in Persons.

The International Organization for Migration (IOM)’s involvement in the problem of human trafficking in Japan dates back to 1996 when it published a report exposing the unacceptable situation of Filipino women trafficked to Japan. That report and earlier warnings by NGOs received little public attention. In 2003, however, the UN Committee on the Elimination of Discrimination against Women recommended that the Japanese government increase its efforts to combat human trafficking and in 2004 the US Department of State’s annual Trafficking-in-Persons Report dishonourably listed Japan in the Tier 2 Watchlist, triggering a greater readiness on the government’s part to acknowledge the problem of human trafficking in Japan.

following months to prevent human trafficking, to protect trafficked victims and to criminalise the act of human trafficking – unusually rapid action for the Japanese government, particularly given the high sensitivity attached to human rights issues of migrants in Japan.

Representing the human rights and the best interests of each victim, IOM has set up a broad range of protection and assistance activities for victims in Japan in coordination with other concerned parties while in the countries of origin IOM's work emphasises the need to empower survivors in order to facilitate recovery and rehabilitation as well as to prevent them being re-trafficked and to provide alternative livelihood including the option of regular migration.

**Victim identification: a challenge**

IOM has helped 128 victims identified in Japan to voluntarily return to and reintegrate in their country of origin over the last three years. No-one knows the actual number of trafficked people in the world but the number is low considering that more than nine million non-Japanese persons entered Japan during 2007 alone.

Conditions in Japan are conducive to attracting traffickers: such as limited legal opportunities for migration, increasing demand for cheap labour in some service sectors and Japan's significant economic advantage over most of its neighbours. One can assume that this small number of identified victims does not reflect the true reality but rather reflects the difficulties associated with outreach to potential victims and victim identification given the ever more sophisticated control techniques employed by traffickers.

All the victims identified are women and girls. This confirms the strong gender-stereotype attached to trafficking in Japan, even though not all these were subject to sexual exploitation; some were exploited for their labour. Contrary to the general expectation that many victims would be rescued from the red-light districts in Tokyo, most victims were working in bars and pubs in smaller cities and towns and many victims were found in rural areas.

The majority of victims come from either the Philippines or Indonesia, with a handful of victims from Thailand and a few from Colombia, China and the Republic of Korea. This is contrary to the general expectation that the majority of victims would be Colombian, Filipino and Thai, and indicates how quickly traffickers adapt to the development of counter-trafficking measures and shift their trafficking routes and target countries.

The types of visa used to enter Japan were mostly 'entertainer’s visa’ or ‘temporary visitor’s visa’. After the government revised its visa procedures, the number of victims entering Japan as ‘entertainers’ fell by 75%. More recently, there has been an increase in the number of victims using a ‘spouse’ visa – which makes it more difficult for the authorities to detect possible or de facto trafficking cases since they would need to intrude into people's private lives. Surprisingly, the majority entered Japan with authentic passports and other immigration documents, suggesting that tightening up of immigration controls alone cannot eliminate the phenomenon of human trafficking.

Victim identification involves far more than an interview through an interpreter. It involves gaining the trust of someone who has been tortured, traumatised and brain-washed by traffickers not to trust any authorities. It involves giving them time to recover to a point when they are willing to reveal their secrets to a stranger. It involves listening – and helping them to retrieve some control over their life in an alien environment. The IOM Handbook on Direct Assistance for Victims of Trafficking has been translated into Japanese for this purpose.

**Strengthening counter-trafficking measures**

IOM suggests the following measures to further strengthen the actions that Japan is taking against human trafficking:

- Train more staff working for National Police Agency and Immigration Bureaux in victim identification.

- Provide and train bilingual case-workers and counsellors, and ensure closer, flexible cooperation between public shelters and private shelters run by NGOs, as the latter often have trained and qualified bilingual case-workers.

- Diversify activities for survivors in shelters: victims, even those contributing to prosecutions, are forbidden by their temporary residence status from securing paid work. They should be entitled to work for decent wages, attend educational activities and receive vocational training. This would
encourage survivors of trafficking to cooperate with law enforcement agencies, in turn increasing the prosecution of perpetrators and preventing future trafficking cases.

- Ensure that prosecutions are based on a human rights perspective and a victim-centred approach: victims contributing to prosecutions put their own safety and security – and that of their families and friends – at risk but very few are accompanied by case-workers or lawyers representing their rights, and they are therefore hampered from making informed and independent decisions.

- Introduce measures for cases where the victim is unable or unwilling to return: if counter-trafficking measures are not to be seen as another form of anti-migration or refugee containment, clearer and more flexible strategies are needed to enable local integration or third-country resettlement of victims who have a ‘well-founded fear’ of retaliation by perpetrators, persecution by their society of origin, or any other form of serious human rights violation in the event of return.9

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This article reflects the personal opinions of the author and does not represent the official views of IOM.

1. www.un.org/womenwatch/daw/cedaw/committee.htm
2. www.state.gov/j/tip/rls/tiprpt/.
3. For details of the National Action Plan, see www.mofa.go.jp/policy/5 Crime/people/index_en.html
5. Victims: while most individuals trafficked are in fact ‘survivors’ of an extreme situation, the term ‘victims’ is used in this article, in accordance with the relevant international legal instruments.
6. More details of IOM’s counter-trafficking activities in Japan are available at www.iomjapan.org/act/trafficking/cm
7. See Richard Danziger “Where are the victims of trafficking?” FMR 25, online at www.imreview.org/FMRpdfs/FMR25/FMR254.pdf
9. For more details of the asylum-trafficking nexus, see UNHCR Guidelines on International Protection: www.unhcr.org/4b916f3a.html

Medical examinations within EU asylum procedures

Erick Vloeberghs and Evert Bloemen

The Care Full initiative – a joint project of Pharos, Amnesty International (Dutch section) and the Dutch Council for Refugees – seeks to create more awareness of the importance of medical considerations in the asylum procedure.

Many asylum seekers suffer from health problems arising from their flight and the violence that preceded it: most often problems of physical movement and mental and psychiatric problems such as depression, fear and post-traumatic stress disorder (PTSD). Research on Iraqi asylum seekers showed a high incidence of psychiatric illness (42%) among asylum seekers that recently arrived in the Netherlands.

Of this group, one quarter suffer from depression and approximately another third from PTSD. It is clear that these psychiatric problems were present during the asylum hearings and that they interfere with the outcomes of those hearings, resulting too often in a rejection of the application for asylum.

In the Netherlands, as elsewhere in Europe, medical and psychological knowledge and tools are little used in the appraisal of an asylum application. Physical scars, medical and psychological complaints as well as accompanying behavioural and socio-cultural problems are often not examined. The asylum authorities appear not to consider the possible relation of these health problems with experiences of violence and torture.

Medical and psychological research in the field of traumatisation indicates interference with memory and incapacity to recall events. As a consequence some asylum seekers are unable to give a complete and coherent account of their flight. The story the asylum seeker tells to the authorities during the hearing is pivotal, frequently meaning the difference between a residence permit and expulsion. In other cases asylum seekers will remain silent about what happened in order to protect themselves against painful memories, or they may find it indecent to talk about the events because it is culturally inappropriate to do so.

Impediments to giving a proper account

A Togolese woman applies for asylum in The Netherlands. During her interview she cries and tells the interviewing officer that she does not feel in good health, that she has difficulty sleeping and is fearful of men and of loud noises. She says she is confused about what exactly happened to her. Although the asylum authorities push her to describe her experiences, she says she cannot talk about them.

The Immigration and Naturalization Service (IND) rejects the application. Because the woman did not submit any documents to support her claim, the IND does not deem her asylum story credible. She is placed in detention awaiting deportation. In the detention centre she is visited by a doctor who diagnoses depression and severe anxiety. It is difficult to diagnose her properly because of her emotional instability, her lack of concentration and her inability