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REMARKS FROM DIRECTOR

It is truly an honour for us to publish an independent journal concerning the issues relating to the movement of people. Until now in Japan there have been no journals or magazines focused specifically on the issues of the movement of people, and which utilise a multidisciplinary approach through which to view these issues. Moreover, there have been no journals published in English, in this field in Japan. The CDRQ is the first of its kind in Japan. Although the level of discourse in Japan has developed to a point, the situation and activities in Japan have not been made well known to the rest of the world. The CDRQ will act as a doorway by which to pass through the language barrier and open the discussion in Japan to the rest of the world.

Japanese society is now facing serious decreasing of population and aging society. While it is recognised that these issues should be tackled from a multidisciplinary perspective, there has been an insufficient platform for networking and discussion until now. Discussion across disciplines and interactive information exchange connecting different fields of professionals is important not only to benefit academia, but also to make research contribute to society. The academic world should be more aware of facilitating engagement to the real world, as long as it tries to handle social issues. In this sense, I hope CDRQ to be one of the attempts to open a new frontier in discourse.

It is challenging to keep a balance between setting up an open platform for discussion and establishing an authoritative academic journal. However, I hope many of us might contribute to advancing the discussion and finding new solutions. Especially I expect those among the younger generations will propose to undertake unconventional styles of research, even though these new approaches may not be immediately complete. I strongly believe that we can improve our approach day by day, as long as we continue to try.

Yasunobu SATO

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ARTICLE

Multidisciplinary and Multicultural Support Model for Immigrants on Legal Issues

Kazumi HOSHINO, Ph.D. *

ABSTRACT

This study will attend court cases which require interpreters in a district court and will conduct the case analyses to identify support needs and clinical psychological issues among immigrants, by collaborating with researchers, clinicians, and practitioners of international law, sociology, medicine, psychiatry, clinical psychology, and lifespan developmental psychology. The study will also propose a model of multidisciplinary and multicultural support for immigrants on legal issues from a perspective of diversity. As a result of case analyses and literature reviews, this study proposes a Multidisciplinary and Multicultural Support Model for Immigrants on Legal Issues. The model demonstrates support for immigrants in their processes, in which they enter into new countries, adjust to new cultures and societies, and collaborate with international societies. The Comprehensive Multicultural Support Center consists of the functions of education, research, counseling services of law, health care, social welfare, and psychology, and coordination. The center is located in the core of immigrant support network, which includes the national government, municipalities, court, attorneys, prosecutors' offices, police, educational institutes, hospitals/clinics, social welfare facilities, ethnic community-based organizations, religious associations, and key persons in communities, which collaborate together for immigrant support.

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INTRODUCTION

The Office of the Vice Chancellor for Equity and Inclusion at the University of California at Berkeley (2013, 2016) has embraced equity, inclusion, and diversity among undergraduate and graduate students and faculty. “The University of California at Berkeley is deeply committed to issues of equity and inclusion, and has long worked to fulfill its mission of supporting full access and success for California’s diverse population. The campus has made important progress over the past 10 years in the area of increasing undergraduate, graduate, and faculty diversity, narrowing achievement gaps, and institutionalizing work to improve equity, inclusion, and diversity. At the same time, the University is mindful that there is still more work to do, and is continuing to expand its efforts, particularly on pressing concerns related to undergraduate access, undergraduate graduation, faculty diversity, and campus climate”(Office of the Vice Chancellor for Equity and Inclusion, UC Berkeley, 2013).

Immigration and Cultural Identity Development

Immigrants have challenges of social and cultural adjustment in their transitions from their home countries to their new countries. Also, native-born nationals’ attitudes toward immigrants dramatically affect social inclusion when they face immigrants in their communities. According to increasing global migration, the researchers have developed various studies on cultural identity in diverse sociocultural contexts (Hazuda, Stern, & Haffner, 1998; Mezzich, Ruiperez, Yoon, Liu, & Zapata-Vega, 2009; Friedlander, Friedman, Miller, Ellis, Friedlander, & Mikhaylov, 2010). Reber (1985) defined that cultural identity was an individual’s subjective conception of self in relationship to a cultural group(s) that includes ethnicity, race, gender, age, sexual orientation, religion, language, exceptionality, and socioeconomic status. Cohen & Lotan (2004) referred to cultural groups, to which people belong can influence the basis for categorization and the formulation of in-groups and out-groups, especially within an institutional context in which cultural groups have differential status and power. Therefore, past studies regard that individuals dynamically develop cultural identity through their lifespan development.

In particular, Banks’s Cultural Identity Development theory (2006) transcends the former research on biculturalism whether or not immigrants adjust their new countries’ cultures or maintain their home countries’ cultures. Banks (2006) hypothesized that an individual can reach a healthy and reflective national identification when the person has acquired a healthy and reflective cultural identification; and that an individual can develop a reflective and positive global identification after the person has a realistic, reflective, and positive national identification. This theory consists of six stages: Cultural Psychological Captivity; Cultural Encap-

sulation; Cultural Identity Clarification; Biculturalism; Multiculturalism and Reflective Nationalism; and Globalism and Global Competency. The individual does not appear to accept societal and individual beliefs about his/her cultural group and devaluates his/her cultural group and identity in Cultural Psychological Captivity (Stage 1). The individual thinks that his/her cultural group has superiority to other cultural groups and may show negative attitudes towards other groups in Cultural Encapsulation (Stage 2). The individual can clarify his/her identity and accept the positive and negative aspects of his/her cultural group in Cultural Identity Clarification (Stage 3). The individual can participate in his/her own cultural community as well as another cultural community in Biculturalism (Stage 4). The individual can develop national identity and can work well within several cultures within the nation in Multiculturalism and Reflective Nationalism (Stage 5). The individual has developed global identities and has enhanced the sensitivity to balance cultural, national, and global identities, and commitments within cultures in his/her nation as well as in other parts of the world in Globalism and Global Competency (Stage 6). This theory has expanded the influence on the academic areas of education, psychology, public health, broad social and medical sciences, and the educational and clinical practices. The theory also embraces a comprehensive and universal perspective that integrates not only individual identification but also national and global identification.

Immigration, Health Care Policies, and Healthy Aging

Considering associations between immigration and development of cultural identity, how do health care policies interact with healthy aging among older immigrants? According to the prescribed theoretical backgrounds, Hoshino (2012) conducted international comparative studies on healthy aging among older immigrants as well as elderly health care policies and social welfare policies in the United States, Sweden, and Japan. In terms of the content analysis of the interviews with experts of gerontologists, sociologists, and psychologists in the three countries, commonalities among the three countries included similar demographic structures, such as growing aging populations and declining labor populations. These countries have accepted immigrants and refugees in order to increase the labor force however, the Japanese labor force sharply declined because the nation has not been open to foreigners.

As for differences, life expectancy in the United States was lower than in Sweden or Japan. Health care policies, public social services, and technology to assist aging were underdeveloped, especially for older adults and immigrants. Patient Protection and Affordable Care Act was enacted in 2014, it is expected the national health care reform has gradually improved accessibility to health care and social welfare services among low-income minorities. American people tend to build a definite identity formation and embrace diversity of cultural identity. While many Americans who belong to the religious associations have religious activities and commitment, they may have negative attitudes towards aging and end of life issues.

In Sweden, health care policies, public social services, and aging assistance technology have well developed, corresponding to a high life expectancy. Identity formation may be solid among native-born Swedish, and cultural identity focuses homogeneity. The Swedish emphasizes substantial religiosity and participates in religious activities, while their basic atti-

tudes towards aging tend to be neutral or positive, and their attitudes towards end of life issues may be negative.

In Japan, health care policies and social services for citizens and older adults have been developed promoting high life expectancy, and assistance technology for aging populations was developing. However, immigrants have faced challenges in accessing health care and public social services. Native-born nationals may not create a unique identity (Hoshino, 2001), and their cultural identity reflects homogeneity. Most of the Japanese do not necessarily believe specific religions, while their basic attitudes towards aging are neutral or positive, and they may regard end of life issues as neutral or negative.

Based on the comparative study in the United States, Sweden, and Japan, Hoshino (2012) proposed a Sociocultural Support Model for Healthy Aging among older immigrants. The model is a comprehensive, culturally sensitive model of healthy aging among the elderly immigrant populations, which reflects their specific historical, cultural, and social contexts. The model offers analytic perspectives to evaluate their healthy aging and to support them in order to promote their healthy aging. It has Physical, Social, Psychological, and Spiritual dimensions. Of those, the Physical dimension consists of: Life expectancy; Functional abilities; Chronic conditions; Physical impairment; and Physical pain. The Social dimension includes Historical backgrounds, including attitudes toward immigrants; Demographic structure, including diversity; Immigration policies; Health care policies; and Technology to assist older immigrants. The Psychological dimension is comprised of: Attitude toward aging; Basic cultural beliefs; Cultural identity; Identity formation; and Cognitive function. The Spiritual dimension consists of: End of life; Faith; Religiosity; Religious activities; and Affiliation with religious associations. The Social dimension may associate with the Physical and Psychological dimensions, and these dimensions may eventually relate to the Spiritual dimension.

The model also holds the two directions, including the Subjective direction (i.e., the persons' satisfaction with healthy aging of self and environment) and the Objective direction (i.e., evaluation of older immigrants' healthy aging and environmental healthy aging). The model emphasizes the Subjective direction, and it is more important to actualize subjective healthy aging than to strengthen objective healthy aging. This model demonstrates the unique perspectives of the experts on immigration studies, based on qualitative analyses.

Present Study

Increasing global super-aging societies and the shortages of labor force (OECD, 2011; Luppi, Oomkens, Knijin, & Weicht, 2015; Martin, Lowell, Gozdzia, Bump, & Breeding, 2009), the Japanese immigrant policies have been developed education for foreign-born professionals, training of overseas nurses and care workers (Uebayashi, 2015; Takagi, 2015; Yamamoto, 2009), and acceptance of Japanese descendants such as Japanese Brazilians and Japanese Peruvians. Practitioners of law and medicine have supported legal and medical issues among immigrants. In particular, legal interpreters have made immigrant defendants possible to communicate in their first languages in the court, public prosecutors' offices, attorney offices, as well as police and have contributed to appropriate examinations in these areas (Seki, 2008, 2009). On the other hand, how have the Japanese clinical psychologists suppor-

ted immigrants with multilingual and multicultural clinical practices?

Some court cases which require legal interpreters need to be advised professional suggestions by psychiatrists and/or clinical psychologists, since these cases should be identified whether or not foreign-born defendants and their key persons such as members of families, schools, work places, and communities may suffer from mental health problems in relation to the crimes. However, multicultural clinical psychology has been underdeveloped in Japan, and it is difficult for most clinical psychologists to correspond to support needs among immigrants. Therefore, a new model of multidisciplinary and multicultural support for immigrants on legal issues is a vital agenda in collaboration with legal interpreters, attorneys, physicians, psychiatrists, and clinical psychologists. Although one of urgent societal requests is to educate multicultural clinical psychologists, the curriculums in the graduate programs and lifelong education have had multidimensional challenges of foreign language learning and professional training as well as their historical and sociocultural contexts.

Hence, this study will attend court cases which require interpreters in a district court and will conduct the case analyses to identify support needs and clinical psychological issues among immigrants, by collaborating with researchers, clinicians, and practitioners of international law, sociology, medicine, psychiatry, clinical psychology, and lifespan developmental psychology. The study will also propose a model of multidisciplinary and multicultural support for immigrants on legal issues from a perspective of diversity.

METHODS

This study attended immigrant cases in the court, which required interpreters and wrote the reports. The study also examined the cases with researchers and practitioners of international law, psychiatry, clinical psychology, and lifespan developmental psychology to analyze clinical psychological issues and support needs among immigrants. Finally, the study proposed a new model of multidisciplinary and multicultural support for immigrants on legal issues. The Committee on Research Ethics for Human Subjects at the Global Collaboration Center at Osaka University approved this study.

RESULTS

Case Analyses

Outline of the Cases

The author attended cases of immigrants who required interpreters, depending on their Japanese language proficiency, and native-born nationals in the court in Japan between 2014 and 2016. The author wrote the reports of the cases in the court and periodically had mul-

tidisciplinary case conferences to analyze support needs and clinical psychological issues with researchers and practitioners of international law, psychiatry, clinical psychology, and lifespan developmental psychology. Of those, immigrants who required interpreters were mainly accused due to Violation of the Immigration Control and Refugee Recognition Act, Violation of Stimulants Control Law, Injury, Theft, Indecent Assault, and others. Interpretation languages included English, Mandarin, Cantonese, Taiwanese, Spanish, French, Thai, Vietnamese, Hindu, and other languages. Immigrant cases which did not need interpreters consisted of Violation of Stimulants Control Law, Injury, Theft, Indecent Assault, and others. Japanese cases were mainly appealed due to Murder, Attempted Murder, Rape, Attempted Rape, Burglary, Compensation for Damages, and others.

Case 1: Immigrant Case Requiring Interpreters

Case 1 was a male teenager of Japanese Filipino and was unemployed. The defendant spoke Tagalog in the court and was accused by a Japanese man who was injured by him. However, the defendant asserted his innocence because the plaintiff at first attempted to injure the defendant's siblings.

According to the author's observation in the court, one of clinical psychological issues was considered that clinical psychological assessment was needed to identify whether or not the defendant might have mental retardation or developmental disorders which related to his poor language expressions and inactive responses in the court. The immigrant's support needs was regarded that he might be willing to receive support from his attorney and interpreter, which reflected accurate understanding of his intellectual capability and language proficiency, based on clinical psychological assessment.

Case 2: Immigrant Case Requiring Interpreters

Case 2 was a Chinese undergraduate student in his twenties and spoke Japanese language and Mandarin in the court. The defendant was accused by a Japanese man since his action was violation of the worker manual at the restaurant, and he injured the plaintiff. The defendant put out the fire of the gas burner for the hot pot dish because the gas burner was too dangerous to continue to cook, however he was criticized by the plaintiff due to violation of the worker manual.

Based on the author's observation in the court, the defendant might experience stress due to financial burden and hierarchical work relationships at his part-time job place, since he worked hard to enroll in the graduate school with his scholarship. The defendant was fluent in Japanese and spoke Mandarin when he explained the detailed situation of injury. In fact, the interpreter mainly served for the defendant's biological Chinese sister who spoke only Mandarin, even though she has lived in Japan for seven years. If the defendant and his family would have had support recourses in his work place and communities in Japan, he would be able to reduce his stress. As for the immigrant's support needs, ethnic community-based organizations, which offered linguistic and cultural services, and clinical psychological com-

munity support were needed for the defendant because his family and relatives did not function well.

Case 3: Immigrant Case Without Interpreters

Case 3 was a male Chinese Japanese in his sixties and was unemployed. The defendant spoke Japanese language in the court and was accused due to Violation of Stimulants. The defendant had disability and has received the financial aid for low-income populations as well as the national pension. He was unable to obtain appropriate opportunities of education and employment. He has depended on the drug more than 25 years and had hospitalized due to substance abuse.

Clinical psychological issues was recognized that psychiatric care and community support would be needed after he was released from the prison, and that health care professionals could support for the old defendant. The defendant's support needs was regarded as professional collaborations of psychiatric hospitals/clinics, social welfare facilities, and community-based organizations in his community for his aging, disability, and substance abuse.

Case 4: Japanese Case Which was Judged by Jurors

Case 4 was a male Japanese in his forties and was unemployed. The defendant spoke Japanese language in the court and was accused due to Rape, Attempted Rape, and Burglary. The defendant raped a woman in her home and had rape or attempted rape for the following four women.

According to the author's observation in the court, it was expected as clinical psychological issues that the defendant might have possibilities of psychiatric problems such as Personality Disorders because the defendant spoke the crimes without his affections in the court. The defendant's support needs might be regarded access to psychiatric care and adequate information of free consultation for low-income and/or socially isolated persons in communities.

Multidisciplinary and Multicultural Support Model for Immigrants

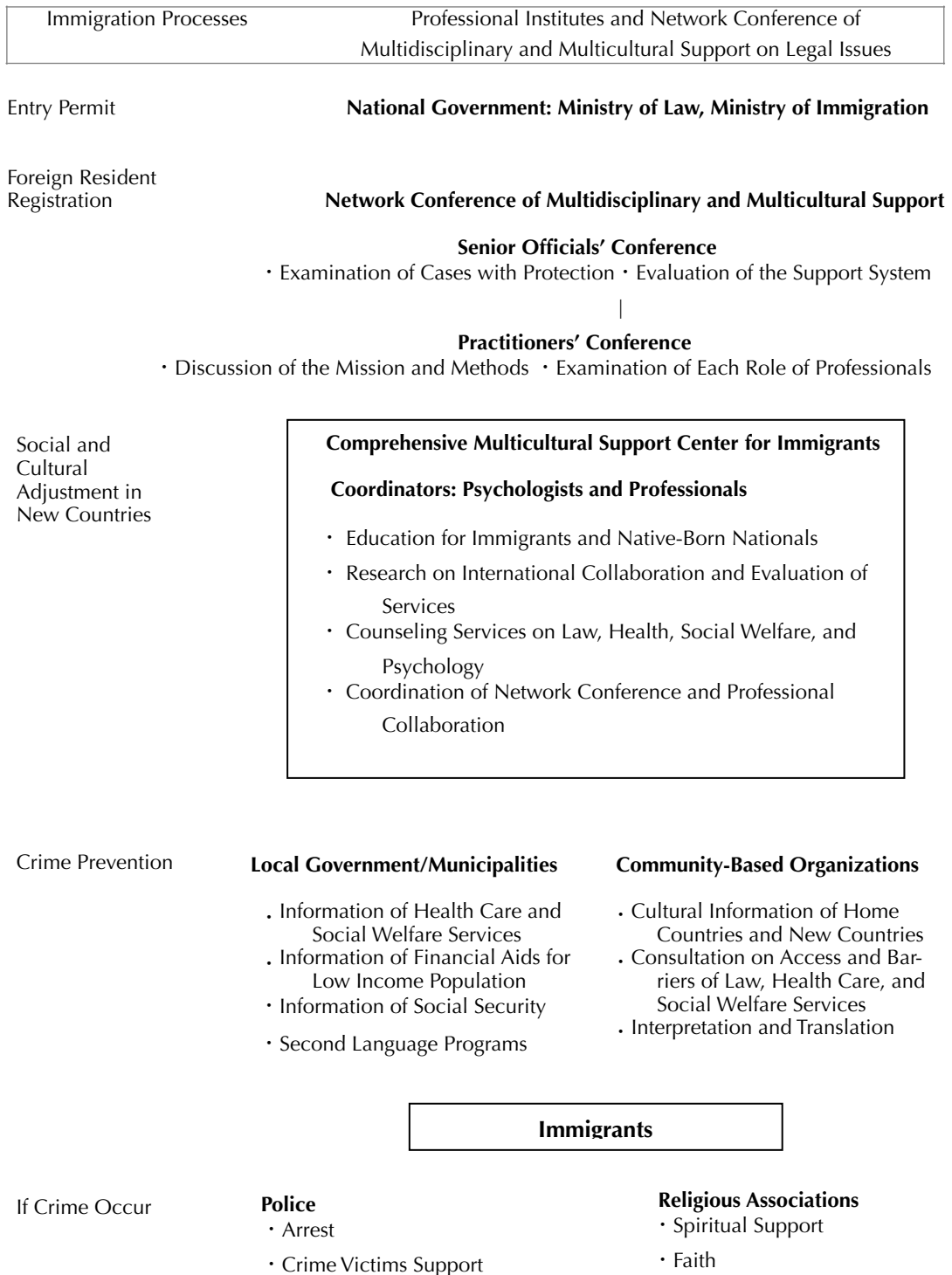
This study analyzed the immigrant cases in collaboration with multidisciplinary researchers and practitioners in the former section. The study also conducted literature reviews concerning health care policies and healthy aging among older immigrants in the United States, Sweden, and Japan (Hoshino, 2012), immigrant support programs in Sweden (Ministry of Integration and Gender Equality: Regeringskansliet, 2010; Swedish Institute, 2012;), crime victims support systems (Cabinet Office, 2007), and child abuse policies in Japan (Ministry of Health, Labour, and Welfare, 2012, 2014).

As Figure 1 indicates, this study proposes a Multidisciplinary and Multicultural Support

Model for Immigrants on Legal Issues in this section. This model demonstrates support for immigrants in their processes, in which they enter into new countries, adjust to new cultures and societies, and collaborate with international societies. Since the model aims at correspondence to immigrants in their original languages as much as possible, interpreters should be available for immigrants at any time, if they need. As can be seen in Table 1, the Comprehensive Multicultural Support Center consists of the functions of education, research, counseling services of law, health care, social welfare, and psychology, and coordination. The Comprehensive Multicultural Support Center is located in the core of immigrant support network, and clinical psychologists as well as other health care professionals should be the coordinators. The network includes the national government, municipalities, court, attorneys, prosecutors' offices, police, educational institutes (i.e., schools and universities), hospitals/clinics, social welfare facilities, ethnic community-based organizations, religious associations, and key persons in communities, which collaborate together for immigrant support.

The model embraces administrative conferences in the two levels to facilitate each professional support for immigrants and collaborations with various professionals in the network. One is a Practitioners' Conference, and the members engage in the immigrants requiring protections and/or may have possibilities to commit to them in the near future. The Practitioners' Conference examines missions of immigrant support, urgent interventions, roles of relevant facilities and support methods. Another is a Senior Officials' Conference in the upper level than the case conference, in which professionals periodically evaluate all cases of the immigrants requiring protection and revise support missions as well as support methods, if necessary. The Senior Officials' Conference also implements advocacy for immigrant support in communities and proposes mid-term and long-term missions of the conference. In addition, the conference evaluates the network system as a whole and identify strengths and challenges in the cases.

Figure 1 A Model of Multidisciplinary and Multicultural Support for Immigrants



During Trial

Public Prosecutors Office

- Indictment
- Crime Victims Support

Legal Support Centers

- Appointed Court Counsel
- Civil Legal Aid
- Crime Victims Support

Bar Associations

- Litigation Support
- Judicial Cost Support
- Crime Victims Support

Court

- Trial
- Judgement

Hospitals/Clinics

- Medical Treatment
- Diagnosis

Psychological Clinics

- Clinical Assessment
- Counseling Services
- Psychological Community Support

Social Welfare Facilities

- Social Welfare Services
- Community Support

Schools/Universities

- School Education
- Lifelong Learning

Social Adjustment
in Communities
If Found Not Guilty

Key Persons in Communities

- Understanding of Immigrants' Needs
- Exploration of Service Barriers

Social Adjustment
in Communities
After Release from
Prison, If Found Guilty

Collaboration with
International Societies

Table 1 Functions of the Comprehensive Multicultural Support Center

<p>Functions</p> <ol style="list-style-type: none"> 1. Education <ol style="list-style-type: none"> 1) Educational programs for immigrants <ol style="list-style-type: none"> (1) Educational programs on culture, social life, health care, social welfare, and basic laws (2) Language learning programs of immigrants' original languages, second languages, and English (3) School education assistant programs for immigrant children and adolescents (4) Employment support programs (5) Educational programs on policies of financial aids for low-income people 2) Educational programs for native-born nationals <ol style="list-style-type: none"> (1) Global professional internships for undergraduate and graduate students (2) Global lifelong educational programs for multicultural professionals 2. Research <ol style="list-style-type: none"> 1) Research on international collaborations of multidisciplinary and multicultural support 2) Research on evaluation of education 3) Research on evaluation of clinical services 4) Research on evaluation of coordination 3. Counseling services <ol style="list-style-type: none"> 1) Law counseling services for immigrants 2) Health care counseling services for immigrants 3) Psychological counseling services for immigrants 4) Social welfare counseling services for immigrants 4. Coordination <ol style="list-style-type: none"> 1) Network conference of multidisciplinary and multicultural support professionals 2) Coordination of collaboration with professionals such as researchers and practitioners of law, medicine, education, health care, social welfare, and psychology 3) Referral to professional facilities of specific cases such as alcohol dependence and substance abuse and urgent cases, including abuse and domestic violence

CONCLUSION

A Multidisciplinary and Multicultural Support Model for Immigrants on Legal Issues indicates that the Comprehensive Multicultural Support Center and the network provide linguistic support, cultural support, legal support, health care services, social welfare services, and clinical psychological support for immigrants in their communities during their transitions from their home countries to new countries, depending on their needs. In this model, the Comprehensive Multicultural Support Center also coordinates relevant professionals, including a national government, municipalities, court, prosecutors' offices, attorney offices, police, educational institutes/schools/universities, hospitals/clinics, social welfare facilities, as well as ethnic and religious community-based organizations and keypersons in communities.

The United States has historically accepted diverse immigrants and has developed ethnic communities, although the nation is required to reduce barriers of access to legal services among low-income minorities (Columbia Law School Human Rights Institutes, & Northeastern University, School of Law Program on Human Rights and the Global Economy, 2014; Lopez, Mojtahedi, Ren, & Turrent-Hegewisch, 2015). In California, ethnic community-based organizations, in which the members and staff speak their original languages and share similar cultural backgrounds, take important roles for immigrants' adjustment (Franks, Chapman, Nowicki, & Mukherjea, 2002). Such community-based organizations offer the detailed information of education for children and adolescents as well as employment opportunities for adults since immigrants and refugees arrived in California (Tseng, 2014, 2015).

However, in case of San Francisco, the recent demographic changes have resulted from growing number of Asian immigrants as well as increasing refugees from Africa, Latin America, and Middle-East. San Francisco Immigrant Legal and Education Network (2014) made recommendations for new immigrants, including undocumented immigrants that access to critical services such as housing, employment, and health care are needed for a better quality of life. This is because new immigrants face challenges accessing services due to lack of information and are unaware of pro-immigrant policies and programs which they can obtain benefits. Targeted education and outreach implemented by community members with existing relationships and linguistic and cultural competency will be able to reduce the gap. Stakeholders can conduct various initiatives to improve access for immigrants such as workforce training for low-skilled workers, expanding worker protection laws, and development of a centralized housing coordination. Also, the neighborhoods and residents have a stake, in which local schools and neighborhood relationships may facilitate integration. Furthermore, city government should promote interactions and mutual support between immigrants and communities (San Francisco Immigrant Legal and Education Network, 2014).

In Sweden, a new Anti-Discrimination Act entered into force in 2009 (Ministry of Integration and Gender Equality: Regeringskansliet, 2010). Earlier anti-discrimination legislation in different sectors of the community and on different grounds was integrated a common framework. The discrimination ombudsmen were combined into an ombudsman authority, in which the aim was to create a more transparent regulatory framework to combat discrimination. A new penalty and compensation for discrimination were introduced into the Act in

order to deal with offence resulting from discrimination and to deter people from discriminating against others.

The new reform of the Introduction Act entered into force in 2010 (Ministry of Integration and Gender Equality: Regeringskansliet, 2010). The Public Employment Service has a coordinating responsibility for introduction activities, and the Public Employment Service as well as newly arrived immigrants cooperate in each introduction plan, including activities to promote the introduction of newly arrived immigrants for working and community lives. All newly arrived immigrants are given a new benefit irrespective of their countries and are paid in connection with active participation in introduction activities.

The newly arrived immigrants who have their introduction plans are also required to participate in civic orientation (Ministry of Integration and Gender Equality: Regeringskansliet, 2010). The Introduction Act assigned municipalities to implement orientation programs. The orientation programs include: Coming to Sweden; Living in Sweden; Supporting the individual by him/herself and developing in Sweden; The rights and obligations of the individual; Starting a family and living with children in Sweden; Having influence in Sweden; Caring for the individual health in Sweden; and Growing old in Sweden. There are better opportunities to shape the newly arrived immigrants' lives and to participate in communities. The programs also help their social adjustment in Sweden in terms of employment assistance for adolescents and adults. In addition, the programs support that immigrants and refugees are able to understand useful health care and social welfare systems and to access to these services, if they need. Therefore, the educational policies as well as health care and social welfare policies promote cultural adaptation among immigrants and refugees and may support them to contribute to the Swedish society (Migrationsverket, 2010).

In Japan, municipalities, schools/universities, and the Comprehensive Multicultural Support Center should take vital roles to offer orientation programs so that immigrants and refugees are able to understand cultures and basic laws and promote social adjustment, although the government has not issued the orientation programs for them. Also, the Japanese professionals who engaged in multilingual and multicultural issues are necessary to work with legal interpreters and medical interpreters and to commit to multidisciplinary collaborations for immigrants and refugees. In addition, the graduate programs and lifelong education for clinical psychologists need to develop educational programs in Japan, in which they learn multicultural clinical psychology and participate in global internships in overseas countries. As a future direction, a new Multidisciplinary and Multicultural Support Model for Immigrants on Legal Issues should be examined how the model can effectively work well for diverse cases in multicultural psychological institutes and psychiatric clinics, although it derived from interdisciplinary case conferences.

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WORKING PAPERS

Asistencia psiquiátrica realizada en una clínica multicultural de Japón

(Mental Health Support in a Japanese Multicultural Clinic)

Yu ABE*

ABSTRACT

This paper considers mental health support in Japan, by analyzing 584 Latin American new patients who came to a multicultural mental health clinic from March 2006 for a period of 8 years. 78% of the patients were Peruvians and Brazilians, and most of them were Japanese descendants or their families. Most of their diagnoses (according to DSM-IV) were mood disorders, adjustment disorders, or anxiety disorders. We found that inducements of their disorders mainly involved family conflicts, cultural conflicts, and/or conflicts at their work places. We suggest a sequential process from a medical consultation in their language, judging their mental health conditions, diagnosing, telling them about their conditions, obtaining consents, to making paths to their treatments, in order to support their mental health.

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INTRODUCCIÓN

Actualmente, al mes de junio de 2015, existen aproximadamente 2 millones 230 mil extranjeros en Japón, cifra que ha vuelto a aumentar luego de una notable disminución causada por el shock de Lheman Brothers y la catástrofe de Fukushima. El número de coreanos del norte y del sur y brasileros ha descendido, sin embargo, el ingreso de chinos, filipinos, especialmente vietnámitas y nepalís tiende a aumentar. La mayoría de los vietnámitas y nepalís arriban a Japón como estudiantes extranjeros o pasantes.

El presente estudio tiene como objetivo hacer referencia al apoyo mental que se brinda a los latinoamericanos descendientes de japoneses y sus familias. En Japón residen 234 mil latinoamericanos, de los cuales 178 mil son brasileños y, 48 mil peruanos, siendo éstos la gran mayoría. Los latinoamericanos están agrupados principalmente en las prefecturas de Aichi y Shizuoka. Asimismo, existe un grupo importante en las prefecturas de Kanagawa y Saitama. Los pacientes que visitan la clínica residen en estas dos últimas que son más cercanas a la capital, Tokio.

I. SITUACIÓN ACTUAL DE LOS SERVICIOS DE TRADUCCIÓN MÉDICA Y LAS CLÍNICAS MULTICULTURALES EN JAPÓN.

Japón ha sido un país cerrado a la comunidad extranjera, por lo cual no se contemplaba la posibilidad de una atención médica psiquiátrica para los extranjeros. Sin embargo, con la reforma de la ley migratoria de junio del año 1990, los descendientes de la segunda y tercera generación de japoneses y sus familiares quienes residieron en Latinoamerica obtuvieron permisos para trabajar en fábricas o desempeñar trabajos simples. Al momento de la reforma, el número de latinoamericanos residentes en Japón, que hasta la fecha había sido 50 mil, aumentó rápidamente, alcanzando el máximo superior a 400 mil, en el año 2008. A pesar de esta realidad, no existían clínicas u hospitales que ofrecieran servicio de asistencia mental a esta comunidad, por lo cual en marzo del año 2006 decidí fundar una clínica que brindara este tipo de apoyo en el centro de Tokio.

Fundar una clínica con capacidad de ofrecer servicio a los latinoamericanos no solamente significa que los médicos puedan comunicarse en español o portugués. A pesar de que el número de colaboradores es cambiante, en la tabla1 podemos observar el personal que colabora en la clínica: 5 médicos, de los cuales 2 hablan inglés, 2 español y 1 coreano; 7 psicólogos, 4 dominan el inglés, 4 español y 1 portugués. Además, cuenta con la colaboración de un grupo de enfermeras, traductores y administrativos que manejan estos idiomas. Con la colaboración de todos, estamos logrando brindar el servicio a esta comunidad latinoamericana en Japón.

**TABLA1. Colaboradores de la clínica
(atención multicultural)**

<Médicos>...5	(atención en inglés, español y coreano)
<Psicólogos>...7	
inglés (todos los días) ...4	
español (todos los días)...4	
portugués (los sábados)...1	
<Intérpretes>...portugués1	(médico internista),
	filipino 1.
<Enfermera> ...1	(español)
<Administrativos>...1	(inglés, español, francés,
	portugués)
<Pasante>...1	(inglés, español, portugués)

Cuando se presenta un paciente hablante de otra lengua que ninguno de los colaboradores maneja, se solicita un servicio de traducción. Desafortunadamente, en Japón, el servicio de intérprete médico no cuenta con una normativa de estado ni privada. Es decir, no se exige una licencia especial para trabajar como intérprete médico. Sin embargo, con la próxima realización de los Juegos Olímpicos 2020 en Tokio, algunas organizaciones han empezado a ofrecer cursos de formación en esta área. En noviembre del 2014, IMIA (Agencia Internacional de Intérpretes Médicos) instaló una sucursal en Tokio intentando formalizar esta labor con la implementación de un examen para obtener una licencia desde el año 2016. Asimismo, el Ministerio de Salud y Bienestar Social se está preparando para recibir pacientes del extranjero. Una de las medidas que ha tomado es la formación de intérpretes médicos, quienes gradualmente son designados a los hospitales oficiales. En el caso de los intérpretes en el campo de la psiquiatría, no se trata solo de saber traducir o interpretar los términos médicos, es necesario estar involucrado o conectado con la vida diaria y la región de los pacientes, por lo cual se está considerando la adopción de una licencia de consultor-intérprete.

II. SITUACIÓN DE LOS LATINOAMERICANOS TRATADOS EN LA CLÍNICA

En esta clínica multicultural, se han atendido 584 latinoamericanos en primera consulta durante 8 años (desde marzo de 2006 hasta febrero de 2014), de los cuales: 261 son peruanos, 195 son brasileños, 44 colombianos, 17 chilenos, 15 mexicanos, además, argentinos, cubanos, bolivianos, paraguayos, guatemaltecos, etc. Es decir, se han atendido pacientes de casi todos los países de Latinoamérica. Es de destacar que la mayoría de los pacientes lat-

inoamericanos son brasileños y peruanos de origen japonés, lo que corresponde lógicamente a que la mayoría de latinoamericanos residentes en Japón provienen de estos dos países.

Hasta hace 2 o 3 años, los latinoamericanos en Japón no se habían preocupado por aprender el idioma japonés. Sin embargo después del shock de Lheman Brothers, los contratistas comenzaron a seleccionar personales con mejor nivel de comunicación en japonés. De esta manera, los latinoamericanos inician sus estudios, elevándose el número de personas con un nivel básico. A pesar de ello, en el momento de la consulta con el médico psiquiatra, al querer comunicar su condición interna, desean hablar en su idioma natal. Por otro lado, actualmente, también nos encontramos con descendientes latinoamericanos nacidos y educados en Japón que pueden comunicarse en los dos idiomas, aunque no perfectamente.

El 90% de los pacientes residen en las afueras de la capital, algunos residen en Tokio, en la prefectura de Kanagawa o en las prefecturas de Saitama, Chiba, Ibaragi y Gunma, sitios en los que se localizan grandes números de fábricas. Sin embargo, la comunidad residente en Shizuoka y Aichi no cuenta con ninguna clínica multicultural con las características necesarias donde puedan encontrar apoyo, por lo cual también recibimos pacientes provenientes de estas zonas lejanas.

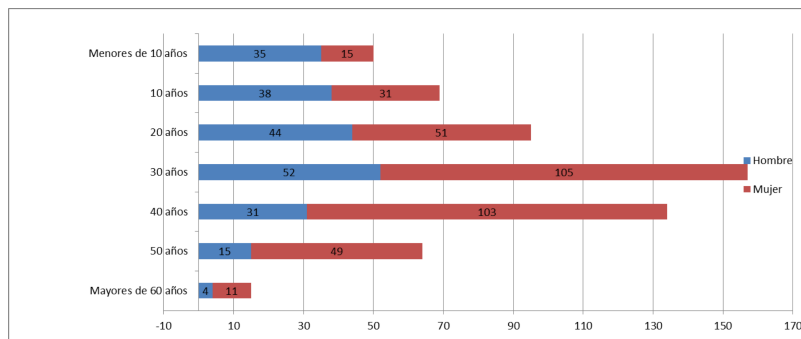
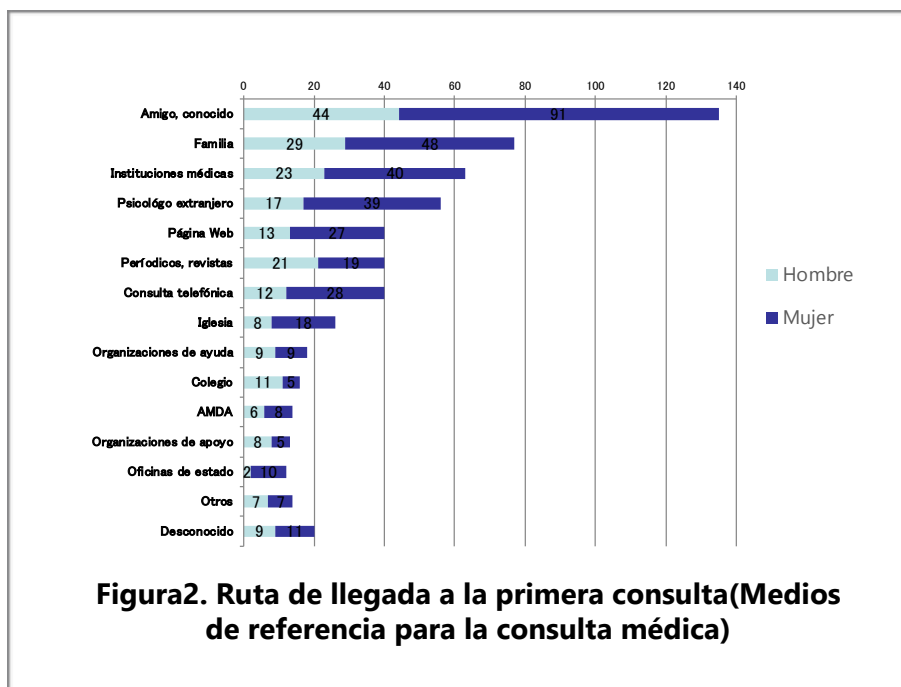


Figura1. Clasificación de los pacientes según su edad y género

En la Figura1. podemos observar la clasificación de los pacientes según su edad: según el orden por mayoría existen más pacientes de primera consulta de 30, 40 y 20 años. Podemos decir que son pacientes en plena edad laboral. Al compararlos por género: entre los pacientes de 40 años, el número de hombres es 3 veces mayor que el de las mujeres; entre los pacientes de 30 años, el número de mujeres es el doble que el de los hombres y; entre los pacientes de 20 años, el número de mujeres es levemente mayor al de los hombres. Si observamos los pacientes de 50 años, el número de mujeres es también mayor al de los hombres, podemos decir que a mayor edad, el número de pacientes mujeres es mayor que el de los

hombres. Esto puede deberse a que ya que el objetivo de los trabajadores latinoamericanos en Japón es ganar y ahorrar dinero, normalmente tanto hombres como mujeres trabajan por igual. Es así que la carga de la mujer trabajadora, ama de casa y madre es más grande que la del hombre, por lo cual las mujeres son las más vulnerables en padecer problemas mentales. Asimismo, podemos pensar que, a pesar de que se trate de la misma enfermedad, para las mujeres es más fácil consultar al médico psiquiátrico.

Existen 50 pacientes menores de 10 años, de los cuales el 70% son varones. De los 69 pacientes de entre 10 y 19 años, el 57% son varones. Nos encontramos con una situación totalmente contraria a la de los pacientes mayores. En esta edad gran parte de los pacientes son de sexo masculino, y la gran mayoría son hijos de los descendientes de segunda generación.



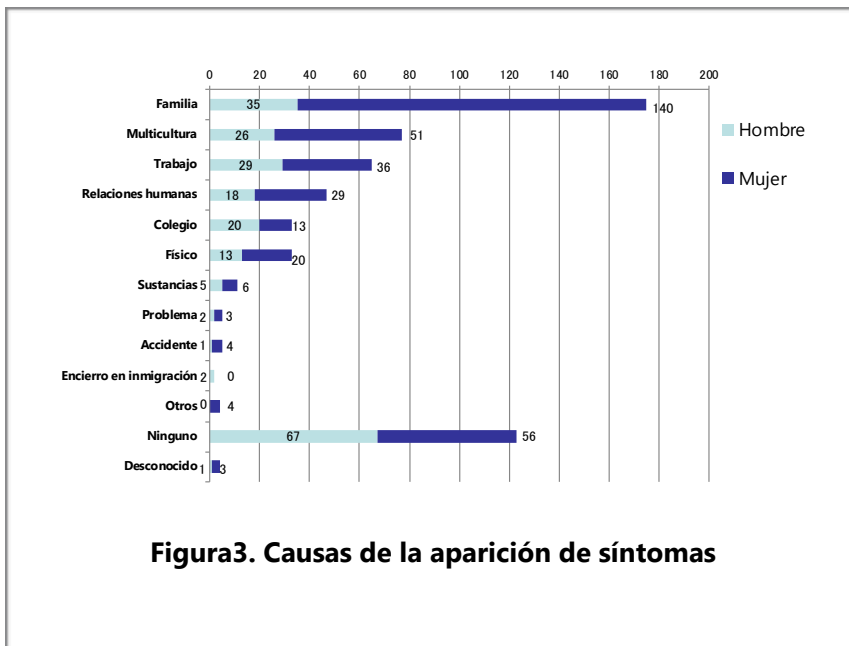
En la Figura 2. podemos observar los medios de referencia, es decir cómo los pacientes visitan la clínica: “presentados por un amigo”, “por la familia”, “presentados por un psicólogo extranjero”, como se indica, el 45% ha visitado la clínica por información verbal.

Los latinoamericanos, en comparación con otras nacionalidades, forman grupos en las regiones donde residen, inaugurando restaurantes y tiendas en su idioma natal. Sin embargo, para obtener mejores salarios, cambian fácilmente el lugar de residencia, por lo cual no han logrado formar una comunidad estable; la información de la clínica la reciben a través de la

información que se comparte en las oficinas regionales; los demás pacientes llegan remitidos de otros centros médicos y otros por la información de las revistas y página web.

III. CAUSAS DE LA APARICIÓN DE SÍNTOMAS Y EL DIAGNÓSTICO

1) Causas de la aparición de síntomas:



Como se observa en la Figura 3, el 30% de las causas de la aparición de síntomas es el estrés debido a conflictos familiares. El conflicto familiar significa la diferencia en el nivel de adaptación a la cultura japonesa, la diferencia de percepción, la dificultad del idioma: las madres se comunican en su idioma natal mientras que los hijos les hablan en japonés, por ejemplo. El conflicto familiar provoca la aparición de síntomas en las mujeres 4 veces más que en los hombres. Podemos decir que en el caso de mujeres, además del conflicto matrimonial y el conflicto con los hijos, se une el estrés del oficio de casa y de la crianza de los hijos.

Como segunda causa del inicio de las enfermedades mentales tenemos el conflicto multicultural. Los familiares arriban a Japón con el sueño de residir en un país bello donde vivieron sus padres o abuelos, pero al instalarse deben abandonar su estatus y trabajar como empleados de una fábrica. Allí se encuentran con que el japonés que aprendieron antes de arribar al país les es poco útil. Asimismo, encuentran dificultades para adaptarse al estilo de

vida y la comunicación con los japoneses. Al conflicto multicultural se unen los problemas en las relaciones humanas, que es el doble en el caso de las mujeres, comparado con el de los hombres. Esto tal vez se deba a que las mujeres intentan mantener una mejor relación con los japoneses para poder sobrellevar la vida diaria.

La tercera causa se relaciona con los problemas laborales. Al inicio de la inmigración existían contratistas que ofrecían puestos de trabajo en las fábricas, ellos servían de traductores cuando surgían problemas. Sin embargo, en la actualidad, la gran mayoría debe buscarse su trabajo, así cuando se presentan problemas de comunicación se encuentran con dificultades para solucionarlos. Deben trabajar horas extras a las que no estaban acostumbrados porque en su país no existía; o trabajan en turnos diurnos y nocturnos, con los cuales es complicado llevar una vida sana.

Además de los ya mencionados, cuando los hijos tienen o causan algún problema en el colegio es muy difícil llegar a una solución cuando los padres no dominan el idioma. Preocupaciones por enfermedades y problemas con el alcohol también son causas del inicio de las enfermedades mentales. Cuando las causas del inicio de los síntomas no pueden determinarse, podemos hablar de psicosis endógena como la depresión o la esquizofrenia.

2) Diagnóstico:

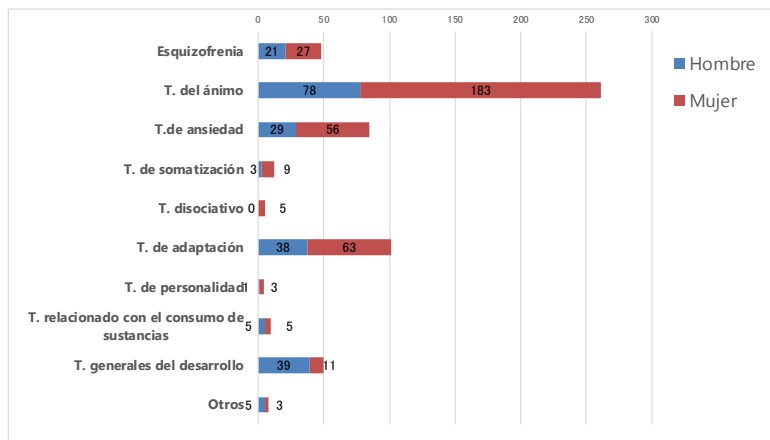


Figura4. Clasificación según el diagnóstico de 584 pacientes. DSM-IVTR.

En la Figura 4. podemos observar la clasificación del diagnóstico, según DSM-IVTR, el 45% de los pacientes de primera consulta sufren trastornos de estados de ánimo, siendo más del doble el número de mujeres. Generalmente, se estima que comparando con el número de hombres afectados por este trastorno, el número de mujeres es mayor, pero no en esta cantidad. Según Shaw³⁾, en el caso de los inmigrantes de origen hindú el número de mujeres

con depresión es mayor que el de los hombres. Los resultados de una investigación realizada con los inmigrantes en Suecia también muestran que el número de mujeres afectadas con depresión es mayor que el de los hombres. Asimismo, Sieberer⁴⁾ encontró que tanto dentro de los inmigrantes de primera como dentro de los de segunda generación, el número de mujeres afectadas con depresión era mayor, debido a la sobrecarga que conlleva el trabajo de la mujer. Como lo he expresado anteriormente, las mujeres latinoamericanas en Japón, además del trabajo, se hacen cargo de las obligaciones de la casa y la crianza de los hijos; esta sobrecarga conlleva a la depresión.

El segundo diagnóstico más común es el trastorno de adaptación, el cual tiene diferentes motivos. El tercer diagnóstico más común es el trastorno de ansiedad, cuyos factores culturales son variados, el tratamiento en este caso también tiene una profunda relación con la cultura, por lo cual el punto de vista narrativa es muy importante según Agorastos²⁾. En el caso de los trastornos de ansiedad de los latinoamericanos, el conflicto en el trabajo o en las relaciones personales, continúa durante largos períodos y al surgir un problema serio, aparece la enfermedad. El promedio de pacientes mujeres con trastornos de adaptación o de ansiedad es mayor que el de los hombres, casi el doble. En la investigación de Suecia también el promedio de pacientes femeninos con trastornos neuróticos era mayor.

En cuarto lugar encontramos los trastornos del desarrollo, todos en hijos de la segunda generación de descendientes, como subclasificación observamos: THDA, autismo, asperger, etc. Actualmente, existe la dificultad de diferenciar si el factor de la ausencia escolar es un problema de desarrollo o se debe a problemas por el ambiente de la doble cultura o el doble idioma en el que se educan los niños, por este motivo los colegios tienen dificultades de enfrentar los problemas de estos alumnos.

IV. ASISTENCIA PSIQUIÁTRICA A LOS LATINOAMERICANOS RESIDENTES EN JAPÓN

1) Cuando un extranjero presenta algún problema mental, su nivel de comunicación disminuye. En algunos casos el paciente pierde la capacidad de comunicarse no solo en idioma japonés sino también en su idioma natal. Por ello, se debe informar claramente al paciente de los límites mutuos que se generan en la comunicación, y sobre lo que puede y no puede hacer el paciente por sí solo.

2) Se debe tener mucho cuidado porque, los latinoamericanos descendientes tienen apariencia japonesa, es posible caer en la ilusión de estar entrevistando a un japonés. También es importante recordar el hecho de que algunos extranjeros no pueden hablar japonés a pesar de que residen muchos años en Japón.

3) Dependiendo de la situación, es necesario contar con la ayuda de un intérprete. Actualmente no existe una licencia de intérprete médico. Sin embargo, últimamente algunas asociaciones de intercambio cultural y grupos de apoyo a los extranjeros ofrecen este servicio. En el caso de que algún familiar sirva de intérprete se debe tener en cuenta que los motivos de la enfermedad del paciente pueden ser por conflictos familiares. De igual manera, hay que tener mucho cuidado con el manejo de la información confidencial, principalmente cuando los intérpretes son conocidos o amigos del paciente.

4) Con los pacientes de primera consulta, es necesario contar con el consentimiento informado del paciente. Con los latinoamericanos, en el momento de la primera consulta se debe explicar el síntoma, el nombre del diagnóstico, el tipo y tiempo del tratamiento, el número de consultas, los fármacos usados, sus beneficios y efectos secundarios, etc. En Japón es importante aclarar dónde posicionar el objetivo del tratamiento.

5) Se debe discernir la diferencia étnica, cultural y el trasfondo social. Para lo cual es necesario conocer el antecedente cultural y social de los latinoamericanos. De igual manera, es importante tener en cuenta que los latinoamericanos pertenecen a una minoría discriminada y con prejuicios.

6) No se debe olvidar del aspecto económico. En Japón existen extranjeros en situación legal que no se inscriben en la seguridad social por los altos costos que conlleva la misma. En este caso, al igual que los inmigrantes en condiciones no legales y los trabajadores que no cumplen los requisitos, deben abonar el monto total de la consulta que es caro. De igual manera, los pacientes que residen en zonas alejadas deben asumir los altos costos de los transportes, por lo cual se les debe presentar programas de ayuda médica que ofrecen las municipalidades.

CONCLUSIONES:

En comparación con los pacientes japoneses, la asistencia psiquiátrica a los latinoamericanos es un trabajo laborioso que requiere energía. Esto se debe a la diferencia del idioma, socio-cultural y el estilo de vida. Es importante reconocer esa diferencia y comprender los problemas internos de los pacientes, escuchándolos. Es decir, hablarles en su idioma, entender sus problemas y establecer un diagnóstico, transmitírselo y lograr su consentimiento el cual está unido al tratamiento. Este es el proceso de apoyo psiquiátrico¹⁾. El secreto está en tener una mente flexible, no cerrarse; apoyar al paciente dentro de las posibilidades existentes.

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Psychological Adjustment Challenges of Students from Rural Areas in Mongolia

Yoriko ITO*

I. INTRODUCTION

Currently, 91% of universities, junior colleges, and vocational schools¹ in Mongolia are concentrated in Ulan Bator, and those schools receive many young students coming to the capital for education in September. It is considered that a big difference in the environment and lifestyle between rural areas in Mongolia and urban Ulan Bator leads students from rural areas to come under stress regarding the adjustment to school in the city, especially in their first year. The purpose of this paper is to introduce several cases that the author actually has witnessed, in order to offer an opportunity to advance the research on the support to students from rural areas.

The Research and Education Center for Japanese Law (CJLM²), where the author works, is located inside the faculty of law at the National University of Mongolia, and is an institution where one learns the Japanese language and Japanese law. As of December 2018, 55 law faculty students have been registered as students of the CJLM, including 29 from rural areas³. From the author's six years of experience teaching Japanese at the university, the author concludes that understanding the backgrounds of students and facilitating their adjustment to the new environment are crucial for providing effective educational support to them.

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1 According to the Ministry of Education, Culture, Science and Sports in Mongolia, the number of universities, junior colleges and vocational schools is 96, and 89 of them are concentrated in Ulan Bator.
<<https://mecss.gov.mn/media/uploads/b6b39554-2af4-4d43-bddf-c04e1efaa5ab.pdf>>

2 See <<http://cjl.law.nagoya-u.ac.jp/content/en/index/1>>.

3 For the purpose of this paper, whether students are from rural areas or Ulan Bator is determined by the location of their high schools.

II. WHAT IS ADJUSTMENT?

Originally a biological term, adjustment means the modification that living creatures make in their body and behavior to match the environment for the survival of the species. Derived from this meaning, in psychology, being adjusted to the environment is defined as a situation where one can properly and effectively behave and respond to one's surroundings, and an adjustment disorder, which is one type of stress-related psychological disorder, is defined as a situation where one is unable to do so.

Life events that involve significant changes in the environment and introduction to different cultures, such as entering a new school or moving to a new place, are likely to create great stress regardless of whether or not they are joyful events. Although it is often considered that a problem of adjustment to a different culture takes place when people go to foreign countries to study, work, or migrate, this problem actually happens in domestic migration as well. Regarding previous research on this topic in Mongolia, O. Myagmar's work (2008) gives some advice to teachers on how they should address the adjustment stress the nomadic children face when they move away from their parents and into a dormitory of an elementary school in a town. However, no studies could be found with a focus on the psychological adjustment challenges involving the internal migration of college students.

III. CASES OF ADJUSTMENT CHALLENGES FOUND AMONG CJLM STUDENTS

The author, through her work with first year students in a university in Mongolia, has witnessed students from rural areas being under great stress, especially in the first four months, from the environmental changes and their efforts to adjust. Specific problems raised from the students can be classified into four categories: 1) difficulty in grasping spatial relations, 2) homesickness, 3) insufficiency of life skills, and 4) delay in the learning process. These are discussed below using a few actual examples.

1. Difficulty in grasping spatial relations (time, distance, and location)

It is difficult for students who have grown up in prairies in Mongolia to get used to the environment in the city, such as small spaces lined with high buildings, many people crossing the streets, traffic jams, and the complicated bus system. One student, feeling suffocated, said that he felt as if he was a sheep within an enclosure.

Case ①

In the first week of the semester, there was a female student who was repeatedly late for class for five to ten minutes. The author asked her about her constant tardiness because she seemed to be upset about it. Then, she told the author with tears in her eyes, that she did not know what time she should have left her home to come to class on time. From elementary school to high school, she always lived on campus; thus she simply went out of the dormitory

when she saw other students coming to the campus. This means that she never had the experience of looking at the clock and calculating the time of departure in order to go to the place where she wants to go on time. Also, it turned out that, not knowing the nearest bus stop, she was using the one two stops away from the nearest. Hence, it took much more time than necessary.

Fortunately, because the teacher's home was in the same direction as the student's, the teacher went home with her and showed her the closest bus stop. For one week from that day, the teacher made her record the time of departure from her house and the time of arrival at the university. They considered the records together, enabling the student to become aware of the appropriate time of departure from her house. As a result, the student became able to come to class without being late.

Case ②

On the second day of the school year, the author asked another female student, who had been absent on the first day without notice, why she had not come to class. Then, her answer was that she could not come to class because she was not able to find the classroom, feeling afraid that she would get lost. She made her way to class on the second day only because her relative came to school with her. After two weeks, she left the CJLM, ostensibly due to other priorities.

2. Homesickness

It is common that students who live apart from their parents feel that they miss their family. Their emotional feeling about the love towards their family is shown in their essays and conversations. Some feel as if their mind is in their hometown even though their body is in the classroom. On the other hand, other students, who have lived in a dormitory since elementary school, or lived in a relative's house to commute to school, get used to living away from their parents.

Case ③

At the interview in the last semester, there was a female student who confided to the author that she greatly missed her family during the first one month after the beginning of the school. After one month passed by, she suddenly went home on Friday night and returned to school at five in the morning on the following Monday. She first thought that she would not return at all, but her family's encouragement made her relaxed, and made it bearable for her to return to school. In fact, while the author found her falling behind and nervous in the beginning, she gradually became able to actively participate in class and feel better with the support from her local friends.

3. Insufficient life skills

Many students feel that financial management, cooking for oneself, and time management are difficult. There are some cases where students are not aware of these issues by them-

selves, or where students do not want to discuss these issues with parents because they do not want to make their parents anxious or to increase the burden on their parents. Teachers, friends, senior students, and family members sometimes give advice to students when they have illness, injuries, a sudden weight change, skin disease, hair loss, etc.

Case ④

At a welcome picnic for new students, which was held after one month into the new school year, there was a female student who had an unbalanced diet. She explained that she could not eat food made from various kinds of vegetables. She had only rice, flour, mutton, beef, potatoes, carrots, and dairy products at her local hometown. She could not have tea because she was not familiar with the taste. The new year party was held after four months. However, the repertoire of foods she could eat had not changed. She told me that she lost weight in the first few months, but her weight became stable as she began to cook with friends from the same area.

Case ⑤

One student had constant tardiness and absence during the school year. As the student tried to solve the problems by himself, he did not tell his parents, nor ask them to wake him up by phone. However, the student even missed the term exam due to tardiness and hence the teacher talked with the student together with his mother about this issue. The student's mother had thought that because the student's apartment was near the school, the student was going to school properly. The student in the end came to school without lateness or absence after altering his lifestyle with the understanding of his parents. As a result, the relationship with his friends improved and the students became active in class.

4. Delay in the learning process

Some students cannot concentrate on their studies, do not complete assignments, or are late for or absent from school because of problems including the three described above. Not being able to show their potential, they tend to become nervous, lose self-confidence, to become introverted. It is particularly important for students at the CJLM to learn the basics of the Japanese language in this initial period. Thus, students who have a setback in this period might have several problems later on, that is, they cannot write *hiragana* or *katakana* properly, taking them much time to keep up with their studies. In addition, some cannot join a circle of students from Ulan Bator, or manage a group activity due to disagreements over conversations or difference of opinion with them.

IV. SUGGESTIONS

First, teachers need to show understanding to students from rural areas. The students tend to assume that foreigners cannot understand their difficulties. In such a case, sometimes it could be effective to approach the students in such a way as to make them realize that the foreign teachers have similar difficulties in adjusting to a different culture. It is important to

encourage the students by indicating the fact that those who have the experience of overcoming the adjustment issues to a different culture can show a flexible attitude toward foreign languages or foreign cultures. It is also important to share information about the students, in order to avoid having a situation where the teacher does not notice the adjustment difficulties that rural students are facing and ends up underestimating them or judging that they lack motivation or communication skills.

Sometimes, there are cases where teachers ask students who have already come to the school from the same place of origin to talk to the students with aforementioned problems. Although circles or homeroom activities are not vigorous in universities in Mongolia, the CJLM has a strong connection with alumni and accordingly we attempt to make maximum use of this network. Mongolians in general have a strong bond with cognate villages and tribes. This bond makes it easy not only for new students to be open with their mind to senior students from the same village but also for senior students to take special care of new students and provide encouragement.

Moreover, teachers could give writing assignments under the theme of hometown and family in the first term of the first year, sublimating their homesick feeling into a learning process. Those with strong homesick feeling tend to write more heartfelt and well composed essays, which lead to high evaluation from other people, enabling them to become confident.

The author has seen no student whose condition is severe enough that he or she suffers from an adjustment disorder. While there are differences among individuals, most of the students do adjust to the environment to some extent. Therefore, it is of importance not to give up addressing these issues discussed here.

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PRESENTATION

Cultural Adjustment and Psychological Health among Asian Americans

Winston TSENG, Ph.D.*

INTRODUCTION

Diverse immigrants and refugees have moved from all over the world to the United States. Previous research suggested that Asian Americans had diversity of acculturation whether or not they have maintained their home countries' cultures through immigrant generations, based on familism norms. First, the author will discuss the demographic and psychological profile of Asian Americans. The author will also discuss the role of family and culture on psychological health. Finally, the author will share some examples of Asian serving organizations that provide mental health services in the United States.

PPT1 CULTURAL ADJUSTMENT AND PSYCHOLOGICAL HEALTH AMONG ASIAN AMERICANS

In this study, the author will provide an overview of Mental Health Issues among Asian Americans. It is the toughest health issue Asian Americans face, due to the stigma about severe mental illness in the community and shame to the individual and family even about mild treatable mental health issues.

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PPT2 OUTLINE OF THIS STUDY

First, the author will discuss the demographic and psychological profile of Asian Americans. The author will also discuss the role of family and culture on psychological health. Finally, the author will share some examples of Asian serving organizations that provide mental health services in the United States.

PPT3 HEALTH RESEARCH FOR ACTION CENTER

Here, the author would like to share a little bit about Health Research for Action. Founded in 1988, the Health Research for Action Center is a research center in the School of Public Health at UC Berkeley. The researchers focus on health disparities and health communications and work with communities, foundations, and government agencies to create more hopeful, empowered communities through research, health promotion services and programs. Our health education materials are prepared in multiple languages and use clear communication and low literacy principles. The center's resources and programs have reached over ten million people in the United States and around the world. The center's research shows that people are healthier when they have a strong sense of control over their lives.

PPT4 U.S. POPULATION BY RACE

According to the U.S. Census, there are more than 17 million Asians in the U.S. and it is the fastest growing racial group. Currently, it accounts for over 5% of the total U.S. population and is projected to reach 10% of the total U.S. population by 2050. In addition, the U.S. minority groups combined are projected to become more than half the total U.S. population by 2041.

PPT5 ASIAN AMERICANS BY ETHNICITY

By ethnicity, there are more than 20 major Asian ethnic groups with Chinese, Asian Indians, and Filipinos accounting for 6 in 10 Asian Americans. Japanese was the largest Asian ethnic group in 1960, and currently is the sixth largest Asian ethnic group.

PPT6 ASIAN AMERICANS BY NATIVITY

Foreign born status is a key factor to mental disorders and a number of Asian ethnic groups are adversely affected by it. 60% of Asian Americans are born outside the U.S. compared to only 8% of Whites. Among Asian American ethnic groups, Asian Indians (70%), Koreans (65%), and Vietnamese (64%) have the highest proportion of foreign born, and Japanese Americans (28%) have the lowest rates of foreign born.

PPT7 LANGUAGE SPOKEN AT HOME

Language spoken at home is also a key factor to mental health for Asian Americans. 71% of Asian Americans speak a language other than English at home compared to just 14% of Whites. Among Japanese, 36% speak a language other than English at home, the lowest rate among Asian Americans.

PPT8 HEALTH INSURANCE COVERAGE

Not having health insurance is another key factor to mental health for Asian Americans. When Asian Americans are aggregated, the researchers see that the proportion of uninsured is similar to Whites. But when the researchers disaggregate by Asian ethnic groups, we can see that substantially more Koreans (22%) and Vietnamese (19%) are uninsured than Whites. It is important to not assume all Asians are affected by the same social factors that impact mental health. The researchers can see there are substantial differences across Asian ethnic groups by insurance coverage and other demographic characteristics.

PPT9 SERIOUS PSYCHOLOGICAL DISTRESS BY AGE

One of the key mental health measures the researchers use in the U.S. to assess mental health is serious psychological distress. Serious psychological distress is defined as feeling depressed, worthless, nervous, restless, hopeless, and that everything is an effort. Among Asian Americans, Koreans suffer the highest rates of serious psychological distress. Korean seniors (9%), in particular, are the most adversely affected, 4.5 times higher than White seniors (2%), with rates more similar to Native American seniors (12%). It may be that Korean seniors suffer from higher rates of mental health issues due to a combination of social isolation, lack of social support, poor English proficiency, and lack of insurance.

PPT10 SERIOUS PSYCHOLOGICAL DISTRESS BY GENDER

Among Asian women, Korean (7%) and Vietnamese (5%) women suffer the highest rates of serious psychological distress, with Korean women having similar rates as African Americans. In addition, Korean women reported 1.8 times more serious psychological distress than White women (4%) and 2.3 times more than Korean men (3%).

It may be that Korean and Vietnamese women are more adversely affected by mental health due to a combination of immigrant/refugee status, language barriers, lack of insurance, and new responsibilities as a working mother.

The author also would like to add that it is likely the rates of serious psychological distress reported may be substantially lower than the actual rates in the Asian communities due to stigma about mental health and shame upon the family.

PPT11 MAJOR IMMIGRANT-RELATED FACTORS OF MENTAL DISORDERS AMONG ASIAN AMERICANS

Secondary data analysis by David Takeuchi on the National Latino and Asian American Study, the first national epidemiological survey of Asian Americans, identified key immigration-related factors to mental health for Asian Americans. Looking at gender, Asian American women who were foreign born or second generation were more likely to suffer from mental disorders. And Asian American men who had limited English proficiency were more likely to suffer from mental disorders. In addition, Immigrant older adults were more likely to be socially isolated, in addition to having poor English proficiency. These results clearly document the impact of immigrant status on mental health. However, it seems that the second generation still retains similar characteristics of mental health as their immigrant parents.

PPT12 MENTAL HEALTH SERVICE USE AMONG ASIAN AMERICANS

In terms of mental health service use, secondary data analysis by Abe-Kim on the National Latino and Asian American Study show some very interesting results by generational status. Asian Americans have lower rates of mental health service use. However, third generation Asian Americans use mental health services more than first and second generation Asian Americans and reported higher rates of patient satisfaction. In addition, it seems there was no significant difference between first and second generation in terms of mental health service use. This may be due to the fact that the second generation Asian Americans are still more influenced by the perceptions of mental health and the use of mental health services of their immigrant parents.

PPT13 SOCIAL ADJUSTMENT ISSUES AMONG CHINESE & VIETNAMESE AMERICANS

The author conducted a study about immigrant community services among Chinese and Vietnamese enclaves in the San Francisco Bay Area and the provider interviews identified a number of psychosocial challenges Chinese immigrants and Vietnamese refugees faced adjusting to American society. Adapting to American society is not easy. Immigrants have to learn a new language and culture, find housing and employment, and overcome language barriers and racial discrimination. In addition, the stress from the immigrant/refugee and re-settlement experiences has often led to family separation, intergenerational conflicts, and increased caregiver burden. Having ethnic community capacity and resources in addition to family support to help these Asian immigrants and their families are critical to their psychological health and survival in American society.

PPT14 SEPARATED FAMILIES

Family separation is one of the major consequences to war, displacement, flight, and re-settlement. One of the Vietnamese providers indicated that the Vietnam War created many broken Vietnamese families. And Family members in the U.S. are very concerned about those that were left behind.

PPT15 CULTURAL CLASH

Another consequence to immigration is increasing intergenerational conflicts. These conflicts between immigrant parents and their American-raised children are very stressful. Immigrant parents adapting to American society are not able to offer the needed guidance to their children on how to succeed through school and in American society.

PPT16 SOCIALLY ISOLATED

In addition, immigrant older adults who come to the U.S. later in life to be with their adult children face many challenges in their new home. These older adults left the homes and communities they are most comfortable and familiar with to be with their adult children in the U.S. And once they arrive in the U.S., they expect their adult children to take care of them. Yet, often, both their adult children are busy working all day to be able to financially support the family. The elder parents are left alone at home and socially isolated. These elder parents do not speak any English and do not know how to get to the local supermarket or health clinic on their own. Yet, they do not want to trouble their adult children to be able to do the things they want and need.

PPT17 CURRENT PSYCHOLOGICAL HEALTH ISSUES

Today, Asian Americans face a number of new psychological health issues in American society. There are difficult cultural issues for Asian immigrant older adults at the end-of-life. America's long-term care model is unacceptable and unbearable to many immigrant older adults compared to the traditional family care model in many Asian countries.

There are also difficult issues within families and across generations in terms of authority, discipline, domestic violence and corporal punishment at home. American laws and expectations at schools and in the workplace pertaining to domestic violence and child abuse are also different from the traditional cultural practices in the home countries in Asia. It is a difficult adjustment for many immigrant adults and their American-raised children.

Further, immigrant children growing up in America face many behavioral health issues, not fitting in at the American school and unable to fully accept the traditional cultural practices of their parents at home. In addition, their parents are often both busy working and have little time to spend with them or help them. Some of these immigrant children seek out alternative groups to fit in such as youth gangs. Those choices lead to deviant behaviors such as gang violence and drug use. On the other hand, some of these children choose to commit suicide, because they are unable fit into American society and are not able to find any family support at home or at school.

The growing fear of terrorism since September 11th, 2001 has dramatically increased racial profiling and discrimination of Asians of Muslim faith, South Asians, and Arabs in the U.S. The U.S. Patriot Act led to dramatic increase in federal powers on surveillance of terrorists and holding those suspected to be terrorists without due process. These developments have led to major psychological trauma for those captured, including many who have no connections to terrorism, and for their family members and friends.

PPT18 ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT

Asian Americans in need of mental health services often access such services through primary care services and social services. Here, the author would like to share select examples of organizations that provide mental health services to Asian Americans of all ages in the U.S.

Asian Americans for Community Involvement (AACI) in San Jose, California, is one of the leading community health centers in the US serving Asian Americans. They serve more than 13,000 patients of all ages annually. AACI's Mental Health Services offers culturally and linguistically competent services that help clients overcome barriers to mental health care. The researchers aim to decrease psychiatric symptoms, enhance daily functioning and assist individuals and family members in managing their conditions. The researchers strive for healthy family interactions between the individual and their loved ones, as well as improved functioning within the community. They also have a special program that provides care to survivors of torture.

PPT19 RICHMOND AREA MULTI-SERVICES, INC.

Richmond Area Multi-Services (RAMS) is a leading mental health agency in San Francisco that is committed to advocating for and providing community-based, culturally competent, and consumer guided comprehensive services, with an emphasis on serving Asian & Pacific Islander Americans. They serve more than 18,000 adults, children, youth, and families each year. They also lead the Asian & Pacific Islander Mental Health Collaborative in San Francisco.

PPT20 KIMOCHI

Kimochi is a leading senior service organization in San Francisco and has provided culturally sensitive, Japanese language-based programs and services to 3,000 Bay Area seniors and their families each year. Services include transportation; referral and outreach services; health and consumer education seminars; healthy aging and senior center activities; social services; congregate and home delivered meals; in-home support services; adult social day care; 24-hour residential and respite care.

PPT21 CONCLUSION

As Asian populations continue to grow, the researchers are seeing more and more Asians with mental health issues in the U.S. In the states with the largest concentration of Asian Americans, there are more and more mental health resources to serve Asian Americans and their families that need them. However, little such resources exist for isolated Asians living in states with small Asian populations. In addition, the stigma about mental health persists and there continues to be a lot of resistance to access mental health services. These are our challenges moving forward.

Cultural Adjustment & Psychological Health among Asian Americans

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The 2015 UC Berkeley International Symposium at Osaka
University on August 5, 2015



Outline of This Study

- ❖ Demographic and Psychological Health Profile of Asian Americans
- ❖ Culture, Family, and Psychosocial Issues
- ❖ Behavioral Health Services in the San Francisco Bay Area

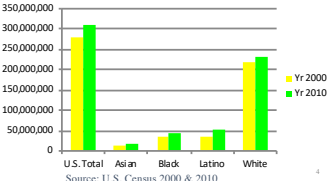
Health Research for Action Center UC Berkeley



- A center in the School of Public Health, UC Berkeley since 1988
- Our team: researchers, practitioners, and communicators
- Partnerships with communities, government, business and philanthropy
- The researchers translate research into practice

U.S. Population by Race

Asians (17.3 million, 2010) is the fastest growing racial group in the U.S., increasing by 46% from 2000 to 2010.



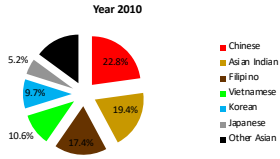
Race	Yr 2000	Yr 2010
U.S. Total	~280,000,000	~300,000,000
Asian	~12,000,000	~17,300,000
Black	~30,000,000	~35,000,000
Latino	~40,000,000	~50,000,000
White	~200,000,000	~210,000,000

Source: U.S. Census 2000 & 2010

Asian Americans by Ethnicity

There are over 20 Asian ethnic groups. Chinese, Asian Indians, and Filipinos account for 60% of Asian Americans.

Year 2010

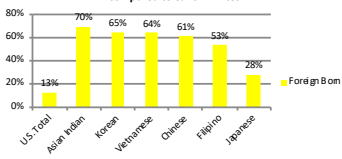


Ethnicity	Percentage
Chinese	23.8%
Asian Indian	19.4%
Filipino	17.6%
Vietnamese	10.6%
Korean	9.7%
Japanese	5.2%
Other Asian	-

Source: U.S. Census 2010

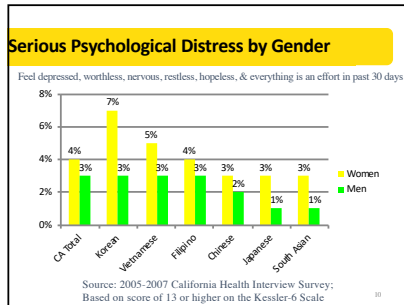
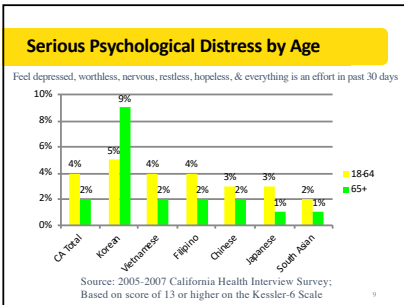
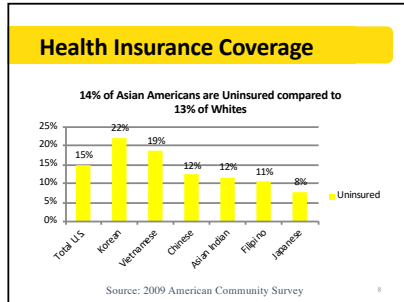
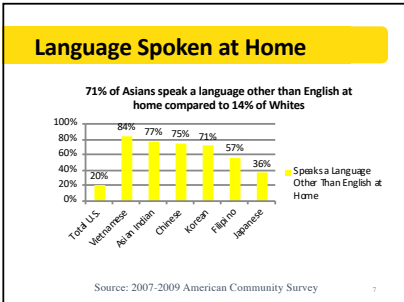
Asian Americans by Nativity

60% of Asian Americans are born outside of the U.S. compared to 8% of Whites



Group	Foreign Born Percentage
U.S. Total	13%
Asian Indian	70%
Korean	65%
Vietnamese	64%
Chinese	61%
Filipino	53%
Japanese	28%

Source: 2007-2009 American Community Survey



Major Immigration-Related Factors of Mental Disorders among Asian Americans

- Women:**
 - Foreign born: The percentage of anxiety disorder was higher than that of the counterpart.
 - Second generation: The percentage of mental disorder was higher than that of the counterpart.
- Men:**
 - English proficiency: The percentage of mental disorder was lower than that of the counterpart.
- Age:**
 - Immigrant older adults: English proficiency and socialization was lower than the counterpart.

Source: Takeuchi et al. 2007

Mental Health Service Use among Asian Americans

- Asian Americans:** The percentage of mental health service use was lower than that of the counterpart.
- First and Second generations:** The percentage of mental health service use was lower than that of the counterpart.
- Third and younger generations:** The percentage of patient satisfaction was higher than that of the counterpart.

Source: Abe-Kim et al. 2007

Social Adjustment Issues among Chinese & Vietnamese Americans

- **Family relations:** intergenerational conflicts, family separation, caregiving
- **Cultural politics:** racial conflicts, anti-immigration, political alliances
- **Achieving Self-sufficiency:** language, employment, housing, cultural orientation
- **Occupational challenges:** poor language skills, discrimination, glass ceiling
- **Strengthening ethnic communities:** capacity building, cultural preservation

Source: Tseng (2007) Immigrant Community Services in Chinese & Vietnamese Enclaves

Separated Families

- *“The family not come to the U.S. at the same time [after the Vietnam War]. Some husbands without wife [with them], some wife without husband, children, no [elder] parents – and that is difficult for the family because they have to worry about the ones they left behind” (Vietnamese informant).*

Cultural Clash

- *“It’s a mystery for [immigrant] parents about the [everyday] work with their [American raised] children. They want the best education for their children. But they don’t know how to lead the children to be successful in the future” (Vietnamese informant).*

Socially Isolated

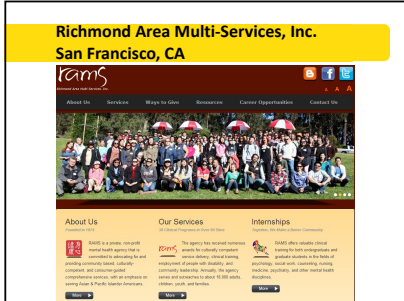
- *“The sandwich generation has to work hard and provide for their family and children, and therefore do not have time to spend with their elder parents. Elders are lonely, isolated. They feel helpless. Many times, they cannot rely on family for certain needs. If they need to go to doctor, nobody is around to take them to the doctor. They feel that they impose difficulties on their [adult] children” (Vietnamese informant).*

Current Psychological Health Issues

- Older adults: depression, end-of-life
- Domestic violence: intimate partner violence, child abuse
- Children & adolescents: violence, suicide, substance abuse
- War & terrorism: racial/immigrant discrimination
- (Muslim, Arab, & South Asian communities)

Asian Americans for Community Involvement San Jose, California

The screenshot shows the website for Asian Americans for Community Involvement (AACI) in San Jose, California. The main content area features a section titled 'Health' with a sub-header 'Primary medical care and mental health services for individuals and families'. Below this, there is a paragraph of text and a photo of a person reading a book. The sidebar on the right lists various programs such as Health Care, Mental Health, and Education and Prevention.



Conclusion

- As Asian populations continue to grow, the researchers are seeing more and more Asians with mental health issues in the U.S.
- In the states with the largest concentration of Asian Americans, there are more and more mental health resources to serve Asian Americans and their families that need them.
- However, little such resources exist for isolated Asians living in states with small Asian populations.
- In addition, the stigma about mental health persists and there continues to be a lot of resistance to access mental health services. These are our challenges moving forward.

ANNEX

The Protocol on Protection and Assistance for Internally Displaced Persons —Japanese translation with Introduction

Kei HAKATA*

INTRODUCTION

The Protocol on Protection and Assistance for Internally Displaced Persons (hereinafter, the Protocol) is the first ever legally binding document stipulating the protection of and assistance for the internally displaced persons (IDPs). It was adopted at the second International Conference on the Great Lakes Region (ICGLR) held in Nairobi, Kenya, on 14-15 December 2006. The Protocol, as its name suggests, is a supplementing document of the Pact on Security, Stability and Development in the Great Lakes Region, adopted at the same occasion, and constitutes, together with nine other Protocols, ‘integral parts’ of the Pact (Article 3 of the Pact). While binding only twelve members of the ICGLR, the Protocol is particularly important in understanding the normative evolution of the international protection of the IDPs. As its salient characteristic, the Protocol uses the Guiding Principles on Internal Displacement (E/CN.4/1998/53/ Add.2, 11 February 1998) as a normative reference. Its declared purpose of ‘domestication of the Guiding Principles into national legislation’ (Article 2 (3)) suggests one of the ways in which this non-binding document can be usefully operationalized.

The Japanese translation of the Protocol on Protection and Assistance for Internally Displaced Persons, done by Dr Kei Hakata, is provided for any referential purpose. For the authoritative version of the Protocol, the reader is advised to refer to the original texts in English as well as in French. The text of the Guiding Principles, which is attached in the Annex to the Protocol, is omitted.

* Professor, Seikei University (Japan). Email: hakata@fh.seikei.ac.jp

PROTOCOL ON PROTECTION AND ASSISTANCE FOR INTERNALLY DISPLACED PERSONS

PREAMBLE

We, heads of State and government of the Member States of the International Conference on the Great Lakes Region;

Considering our Declaration on Peace, Security, Democracy and Development in the Great Lakes Region adopted and signed on 20th November 2004 in Dar-es-Salaam;

Reaffirming our commitment to the implementation of the terms of the said Dar-es-Salaam Declaration on behalf of their peoples;

Recalling specifically its Article 58 under which we committed ourselves to "respect and use the Guiding Principles on Internal Displacement as proposed by the UN Secretariat, harmonize all the relevant pieces of legislation and define a national and regional framework for the monitoring and follow-up of the standards contained therein and which relate to the access and protection of disaster victims, internally displaced persons, women and children who are victims of conflicts";

Conscious of the call made by the United Nations Secretary-General in 2005 for the Member States of the United Nations to accept the Guiding Principles on Internal Displacement as the basic international norm for protecting internally displaced persons, and to commit themselves to promote the adoption of these principles through national legislation;

国内避難民のための保護及び援助に関する 議定書

前文

我々、大湖地域に関する国際会議の加盟国の元首及び政府首脳は、

2004年11月20日にダルエスサラームにおいて採択され及び署名された大湖地域における平和、安全保障、民主主義及び開発に関する宣言を考慮し、

我々の人民に代わり当該ダルエスサラーム宣言の条項の実施に対する我々の約束を改めて確認し、

特に、「国連事務局によって提案された国内強制移動に関する指導原則を尊重し及び使用し、関連するすべての法令を調整し、かつ、これに含まれる基準で、災害被害者、国内避難民、紛争の被害者である女性及び子供のアクセス及び保護に関連するものについて、監視及びフォローアップのための国内の及び地域的な枠組を設定する」ことを我々が約束した同宣言の第58条を想起し、

国内強制移動に関する指導原則を国内避難民の保護のための基本的な国際的な規範として受け入れ、かつ、国内法を通じてこれらの原則の採択を促進することを約束するようにとの、国際連合加盟国に対する2005年の国際連合事務総長の呼びかけを意識し、

Noting the recognition of the Guiding Principles on Internal Displacement as an important international framework for the protection of internally displaced persons by the United Nations Member States at the end of the United Nations Summit of September 2005;

Deeply concerned that the magnitude of the phenomenon of internal displacement is continuing on such a large scale that it is necessary to address the plight of internally displaced persons and to eliminate the root causes of their displacement in the Great Lakes Region;

Mindful that there is no specific coherent international or regional legal regime and institution mandated to provide protection and assistance to internally displaced persons;
Agree as follows:

ARTICLE 1 DEFINITIONS

In this Protocol, unless the context otherwise requires, the following mean:

1. **Authorities:** National and Government Authorities in the Great Lakes Region as defined in the Guiding Principles;
2. **Groups:** armed groups in the Great Lakes Region as defined in the Guiding Principles ;
3. **Guiding Principles:** "the Guiding Principles on Internal Displacement" as proposed by the Secretary-General of the United Nations;

2005年9月の国際連合サミットの末に、国内避難民の保護のための重要な国際的枠組として国内強制移動に関する指導原則が国際連合加盟国によって認識されたことに留意し、

国内避難民の窮状に対処し、かつ、大湖地域におけるこれらの者の強制移動の根本的原因を除去することが必要である程に国内強制移動の現象の規模が大きな範囲で継続していることを深く懸念し、

国内避難民に対して保護及び援助を与える職務を有する特定の整合的な国際的又は地域的な法的制度及び機関が存在しないことに留意して、

次のとおり協定する。

第 1 条 定義

この議定書において、次の用語の意味は、次のとおりとする（文脈が他の意味を要求する場合を除く。）。

1. **当局：**指導原則に定義される当局であり、大湖地域における国家及び政府の当局
2. **集団：**指導原則に定義される武装集団であり、大湖地域におけるもの
3. **指導原則：**国際連合事務総長によって提案された「国内強制移動に関する指導原則」

4. **Internally Displaced Persons:** persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border;

5. **Internally Displaced Persons:** also means persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of large scale development projects, and who have not crossed an internationally recognized State border.

ARTICLE 2 OBJECTIVES

The objectives of this Protocol are to:

1. Establish a legal framework in the Great Lakes Region for ensuring the adoption and implementation by Member States of the Guiding Principles on Internal Displacement;
2. Ensure legal protection by Member States of the physical safety and material needs of internally displaced persons in accordance with the Guiding Principles;
3. Provide a legal basis for the domestication of the Guiding Principles into national legislation by Member States;
4. Commit Member States to prevent and eliminate the root causes of displacement.

4. **国内避難民：**特に武力紛争、一般化した暴力の状況、人権侵害若しくは自然若しくは人為的災害の影響の結果として、又はこれらの影響を避けるため、自らの住居若しくは常居所地から逃れ若しくは離れることを強いられ又は余儀なくされた者又はこれらの者の集団であって、国際的に承認された国境を越えていないもの

5. **国内避難民：**特に大規模な開発プロジェクトの影響の結果として、又はこれらの影響を避けるため、自らの住居若しくは常居所地から逃れ若しくは離れることを強いられ又は余儀なくされた者又はこれらの者の集団であって、国際的に承認された国境を越えていないものもいう。

第 2 条 目的

この議定書の目的は、次のとおりとする。

1. 加盟国による国内強制移動に関する指導原則の採択及び実施を確保するため、大湖地域における法的枠組を確立すること。
2. 指導原則に従った、加盟国による国内避難民の身体的安全及び物的なニーズの法的保護を確保すること。
3. 加盟国による国内法令への指導原則の適応のための法的基盤を提供すること。
4. 加盟国に対し、強制移動の根本的原因を防止し及び除去することを約束させること。

ARTICLE 3

RESPONSIBILITY FOR PROTECTING INTERNALLY DISPLACED PERSONS

1. Member States undertake to prevent arbitrary displacement and to eliminate the root causes of displacement.
2. Member States shall, to the extent possible, mitigate the consequences of displacement caused by natural disasters and natural causes.
3. Member States accept that they bear the primary responsibility for the protection of the physical and material safety of internally displaced persons during flight, in places of displacement, and upon return, or resettlement elsewhere within the territory of the State.
4. Member States shall be responsible for assessing the needs of internally displaced persons and shall, to the extent necessary, assist them with registration and, in such cases, Member States shall maintain a national data base for the registration of internally displaced persons.
5. Member States shall establish and designate organs of Government responsible for disaster emergency preparedness, coordinating protection and assistance to internally displaced persons, as well as the focal structures responsible for cooperating with international agencies and civil society responsible for internally displaced persons.
6. Member States shall facilitate rapid and unimpeded humanitarian access and assistance to internally displaced persons.

第 3 条

国内避難民を保護するための責任

1. 加盟国は、恣意的な強制移動を防止し及び強制移動の根本的原因を除去することを約束する。
2. 加盟国は、可能な限り、自然災害及び自然の原因によってもたらされる強制移動の結果を緩和する。
3. 加盟国は、国家の領土内において、強制移動の場所における逃避の間において、及び帰還又はその他の場所における再定住に際し、国内避難民の身体的及び肉体的安全の保護について第一義的な責任を負うことを受諾する。
4. 加盟国は、国内避難民のニーズを評価することに責任を負い、かつ、必要な限り、これらの者の登録に協力する。その場合には、加盟国は、国内避難民の登録のための国内データベースを維持する。
5. 加盟国は、災害緊急対策、国内避難民に対する保護及び援助の調整について責任を有する政府機関、並びに国内避難民について責任を有する国際機関及び市民社会と協力する責任を有する窓口の組織を設置し及び指定する。
6. 加盟国は、国内避難民に対する迅速なかつ妨げられることのない人道的アクセス及び援助を容易にする。

7. Member States shall also ensure the safety and security of humanitarian personnel in areas of displacement.

8. Member States accept the obligation of humanitarian personnel to observe and respect the laws of the country in which they are operating.

9. Member States shall safeguard and maintain the civilian and humanitarian character of the protection and location of internally displaced persons in accordance with international guidelines on the separation of armed elements.

10. Where Governments of Member States lack the capacity to protect and assist internally displaced persons, such Governments shall accept and respect the obligation of the organs of the international community to provide protection and assistance to internally displaced persons.

ARTICLE 4 SCOPE OF PROTECTION

1. Member States undertake to:
- a. Adhere to the principles of international humanitarian law and human rights applicable to the protection of internally displaced persons in general and as reflected in the Guiding Principles in particular;
 - b. Respect and uphold Security Council Resolution 1296 applicable to the protection of the civilian population during armed conflict as well as Security Council Resolution 1325 applicable to the protection of women and their role during armed conflict, including their participation in decision making and administration of programmes, with respect to their safety, welfare, health needs, sanitary care, reproductive rights, food distribution, and the process of return;

7. 加盟国は、強制移動の地域における人道支援の人員の安全を確保する。

8. 加盟国は、人道支援の人員が自らが活動する国の法律を遵守し及び尊重する義務を受諾する。

9. 加盟国は、武装分子の分離に関する国際的なガイドラインに従い、国内避難民の保護及び所在地の文民的及び人道的性質を保全し及び維持する。

10. 加盟国の政府に国内避難民を保護し及び援助する能力がない場合には、当該政府は、国内避難民に対して保護及び援助を与える国際共同体の機関の義務を受諾し及び尊重する。

第 4 条 保護の範囲

1. 加盟国は、次のことを約束する。
- a. 一般的に国内避難民の保護に適用され、また、特に指導原則に反映される国際人道法及び人権法の原則を遵守すること。
 - b. 武力紛争の間における文民の保護に適用される安全保障理事会決議1296、及び武力紛争の間における女性の保護及びその役割（女性の安全、福祉、健康上のニーズ、衛生上の手当、リプロダクティブヘルスに関する権利、食糧の配給及び帰還の手続に関する意思決定及び計画の管理への参加を含む。）に適用される安全保障理事会決議1325を尊重し及び支持すること。

c. Provide special protection for displaced populations, communities, pastoralists and other groups, with a special dependency on and attachment to their lands, consistently with the provisions of the International Covenant on Civil and Political Rights 1966, the African Charter on Human and Peoples' Rights 1981, and the Guiding Principles on Internal Displacement;

d. Provide special protection for women, children, the vulnerable, and displaced persons with disabilities;

e. Extend protection and assistance, according to need, to communities residing in areas hosting internally displaced persons;

f. Ensure the safe location of internally displaced persons, in satisfactory conditions of dignity, hygiene, water, food and shelter, away from areas of armed conflict and danger, and having regard to the special needs of women, children, the vulnerable, and persons with disabilities;

g. Ensure freedom of movement and choice of residence within designated areas of location, except when restrictions on such movement and residence are necessary, justified, and proportionate to the requirements of maintaining public security, public order and public health;

h. Facilitate family reunification, and to provide, if necessary, special protection for families of mixed ethnic identity;

i. Observe humanitarian principles and ethical standards relating to the provision of assistance to displaced persons in need of such assistance;

j. Establish a regional mechanism in the Great Lakes Region for monitoring the protection of internally displaced persons under this Protocol, provided that such a mechanism shall not affect the supervisory role of the United Nations Commission on Human Rights and treaty bodies, and the African Commission and

c. 市民的及び政治的権利に関する国際規約（1966年）、人及び人民の権利に関するアフリカ憲章（1981年）及び国内強制移動に関する指導原則の規定に従い、自らの土地に対する特別の依存性及びつながりを有する避難民、コミュニティ、遊牧民及びその他のグループに対して特別の保護を与えること。

d. 女性、子供、脆弱な者及び障がいのある避難民に対して特別の保護を与えること。

e. 国内避難民を受け入れている地域に居住するコミュニティに対し、必要に従い、保護及び援助を拡大すること。

f. 武力紛争及び危険が存在する地域から離れた安全な場所において、尊厳、衛生、水、食糧及び避難所について満足すべき条件で、また、女性、子供、脆弱な者及び障がいのある者の特別のニーズに留意しながら、国内避難民の安全な所在地を確保すること。

g. 指定された所在地域内における移動の自由及び住居選定の自由を確保すること。ただし、そのような移動及び居住に関する制限が必要であり、正当化され、また、公共安全、公の秩序、公衆の健康の維持の必要性に相応する場合を除く。

h. 家族の再統合を容易にし、必要であれば、混合した民族のアイデンティティを有する家族に対して特別の保護を与えること。

i. 援助を必要とする避難民に対する援助の提供に関する人道的原則及び倫理基準を遵守すること。

j. この議定書に基づく国内避難民の保護を監視するための地域的制度を大湖地域において確立すること。ただし、当該制度は、国際連合人権委員会及び条約機関並びに人及び人民の権利に関するアフリカ委員会及び裁判所の監督的役割、並びにこれらの機関に不服を申し立てる国内避難民の権利に影響を及ぼすものではない。

Court on Human and Peoples' Rights, and the right of internally displaced persons to bring complaints before these bodies;

k. Guarantee that this Protocol shall neither, abrogate the right of internally displaced persons to seek and enjoy asylum in other States in accordance with the Universal Declaration of Human Rights 1948 and the African Charter on Human and Peoples' Rights 1981, nor derogate upon the fundamental principle of non-refoulement, as contained in the United Nations Convention relating to the Status of Refugees 1951 and the African Union Convention Governing the Specific Aspects of Refugee Problems in Africa 1969.

ARTICLE 5 DEVELOPMENT-INDUCED DISPLACEMENT

1. Member States shall ensure that displacement owing to large-scale development projects shall be justified by compelling and overriding public interest and development. Member States shall therefore ensure that all feasible alternatives of development are explored in order to avoid development induced displacement altogether.

2. Where no alternatives exist, Member States undertake to avoid arbitrary displacement and shall take all measures necessary to minimize displacement and to mitigate the adverse effects of development induced displacement.

3. In such cases, Member States shall obtain, as far as possible, the free and informed consent of those to be displaced prior to undertaking displacement justified by compelling and overriding public interest and development.

k. この議定書は、世界人権宣言（1948年）及びアフリカ人権憲章（1981年）に従い他の加盟国に庇護を求め及び享受する国内避難民の権利を廃棄するものではなく、また、難民の地位に関する国際連合条約（1951年）及びアフリカにおける難民問題の特殊な側面を規律するアフリカ連合条約（1969年）に含まれる追放及び送還の禁止の基本原則を損なうものではないことを保証する。

第 5 条 開発に起因する強制移動

1. 加盟国は、大規模な開発プロジェクトに基づく強制移動は、やむを得ないかつ優先的な公共の利益及び開発によって正当化されるものであることを確保する。したがって、加盟国は、開発に起因する強制移動を完全に回避するため、開発のすべての実行可能な代替策が検討されることを確保する。

2. 加盟国は、代替策がない場合には、恣意的な強制移動を回避することを約束し、また、強制移動を最小限にとどめ、かつ、開発に起因する強制移動の悪影響を緩和するためのすべての必要な措置をとる。

3. 加盟国は、そのような場合には、やむを得ないかつ優先的な公共の利益及び開発によって正当化される強制移動を実施する前に、可能な限り、強制移動の対象者の自由なかつ情報を与えられた上での同意を得る。

4. Member States shall provide full information on the reasons and procedures concerning development induced displacement and, where applicable, on compensation and relocation.

5. Member States shall provide adequate and habitable sites of relocation and shall ensure, to the greatest practicable extent, that proper accommodation is provided to persons displaced by large scale development projects and that their displacement is effected in satisfactory conditions of safety, nutrition, health and hygiene.

6. Member States shall ensure the effective participation of internally displaced persons, particularly women, in the planning and management of their relocation, as well as their return and reintegration, or resettlement.

7. Member States shall undertake to return and reintegrate, or resettle the displaced persons and populations as provided for under Section V of the Guiding Principles.

ARTICLE 6

ADOPTION AND IMPLEMENTATION OF THE GUIDING PRINCIPLES

1. Member States undertake to adopt and implement the Guiding Principles as a regional framework for providing protection and assistance to internally displaced persons in the Great Lakes Region.

2. Member States accept to use the “Annotations of the Guiding Principles on Internal Displacement” as an authoritative source for interpreting the application of the Guiding Principles.

4. 加盟国は、開発に起因する強制移動の理由及び手続（該当する場合には、補償及び移転に関するものを含む。）に関する十分な情報を提供する。

5. 加盟国は、適切かつ居住可能な移転場所を提供し、また、最大限実行可能な限り、大規模な開発プロジェクトによって移動を強いられる者に対して適切な施設が設けられ、かつその強制移動が安全、栄養、保健及び衛生について満足すべき条件で行われることを確保する。

6. 加盟国は、自らの移転、帰還、再統合又は再定住の計画策定及び管理運営における国内避難民（特に女性）の効果的な参加を確保する。

7. 加盟国は、指導原則の第五部の定めるところに従って避難民を帰還させ、再統合し又は再定住させることを約束する。

第 6 条

指導原則の採択及び実施

1. 加盟国は、大湖地域における国内避難民に対して保護及び援助を与えるための地域的枠組として指導原則を採択し及び実施することを約束する。

2. 加盟国は、指導原則の適用を解釈するための信頼すべき材源として「国内強制移動に関する指導原則に関する注釈」を使用することを受諾する。

3. Member States shall enact national legislation to domesticate the Guiding Principles fully and to provide a legal framework for their implementation within national legal systems.

4. Member States undertake to ensure that such legislation shall:

a. Define internally displaced persons according to Article 1(4)(5) of this Protocol;

b. Prescribe the procedures for undertaking development induced displacement;

c. Specify the organs of government responsible for providing protection and assistance to internally displaced persons, disaster preparedness and the implementation of the legislation incorporating the Guiding Principles;

d. Provide for the channels of engagement and cooperation between the organs of government, organs of the United Nations, the African Union, and civil society;

e. Enable the holistic incorporation of the Guiding Principles.

5. Member States shall ensure the effective participation of internally displaced persons in the preparation and design of the said legislation.

ARTICLE 7

FINAL PROVISIONS

1. This Protocol shall be an integral part of the Pact and shall not be subject to separate signature and ratification by the Member States.

3. 加盟国は、指導原則を十分に国内に適応させ及び国内の法制度内での実施のための法的枠組を提供するための国内法令を制定する。

4. 加盟国は、当該法令が次のことを確保することを約束する。

a. この議定書の第1条の(4)(5)に従って国内避難民を定義すること。

b. 開発に起因する強制移動の実施のための手続を制定すること。

c. 国内避難民に対する保護及び援助の提供、災害対策並びに指導原則を導入する法令の実施について責任を有する政府機関を指定すること。

d. 政府機関、国際連合の諸機関、アフリカ連合及び市民社会の間の取組及び協力のための経路を提供すること。

e. 指導原則の包括的な導入を可能とすること。

5. 加盟国は、当該法令の準備及び設計における国内避難民の効果的な参加を確保する。

第7条

最終規定

1. この議定書は、協定の構成要素をなすものであり、また、加盟国による個別の署名及び批准の対象とならない。

2. For any Member State which has ratified the Pact in terms set out in Article 30 of the Pact, this Protocol shall automatically enter into force at the same time as the Pact in accordance with Article 33 of the Pact.

3. Nothing contained in this Protocol shall be construed to be contrary to the provisions of the Pact, the Constitutive Act of the African Union, and the Charter of the United Nations.

2. この議定書は、協定の第30条の条項に従い協定を批准した加盟国に対し、協定の第33条に従い、協定と同時に自動的に効力を生ずる。

3. この議定書に含まれるいかなる規定も、協定、アフリカ連合制定法及び国際連合憲章の規定に反するものと解釈してはならない。

The African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention)

—Japanese translation with Introduction

Kei HAKATA*

INTRODUCTION

The African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (hereinafter, the Kampala Convention) is a landmark legal document elaborated with a view to providing effective protection for the internally displaced persons (IDPs) in Africa. Adopted at the Special Summit of the African Union, held in Kampala, Uganda, on 22 October 2009, and entered into force on 6 December 2012, the Kampala Convention stipulates in specific legal terms the rights of IDPs and the responsibilities of State Parties, in particular, relating to the protection of and assistance to these persons. While drawing much from the Guiding Principles on Internal Displacement (E/CN.4/1998/53/ Add.2, 11 February 1998), the Kampala Convention is the first legally binding instrument of its kind. Albeit regional in its scope, this Convention represents, in the words of its drafter, ‘the culmination of over two decades of work during which Governments, civil society and the international community have sought to improve the way we address the plight of millions of internally displaced persons across the globe’ (Statement of Dr Chaloka Beyani, given on 6 December 2012 in Addis Ababa, Ethiopia).

The Japanese translation of the Kampala Convention, done by Dr Kei Hakata, is provided for any referential purpose. For the authoritative version of the Convention, the reader is advised to refer to the original and authentic texts in English as well as in Arabic, French and Portuguese.

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**AFRICAN UNION CONVENTION
FOR THE PROTECTION AND
ASSISTANCE OF INTERNALLY
DISPLACED PERSONS IN AFRICA
(KAMPALA CONVENTION)**

PREAMBLE

We, the Heads of State and Government of the Member States of the African Union;

CONSCIOUS of the gravity of the situation of internally displaced persons as a source of continuing instability and tension for African states;

ALSO CONSCIOUS of the suffering and specific vulnerability of internally displaced persons;

REITERATING the inherent African custom and tradition of hospitality by local host communities for persons in distress and support for such communities;

COMMITTED to sharing our common vision of providing durable solutions to situations of internally displaced persons by establishing an appropriate legal framework for their protection and assistance;

DETERMINED to adopt measures aimed at preventing and putting an end to the phenomenon of internal displacement by eradicating the root causes, especially persistent and recurrent conflicts as well as addressing displacement caused by natural disasters, which have a devastating impact on human life, peace, stability, security, and development;

**アフリカにおける国内避難民の保護及び援助
のためのアフリカ連合条約（カンパラ条約）**

前文

我々、アフリカ連合の加盟国の元首及び政府首脳は、

アフリカ諸国にとっての継続する不安定及び緊張の原因としての国内避難民の状況の深刻さを認識し、

また、国内避難民の苦しみ及び特有の脆弱性を認識し、

現地の受け入れコミュニティによる困窮状態のある人々の歓待というアフリカ固有の習慣及び伝統並びに当該コミュニティへの支援を強調し、

国内避難民の保護及び援助のための適切な法的枠組を確立することにより国内避難民の状況に対して恒久的解決を提供するという我々の共通のビジョンを共有することを約束し、

人間の生命、平和、安定、安全及び開発に破壊的な影響を及ぼす根本的原因、特に、絶え間なく繰り返される紛争を根絶し、また、自然災害によってもたらされる強制移動に対処することにより、国内強制移動の現象を防止し及び終結させることを目的とした措置をとることを決意し、

CONSIDERING the 2000 Constitutive Act of the African Union and the 1945 Charter of the United Nations;

REAFFIRMING the principle of the respect of the sovereign equality of States Parties, their territorial integrity and political independence as stipulated in the Constitutive Act of the African Union and the United Nations Charter;

RECALLING the 1948 Universal Declaration of Human Rights, the 1948 Convention on the Prevention and Punishment of the Crime of Genocide, the 1949 Four Geneva Conventions and the 1977 Additional Protocols to the Geneva Conventions, the 1951 United Nations Convention Relating to the Status of Refugees and the 1967 Protocol Relating to the Status of Refugees, the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa, the 1979 Convention on the Elimination of All Forms of Discrimination Against Women, the 1981 African Charter on Human and Peoples' Rights and the 2003 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the 1990 African Charter on the Rights and Welfare of the Child, the 1994 Addis Ababa Document on Refugees and Forced Population Displacement in Africa, and other relevant United Nations and African Union human rights instruments, and relevant Security Council Resolutions;

MINDFUL that Member States of the African Union have adopted democratic practices and adhere to the principles of non-discrimination, equality and equal protection of the law under the 1981 African Charter on Human and Peoples' Rights, as well as under other regional and international human rights law instruments;

アフリカ連合制定法（2000年）及び国際連合憲章（1945年）を考慮し、

アフリカ連合制定法及び国際連合憲章に規定される加盟国の主権平等、領土保全及び政治的独立の尊重の原則を改めて確認し、

世界人権宣言（1948年）、ジェノサイド罪の防止及び処罰に関する条約（1948年）、ジュネーヴ四条約（1949年）、ジュネーヴ諸条約への追加議定書（1977年）、難民の地位に関する国際連合条約（1951年）、難民の地位に関する議定書（1967年）、アフリカにおける難民問題の特殊な側面を規律するアフリカ統一機構（OAU）条約（1969年）、女子に対するあらゆる形態の差別の撤廃に関する条約（1979年）、人及び人民の権利に関するアフリカ憲章（1981年）、アフリカにおける女性の権利に関する人及び人民の権利に関するアフリカ憲章への議定書（2003年）、子供の権利及び福祉に関するアフリカ憲章（1990年）、アフリカの難民及び強制的な人の移動に関するアジスアベバ文書（1994年）、その他の関連する国際連合及びアフリカ連合の人権文書並びに関連する安全保障理事会決議を想起し、

アフリカ連合の加盟国が民主的慣行を導入し、また、人及び人民の権利に関するアフリカ憲章（1981年）並びにその他の地域的及び国際的な人権法の文書に基づく非差別、平等及び法の平等な保護の原則を遵守することに留意し、

RECOGNISING the inherent rights of internally displaced persons as provided for and protected in international human rights and humanitarian law and as set out in the 1998 United Nations Guiding Principles on Internal Displacement, which are recognized as an important international framework for the protection of internally displaced persons;

AFFIRMING our primary responsibility and commitment to respect, protect and fulfill the rights to which internally displaced persons are entitled, without discrimination of any kind;

NOTING the specific roles of international Organizations and agencies within the framework of the United Nations inter-agency collaborative approach to internally displaced persons, especially the protection expertise of the Office of the United Nations High Commissioner for Refugees (UNHCR) and the invitation extended to it by the Executive Council of the African Union in Decision EX/CL.413 (XIII) of July 2008 at Sharm El Sheikh, Egypt, to continue and reinforce its role in the protection of and assistance to internally displaced persons, within the United Nations coordination mechanism; and noting also the mandate of the International Committee of the Red Cross to protect and assist persons affected by armed conflict and other situations of violence, as well as the work of civil society organizations, in conformity with the laws of the country in which they exercise such roles and mandates;

RECALLING the lack of a binding African and international legal and institutional framework specifically, for the prevention of internal displacement and the protection of and assistance to internally displaced persons;

国際人権法及び人道法に規定され及び保護され、また、国内避難民の保護のための重要な国際的枠組として認識されている国内強制移動に関する国際連合指導原則（1998年）に規定される国内避難民の固有の権利を認め、

いかなる種類の差別もなく、国内避難民が行使することのできる権利を尊重し、保護し及び履行するという我々の主要な責任及び約束を確認し、

国内避難民に対する国際連合の機関間協調アプローチの枠内における国際組織及び機関の特定の役割、特に、国際連合難民高等弁務官事務所（UNHCR）の保護に関する知見、並びに2008年7月にエジプトのシャルム・エルシェークでのアフリカ連合閣僚執行理事会の決定（EX/CL.413（XIII））において当該事務所に対してなされた要請、すなわち、国際連合の調整制度内での国内避難民に対する保護及び援助の役割を継続し及び強化するようにとの要請に留意し、並びに武力紛争の影響を受けた者を保護し及び援助する赤十字国際委員会（ICRC）の職務並びに役割及び職務を遂行するところの国の法に従った市民社会組織の業務に留意し、

特に国内強制移動の防止及び国内避難民に対する保護及び援助のための拘束力のあるアフリカの及び国際的な法的及び制度的枠組が欠如していることを想起し、

REAFFIRMING the historical commitment of the AU Member States to the protection of and assistance to refugees and displaced persons and, in particular, the implementation of Executive Council Decisions EX.CL/Dec.129 (V) and EX.CL/127 (V) of July 2004 in Addis Ababa, to the effect that that the specific needs of internally displaced persons (IDPs) such as protection and assistance should be addressed through a separate legal instrument, and to collaborate with relevant cooperating partners and other stakeholders to ensure that internally displaced persons are provided with an appropriate legal framework to ensure their adequate protection and assistance as well as with durable solutions, respectively;

CONVINCED that the present Convention for the Protection and Assistance of Internally Displaced Persons presents such a legal framework;

HAVE AGREED AS FOLLOWS:

ARTICLE 1 DEFINITIONS

For the purpose of the present Convention:

- a. "African Charter" means the African Charter on Human and Peoples' Rights;
- b. "African Commission" means the African Commission on Human and Peoples' Rights;
- c. "African Court of Justice and Human Rights" means the African Court of Justice and Human Rights;
- d. Arbitrary displacement means arbitrary displacement as referred to in Article 4 (4) (a) to (h);
- e. "Armed Groups" means dissident armed forces or other organized armed groups that are distinct from the armed forces of the state;

個別の法的文書を通じて国内避難民 (IDP) の特有のニーズ (保護及び援助等) に対処するという趣旨での難民及び避難民に対する保護及び援助、特に、アジスアベバでの2004年7月の閣僚執行理事会の決定EX.CL/Dec.129 (V)及びEX.CL/127 (V)の実施へのAU加盟国の歴史的約束、並びに、国内避難民の適切な保護及び援助並びに恒久的解決のそれぞれを確保するために国内避難民に対して適切な法的枠組が与えられることを確保するために関連する協力パートナー及びその他の利害関係者と協力することへのAU加盟国の歴史的約束を改めて確認し、

国内避難民の保護及び援助のためのこの条約は、このような法的枠組を提示するものと確信して、

次のとおり協定した。

第 1 条 定義

この条約の適用上、

- a. 「アフリカ憲章」とは、人及び人民の権利に関するアフリカ憲章をいう。
- b. 「アフリカ委員会」とは、人及び人民の権利に関するアフリカ委員会をいう。
- c. 「アフリカ司法人権裁判所」とは、アフリカ司法人権裁判所をいう。
- d. 恣意的な強制移動とは、第4条の(4)の(a)から(h)において言及される恣意的な強制移動をいう。
- e. 「武装集団」とは、反体制の武装勢力又はその他の組織的武装集団をいい、国家の軍隊とは区別される。

- f. “AU” means the African Union;
- g. “AU Commission” means the Secretariat of the African Union, which is the depository of the regional instruments;
- h. “Child” means every human being below the age of 18 years;
- i. “Constitutive Act” means the Constitutive Act of the African Union;
- j. “Harmful Practices” means all behaviour, attitudes and/or practices which negatively affect the fundamental rights of persons, such as but not limited to their right to life, health, dignity, education, mental and physical integrity and education;
- k. “Internally Displaced Persons” means persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border;
- l. “Internal displacement” means the involuntary or forced movement, evacuation or relocation of persons or groups of persons within internationally recognized state borders;
- m. “Member State” means a Member State of the African Union;
- n. “Non-state actors” means private actors who are not public officials of the State, including other armed groups not referred to in article 1(d) above, and whose acts cannot be officially attributed to the State;
- o. “OAU” means the Organization of African Unity;
- p. “Women” mean persons of the female gender, including girls;
- f. 「AU」とは、アフリカ連合をいう。
- g. 「AU委員会」とは、地域的な諸文書の寄託先であるアフリカ連合の事務局をいう。
- h. 「子供」とは、18歳未満の人間をいう。
- i. 「制定法」とは、アフリカ連合制定法をいう。
- j. 「有害な行為」とは、生命、健康、尊厳、教育、精神的及び身体的健全性並びに教育に対する権利等（ただし、これらに限定されない。） 、人間の基本的な権利に否定的な影響を及ぼすすべての行動、態度又は行為をいう。
- k. 「国内避難民」とは、特に武力紛争、一般化した暴力の状況、人権侵害若しくは自然若しくは人為的災害の影響の結果として、又はこれらの影響を避けるため、自らの住居若しくは常居所地から逃れ若しくは離れることを強いられた又は余儀なくされた者又はこれらの者の集団であって、国際的に承認された国境を越えていないものをいう。
- l. 「国内強制移動」とは、国際的に承認された国境内での個人又は集団の非自発的な又は強いられた移動、避難又は移転をいう。
- m. 「加盟国」とは、アフリカ連合の加盟国をいう。
- n. 「非国家の主体」とは、国家の公務員ではない民間の主体（上記の第1条の(d)において言及されないその他の武装集団を含む。）で、その行動が正式に国家に帰属されえないものをいう。
- o. 「OAU」とは、アフリカ統一機構をいう。
- p. 「女性」とは、未成年の女性を含む女性の人々をいう。

- q. “Sphere standards” mean standards for monitoring and evaluating the effectiveness and impact of humanitarian assistance; and
- r. “States Parties” means African States which have ratified or acceded to this Convention.

ARTICLE 2 OBJECTIVES

The objectives of this Convention are to:

- a. Promote and strengthen regional and national measures to prevent or mitigate, prohibit and eliminate root causes of internal displacement as well as provide for durable solutions;
- b. Establish a legal framework for preventing internal displacement, and protecting and assisting internally displaced persons in Africa;
- c. Establish a legal framework for solidarity, cooperation, promotion of durable solutions and mutual support between the States Parties in order to combat displacement and address its consequences;
- d. Provide for the obligations and responsibilities of States Parties, with respect to the prevention of internal displacement and protection of, and assistance, to internally displaced persons;
- e. Provide for the respective obligations, responsibilities and roles of armed groups, non-state actors and other relevant actors, including civil society organizations, with respect to the prevention of internal displacement and protection of, and assistance to, internally displaced persons;

- q. 「スフィア・スタンダード」とは、人道的援助の効果性及び影響を監視し及び評価するための基準をいう。
- r. 「締約国」とは、この条約を批准し又はこれに加入したアフリカの国をいう。

第 2 条 目的

この条約の目的は、次のとおりである。

- a. 国内強制移動の根本的原因を防止し又は緩和し、禁止し及び除去するための地域的な及び国内の措置を促進し及び強化し、並びに恒久的解決を規定すること。
- b. 国内強制移動を防止し並びにアフリカにおける国内避難民を保護し及び援助するための法的枠組を確立すること。
- c. 強制移動と闘い、かつ、その結果に対処するため、締約国間における連帯、協力、恒久的解決の促進及び相互支援のための法的枠組を確立すること。
- d. 国内強制移動の防止並びに国内避難民に対する保護及び援助に関し、締約国の義務及び責任を規定すること。
- e. 国内強制移動の防止並びに国内避難民に対する保護及び援助に関し、武装集団、非国家の主体及びその他の関連する主体（市民社会団体を含む。）のそれぞれの義務、責任及び役割を規定すること。

ARTICLE 3
GENERAL OBLIGATIONS RELATING TO
STATES PARTIES

1. States Parties undertake to respect and ensure respect for the present Convention. In particular, States Parties shall:

- a. Refrain from, prohibit and prevent arbitrary displacement of populations;
- b. Prevent political, social, cultural and economic exclusion and marginalisation, that are likely to cause displacement of populations or persons by virtue of their social identity, religion or political opinion;
- c. Respect and ensure respect for the principles of humanity and human dignity of internally displaced persons;
- d. Respect and ensure respect and protection of the human rights of internally displaced persons, including humane treatment, non-discrimination, equality and equal protection of law;
- e. Respect and ensure respect for international humanitarian law regarding the protection of internally displaced persons;
- f. Respect and ensure respect for the humanitarian and civilian character of the protection of and assistance to internally displaced persons, including ensuring that such persons do not engage in subversive activities;
- g. Ensure individual responsibility for acts of arbitrary displacement, in accordance with applicable domestic and international criminal law;
- h. Ensure the accountability of non-State actors concerned, including multinational companies and private military or security companies, for acts of arbitrary displacement or complicity in such acts;

第 3 条
締約国に関する一般的義務

1. 締約国は、この条約を尊重し、かつ、この条約の尊重を確保することを約束する。特に、締約国は次の義務を負う。

- a. 住民の恣意的な強制移動を差し控え、禁止し及び防止すること。
- b. 社会的アイデンティティ、宗教又は政治的見解によって住民又は個人の強制移動を生じさせるおそれのある政治的、社会的、文化的及び経済的除外及び周縁化を防止すること。
- c. 人道の諸原則及び国内避難民の人間の尊厳を尊重し、かつ、その尊重を確保すること。
- d. 国内避難民の人権を尊重し、かつ、その尊重及び保護を確保すること（人道的な待遇、非差別、平等及び法の平等な保護を含む。）。
- e. 国内避難民の保護に関する国際人道法を尊重し、かつ、その尊重を確保すること。
- f. 国内避難民に対する保護及び援助の人道的及び文民的性質（これらの者が破壊的性質の活動に従事しないことを確保することを含む。）を尊重し、かつ、その尊重を確保すること。
- g. 適用される国内刑法及び国際刑事法に従い、恣意的な強制移動の行為に関する個人の責任を確保すること。
- h. 恣意的な強制移動の行為又は当該行為の共謀に関する非国家の主体（多国籍企業及び民間の軍事又は保安会社を含む。）の説明責任を確保すること。

- i. Ensure the accountability of non-State actors involved in the exploration and exploitation of economic and natural resources leading to displacement;
 - j. Ensure assistance to internally displaced persons by meeting their basic needs as well as allowing and facilitating rapid and unimpeded access by humanitarian organizations and personnel;
 - k. Promote self-reliance and sustainable livelihoods amongst internally displaced persons, provided that such measures shall not be used as a basis for neglecting the protection of and assistance to internally displaced persons, without prejudice to other means of assistance;
2. States Parties shall:
- a. Incorporate their obligations under this Convention into domestic law by enacting or amending relevant legislation on the protection of, and assistance to, internally displaced persons in conformity with their obligations under international law;
 - b. Designate an authority or body, where needed, responsible for coordinating activities aimed at protecting and assisting internally displaced persons and assign responsibilities to appropriate organs for protection and assistance, and for cooperating with relevant international organizations or agencies, and civil society organizations, where no such authority or body exists;
 - c. Adopt other measures as appropriate, including strategies and policies on internal displacement at national and local levels, taking into account the needs of host communities;
 - d. Provide, to the extent possible, the necessary funds for protection and assistance without prejudice to receiving international support;
- i. 強制移動につながる経済的及び天然資源の探査及び開発に関する非国家の主体の説明責任を確保すること。
 - j. 国内避難民の基本的なニーズを満たすこと並びに人道支援組織及びその人員による迅速なかつ妨げられることのないアクセスを許可し及び容易にすることにより、国内避難民に対する援助を確保すること。
 - k. 国内避難民の間での自立及び持続的な生計手段を促進すること。ただし、このような措置は、国内避難民に対する保護及び援助を無視するための根拠として使用してはならず、その他の援助の手段に影響を及ぼさない。
2. 締約国は、次の義務を負う。
- a. 国際法上の自らの義務に従い、国内避難民に対する保護及び援助に関連する法令を制定し又は改正することによってこの条約に基づく自らの義務を国内法に組み込むこと。
 - b. 必要な場合には、国内避難民の保護及び援助を目的とした活動を調整することに責任を有する当局又は機関を指定し、保護及び援助のための適切な機関に責任を割り当てること。管轄当局又は団体が存在しない場合には、関連する国際組織又は機関及び市民社会団体と協力するための適切な機関に責任を割り当てること。
 - c. 受け入れコミュニティのニーズを考慮し、必要に応じ、その他の措置をとること（国内及び現地レベルでの国内強制移動に関する戦略及び政策を含む。）
 - d. 可能な限り、保護及び援助のための必要な資金を提供すること。ただし、国際的な支援を受けることに影響を及ぼさない。

- e. Endeavour to incorporate the relevant principles contained in this Convention into peace negotiations and agreements for the purpose of finding sustainable solutions to the problem of internal displacement.

ARTICLE 4
OBLIGATIONS OF STATES PARTIES
RELATING TO PROTECTION FROM
INTERNAL DISPLACEMENT

1. States Parties shall respect and ensure respect for their obligations under international law, including human rights and humanitarian law, so as to prevent and avoid conditions that might lead to the arbitrary displacement of persons;
2. States Parties shall devise early warning systems, in the context of the continental early warning system, in areas of potential displacement, establish and implement disaster risk reduction strategies, emergency and disaster preparedness and management measures and, where necessary, provide immediate protection and assistance to internally displaced persons;
3. States Parties may seek the cooperation of international organizations or humanitarian agencies, civil society organizations and other relevant actors;
4. All persons have a right to be protected against arbitrary displacement. The prohibited categories of arbitrary displacement include but are not limited to:
 - a. Displacement based on policies of racial discrimination or other similar practices aimed at/or resulting in altering the ethnic, religious or racial composition of the population;

- e. 国内強制移動の問題に対する持続的解決を見つけることを目的として、この条約に含まれる関連する原則を和平交渉及び協定の中に組み込むよう努めること。

第 4 条
国内強制移動からの保護に関する
締約国の義務

1. 締約国は、人々の恣意的な強制移動につながるような状態を防止し及び回避するため、人権法及び人道法を含む国際法上の義務を尊重し、かつ、その尊重を確保する。
2. 締約国は、強制移動の可能性のある地域において、大陸レベルの早期警戒制度の文脈において早期警戒制度を創出し、災害リスク軽減の戦略、緊急事態及び災害の対策及び管理措置を確立し及び実施し、並びに、必要な場合には、国内避難民に即時の保護及び援助を与える。
3. 締約国は、国際組織又は人道支援機関、市民社会団体及びその他の関連する主体の協力を求めることができる。
4. すべての人は、恣意的な強制移動から保護される権利を有する。禁止される種類の恣意的な強制移動には、次のものを含む（ただし、これらに限定されない。）。
 - a. 人種差別又は住民の民族的、宗教的若しくは人種的構成を変更することを目的とする又は変更する結果となるその他の類似の慣行の政策に基づく強制移動

- b. Individual or mass displacement of civilians in situations of armed conflict, unless the security of the civilians involved or imperative military reasons so demand, in accordance with international humanitarian law;
- c. Displacement intentionally used as a method of warfare or due to other violations of international humanitarian law in situations of armed conflict;
- d. Displacement caused by generalized violence or violations of human rights;
- e. Displacement as a result of harmful practices;
- f. Forced evacuations in cases of natural or human made disasters or other causes if the evacuations are not required by the safety and health of those affected;
- g. Displacement used as a collective punishment;
- h. Displacement caused by any act, event, factor, or phenomenon of comparable gravity to all of the above and which is not justified under international law, including human rights and international humanitarian law.
5. States Parties shall endeavour to protect communities with special attachment to, and dependency, on land due to their particular culture and spiritual values from being displaced from such lands, except for compelling and overriding public interests;
6. States Parties shall declare as offences punishable by law acts of arbitrary displacement that amount to genocide, war crimes or crimes against humanity.
- b. 武力紛争の状況における個別の又は集団の強制移動（ただし、国際人道法に従い、関係する文民の安全又は絶対的な軍事上の理由のために必要とされる場合を除く。）
- c. 戦争の手段として又は武力紛争の状況下における国際人道法のその他の違反によって故意に用いられる強制移動
- d. 一般化した暴力又は人権侵害によってもたらされる強制移動
- e. 有害な行為の結果としての強制移動
- f. 自然若しくは人為的災害又はその他の原因の場合における強制避難で、当事者の安全及び健康のために避難が必要でない場合におけるもの
- g. 集団に科する刑罰として用いられる強制移動
- h. 上記のすべてに匹敵する重大性を有する行為、出来事、要素又は現象によってもたらされる強制移動で、国際法（人権法及び国際人道法を含む。）により正当化されないもの
5. 締約国は、自らの特有の文化及び精神的価値によって土地への特別のつながり及び依存性を有するコミュニティに対し、そのような土地から移動を強いられることから保護するよう努める（ただし、やむを得ないかつ優先的な公共の利益を理由とする場合を除く。）。
6. 締約国は、ジェノサイド、戦争犯罪又は人道に対する罪に該当する恣意的な強制移動の行為を法的に処罰可能な犯罪であると声明する。

ARTICLE 5
OBLIGATIONS OF STATES PARTIES
RELATING TO PROTECTION AND
ASSISTANCE

1. States Parties shall bear the primary duty and responsibility for providing protection of and humanitarian assistance to internally displaced persons within their territory or jurisdiction without discrimination of any kind.
2. States Parties shall cooperate with each other upon the request of the concerned State Party or the Conference of State Parties in protecting and assisting internally displaced persons.
3. States Parties shall respect the mandates of the African Union and the United Nations, as well as the roles of international humanitarian organizations in providing protection and assistance to internally displaced persons, in accordance with international law.
4. States Parties shall take measures to protect and assist persons who have been internally displaced due to natural or human made disasters, including climate change.
5. States Parties shall assess or facilitate the assessment of the needs and vulnerabilities of internally displaced persons and of host communities, in cooperation with international organizations or agencies.
6. States Parties shall provide sufficient protection and assistance to internally displaced persons, and where available resources are inadequate to enable them to do so, they shall cooperate in seeking the assistance of international organizations and humanitarian agencies, civil society organizations and other relevant actors. Such organizations may offer their services to all those in need.

第 5 条
保護及び援助に関する締約国の義務

1. 締約国は、いかなる種類の差別もなく、自らの領域内又は管轄内の国内避難民に対して保護及び人道的援助を与えることへの主要な義務及び責任を負う。
2. 締約国は、関係する締約国又は締約国会議の要請を受けた際に、国内避難民を保護し及び援助することにおいて相互に協力する。
3. 締約国は、国際法に従い、アフリカ連合及び国際連合の職務並びに国内避難民に対して保護及び援助を与えるにあたっての国際人道支援組織の役割を尊重する。
4. 締約国は、自然又は人為的災害（気候変動を含む。）により国内で移動を強いられた者を保護し及び援助するための措置をとる。
5. 締約国は、国際組織又は機関と協力し、国内避難民及び受け入れコミュニティのニーズ及び脆弱性を評価し又は評価を容易にする。
6. 締約国は、国内避難民に対して十分な保護及び援助を与え、かつ、利用可能な資源がそれを可能とするには不十分である場合には、国際組織及び人道支援機関、市民社会団体並びにその他の関連する主体の援助を求めることにおいて協力する。当該組織は、必要とするすべての者に対して自らの役務を提供することができる。

7. States Parties shall take necessary steps to effectively organize, relief action that is humanitarian, and impartial in character, and guarantee security. States Parties shall allow rapid and unimpeded passage of all relief consignments, equipment and personnel to internally displaced persons. States Parties shall also enable and facilitate the role of local and international organizations and humanitarian agencies, civil society organizations and other relevant actors, to provide protection and assistance to internally displaced persons. States Parties shall have the right to prescribe the technical arrangements under which such passage is permitted.

8. States Parties shall uphold and ensure respect for the humanitarian principles of humanity, neutrality, impartiality and independence of humanitarian actors.

9. States Parties shall respect the right of internally displaced persons to peacefully request or seek protection and assistance, in accordance with relevant national and international laws, a right for which they shall not be persecuted, prosecuted or punished.

10. States Parties shall respect, protect and not attack or otherwise harm humanitarian personnel and resources or other materials deployed for the assistance or benefit of internally displaced persons.

11. States Parties shall take measures aimed at ensuring that armed groups act in conformity with their obligations under Article 7.

12. Nothing in this Article shall prejudice the principles of sovereignty and territorial integrity of states.

7. 締約国は、人道的かつ公平な性質の救援活動を効果的に組織するための措置をとり、及び安全を保障する。締約国は、国内避難民に対するすべての救援物資、機材及び人員の迅速かつ妨げられることのない通行を認める。締約国は、また、国内避難民に対して保護及び援助を与えるため、現地組織及び国際組織及び人道支援機関、市民社会団体並びにその他の関連する主体の役割を可能にし及び容易にする。締約国は、このような通行が許可されるための技術的協定を制定する権利を有する。

8. 締約国は、人道的主体の人道、中立性、公平性及び独立性の人道の諸原則を支持し、かつ、その尊重を確保する。

9. 締約国は、関連する国内法及び国際法に従い、保護及び援助を平和的に要請し又は求める国内避難民の権利（そのことによって迫害され、起訴され又は処罰されるものではない権利である。）を尊重する。

10. 締約国は、国内避難民の援助又は利益のために展開される人道支援の人員及び資源又はその他の物資を尊重し、保護するとともに、これらを攻撃し又は害してはならない。

11. 締約国は、武装集団が第7条に基づく自らの義務に従って行動することを確保するための措置をとる。

12. この条のいかなる規定も、国家の主権と領土保全の原則に影響を及ぼすものではない。

ARTICLE 6**OBLIGATIONS RELATING TO INTERNATIONAL ORGANIZATIONS AND HUMANITARIAN AGENCIES**

1. International organizations and humanitarian agencies shall discharge their obligations under this Convention in conformity with international law and the laws of the country in which they operate.

2. In providing protection and assistance to Internally Displaced Persons, international organizations and humanitarian agencies shall respect the rights of such persons in accordance with international law.

3. International organizations and humanitarian agencies shall be bound by the principles of humanity, neutrality, impartiality and independence of humanitarian actors, and ensure respect for relevant international standards and codes of conduct.

ARTICLE 7**PROTECTION AND ASSISTANCE TO INTERNALLY DISPLACED PERSONS IN SITUATIONS OF ARMED CONFLICT**

1. The provisions of this Article shall not, in any way whatsoever, be construed as affording legal status or legitimizing or recognizing armed groups and are without prejudice to the individual criminal responsibility of the members of such groups under domestic or international criminal law.

2. Nothing in this Convention shall be invoked for the purpose of affecting the sovereignty of a State or the responsibility of the Government, by all legitimate means, to maintain or re-establish law and order in the State or to defend the national unity and territorial integrity of the State.

第 6 条**国際組織及び人道支援機関に関する義務**

1. 国際組織及び人道支援機関は、国際法及び自らが活動する国の法律に従い、この条約に基づく自らの義務を果たす。

2. 国際組織及び人道支援機関は、国内避難民に対して保護及び援助を与えるにあたり、国際法に従い、これらの者の権利を尊重する。

3. 国際組織及び人道支援機関は、人道的主体の人道、中立性、公平性及び独立性の諸原則に拘束され、また、これらは、関連する国際的な基準及び行動規範の尊重を確保する。

第 7 条**武力紛争の状況における国内避難民に対する保護及び援助**

1. この条の規定は、いかなる場合においても、武装集団に法的地位を与え又は武装集団を合法化し若しくは承認するものと解釈してはならず、また、国内刑法又は国際刑事法に基づく武装集団の構成員の個人の刑事責任に影響を及ぼすものではない。

2. この条約のいかなる規定も、国家における法律及び秩序を維持し若しくは再確立し、又は国家の国民的統合及び領土保全を守るため、いかなる合法的手段によっても、国家の主権又は政府の責任に影響を及ぼす目的で採用されてはならない。

3. The protection and assistance to internally displaced persons under this Article shall be governed by international law and in particular international humanitarian law.

4. Members of Armed groups shall be held criminally responsible for their acts which violate the rights of internally displaced persons under international law and national law.

5. Members of armed groups shall be prohibited from:

- a. Carrying out arbitrary displacement;
- b. Hampering the provision of protection and assistance to internally displaced persons under any circumstances;
- c. Denying internally displaced persons the right to live in satisfactory conditions of dignity, security, sanitation, food, water, health and shelter; and separating members of the same family;
- d. Restricting the freedom of movement of internally displaced persons within and outside their areas of residence;
- e. Recruiting children or requiring or permitting them to take part in hostilities under any circumstances;
- f. Forcibly recruiting persons, kidnapping, abduction or hostage taking, engaging in sexual slavery and trafficking in persons especially women and children;
- g. Impeding humanitarian assistance and passage of all relief consignments, equipment and personnel to internally displaced persons
- h. Attacking or otherwise harming humanitarian personnel and resources or other materials deployed for the assistance or benefit of internally displaced persons and shall not destroy, confiscate or divert such materials; and

3. この条に基づく国内避難民に対する保護及び援助は、国際法、特に国際人道法によって規律される。

4. 武装集団の構成員は、国際法及び国内法に基づく国内避難民の権利を侵害する自らの行為について刑事上の責任を負う。

5. 武装集団の構成員は、次の行為を禁止される。

- a. 恣意的な強制移動を実行すること。
- b. いかなる場合であろうとも、国内避難民に対する保護及び援助を妨害すること。
- c. 尊厳、安全、衛生、食糧、水、健康及び避難所について満足すべき条件で生活する権利を国内避難民に対して否定すること、並びに家族の構成員を離散させること。
- d. 居住領域の内外における国内避難民の移動の自由を制限すること。
- e. いかなる場合であろうとも、子供を徴集し又は戦闘行為への参加を要求し若しくは許可すること。
- f. 人々を強制的に徴集すること、誘拐、拉致又は人質にとること、性的奴隷に従事させること及び人身取引（特に女性及び子供に関して）を行うこと。
- g. 国内避難民に対する人道的援助並びにすべての救援の荷物、機材及び人員の通行を妨げること。
- h. 国内避難民の援助又は利益のために展開される人道支援の人員及び資源又はその他の物資を攻撃し又は害を与えること。また、武装集団の構成員は、当該物資を破壊し、没収し又は転用してはならない。

- i. Violating the civilian and humanitarian character of the places where internally displaced persons are sheltered and shall not infiltrate such places.

ARTICLE 8
OBLIGATIONS RELATING TO THE
AFRICAN UNION

1. The African Union shall have the right to intervene in a Member State pursuant to a decision of the Assembly in accordance with Article 4(h) of the Constitutive Act in respect of grave circumstances, namely: war crimes, genocide, and crimes against humanity;
2. The African Union shall respect the right of States Parties to request intervention from the Union in order to restore peace and security in accordance with Article 4(j) of the Constitutive Act and thus contribute to the creation of favourable conditions for finding durable solutions to the problem of internal displacement;
3. The African Union shall support the efforts of the States Parties to protect and assist internally displaced persons under this Convention. In particular, the Union shall:
 - a. Strengthen the institutional framework and capacity of the African Union with respect to protection and assistance to internally displaced persons;
 - b. Coordinate the mobilisation of resources for protection and assistance to internally displaced persons;
 - c. Collaborate with international organizations and humanitarian agencies, civil society organizations and other relevant actors in accordance with their mandates, to support measures taken by States Parties to protect and assist internally displaced persons.

- i. 国内避難民が収容されている場所の文民的及び人道的性質を侵害すること。また、武装集団の構成員は、当該場所に侵入してはならない。

第 8 条
アフリカ連合に関する義務

1. アフリカ連合は、重大な状況（すなわち、戦争犯罪、ジェノサイド及び人道に対する罪）に関する制定法の第4条の(h)に従った総会の決定に基づき、加盟国に介入する権利を有する。
2. アフリカ連合は、制定法の第4条の(j)に従って平和及び安全を回復し、国内強制移動の問題に対する恒久的解決を見つけるための好適な条件を創出することに貢献するため、アフリカ連合の介入を要請する締約国の権利を尊重する。
3. アフリカ連合は、この条約に基づいて国内避難民を保護し及び援助する締約国の努力を支援する。特に、アフリカ連合は、次の義務を負う。
 - a. 国内避難民に対する保護及び援助に関するアフリカ連合の制度的枠組及び能力を強化すること。
 - b. 国内避難民に対する保護及び援助のための資源の動員を調整すること。
 - c. 国内避難民を保護し及び援助するために締約国がとった措置を支援するため、国際組織及び人道支援機関、市民社会団体並びにその他の関連する主体と、これらの職務に従い、協力すること。

- d. Cooperate directly with African States and international organizations and humanitarian agencies, civil society organizations and other relevant actors, with respect to appropriate measures to be taken in relation to the protection of and assistance to internally displaced persons;
- e. Share information with the African Commission on Human and Peoples' Rights on the situation of displacement, and the protection and assistance accorded to internally displaced persons in Africa; and,
- f. Cooperate with the Special Rapporteur of the African Commission on Human and Peoples' Rights for Refugees, Returnees, IDPs and Asylum Seekers in addressing issues of internally displaced persons.

ARTICLE 9

OBLIGATIONS OF STATES PARTIES RELATING TO PROTECTION AND ASSISTANCE DURING INTERNAL DISPLACEMENT

1. States Parties shall protect the rights of internally displaced persons regardless of the cause of displacement by refraining from, and preventing, the following acts, amongst others:
- a. Discrimination against such persons in the enjoyment of any rights or freedoms on the grounds that they are internally displaced persons;
 - b. Genocide, crimes against humanity, war crimes and other violations of international humanitarian law against internally displaced persons;
 - c. Arbitrary killing, summary execution, arbitrary detention, abduction, enforced disappearance or torture and other forms of cruel, inhuman or degrading treatment or punishment;

- d. 国内避難民に対する保護及び援助に関連してとるべき適切な措置に関し、アフリカ諸国、国際組織及び人道支援機関、市民社会団体並びにその他の関連する主体と直接的に協力すること。
- e. アフリカにおける強制移動の状況並びに国内避難民に与えられる保護及び援助に関し、人及び人民の権利に関するアフリカ委員会と情報を共有すること。
- f. 国内避難民の問題に対処するにあたり、難民、帰還者、国内避難民、庇護申請者のための人及び人民の権利に関するアフリカ委員会特別報告者と協力すること。

第 9 条

国内強制移動が継続する間の保護及び 援助に関する締約国の義務

1. 締約国は、強制移動の理由のいかんを問わず、特に次の行為を差し控え及び防ぐことにより、国内避難民の権利を保護する。
- a. 国内避難民であることを理由とした、権利又は自由の享受におけるこれらの者に対する差別
 - b. ジェノサイド、人道に対する罪、戦争犯罪及び国内避難民に対する国際人道法その他の違反
 - c. 恣意的な殺人、略式処刑、恣意的な抑留、拉致、強制失踪又は拷問及びその他の形態の残虐な、非人道的な又は品位を傷つける取扱い又は刑罰

- d. Sexual and gender based violence in all its forms, notably rape, enforced prostitution, sexual exploitation and harmful practices, slavery, recruitment of children and their use in hostilities, forced labour and human trafficking and smuggling; and
- e. Starvation.

2. States Parties shall:

- a. Take necessary measures to ensure that internally displaced persons are received, without discrimination of any kind and live in satisfactory conditions of safety, dignity and security;
- b. Provide internally displaced persons to the fullest extent practicable and with the least possible delay, with adequate humanitarian assistance, which shall include food, water, shelter, medical care and other health services, sanitation, education, and any other necessary social services, and where appropriate, extend such assistance to local and host communities;
- c. Provide special protection for and assistance to internally displaced persons with special needs, including separated and unaccompanied children, female heads of households, expectant mothers, mothers with young children, the elderly, and persons with disabilities or with communicable diseases;
- d. Take special measures to protect and provide for the reproductive and sexual health of internally displaced women as well as appropriate psychosocial support for victims of sexual and other related abuses;
- e. Respect and ensure the right to seek safety in another part of the State and to be protected against forcible return to or resettlement in any place where their life, safety, liberty and/or health would be at risk;

- d. あらゆる形態での性的な及びジェンダーに基づく暴力、特に、強姦、強制売春、性的搾取及び有害な慣行、奴隷、戦闘行為における子供の徴集及び使用、強制労働並びに人身取引及び人の密輸

- e. 飢餓

2. 締約国は、次の義務を負う。

- a. 国内避難民がいかなる種類の差別もなく、安全、尊厳及び安心について満足すべき条件で受け入れられることを確保するための必要な措置をとること。
- b. 最大限実行可能な限り、かつ、できる限り速やかに、国内避難民に対して適切な人道的援助（食糧、水、避難所、医療及びその他の保健サービス、衛生、教育並びにその他の必要な社会的サービスを含む。）を与え、また、適切な場合には、当該援助を現地及び受け入れコミュニティに拡大すること。
- c. 特別の必要を有する国内避難民（親と引き離され、保護者のいない子供、女性世帯主、妊婦、幼い子供を持つ母親、高齢者、障がいのある者又は伝染病に罹った者を含む。）のための特別の保護及び援助を与えること。
- d. 国内避難民の女性のリプロダクティブ・ヘルス及び性的健康を保護し及び規定し、並びに性的及びその他の関連する虐待の被害者のための適切な心理社会的支援のための特別の措置をとること。
- e. 国内の他の場所に安全を求める権利及び自らの生命、安全、自由又は健康が危険にさらされるおそれのあるあらゆる場所への強制送還又は当該場所における再定住から保護される権利を尊重し、かつ、その尊重を確保すること。

- f. Guarantee the freedom of movement and choice of residence of internally displaced persons, except where restrictions on such movement and residence are necessary, justified and proportionate to the requirements of ensuring security for internally displaced persons or maintaining public security, public order and public health;
 - g. Respect and maintain the civilian and humanitarian character of the places where internally displaced persons are sheltered and safeguard such locations against infiltration by armed groups or elements and disarm and separate such groups or elements from internally displaced persons;
 - h. Take necessary measures, including the establishment of specialized mechanisms, to trace and reunify families separated during displacement and otherwise facilitate the re-establishment of family ties;
 - i. Take necessary measures to protect individual, collective and cultural property left behind by displaced persons as well as in areas where internally displaced persons are located, either within the jurisdiction of the State Parties, or in areas under their effective control;
 - j. Take necessary measures to safeguard against environmental degradation in areas where internally displaced persons are located, either within the jurisdiction of the State Parties, or in areas under their effective control;
 - k. States Parties shall consult internally displaced persons and allow them to participate in decisions relating to their protection and assistance;
- f. 国内避難民の移動の自由及び居所選定の自由を保障すること。ただし、そのような移動及び居所に関する制限が必要であり、正当化され、また、国内避難民の安全の確保又は公共の安全、公の秩序及び公衆の健康の維持の必要性に相応する場合を除く。
 - g. 国内避難民が収容されている場所の文民的及び人道的性質を尊重し及び維持し、武装集団又は分子による侵入から当該場所を保全し、並びに当該集団又は分子の武装解除を行い及びこれらを国内避難民から引き離すこと。
 - h. 強制移動が継続する間に離散した家族を追跡し及び再会させ並びに家族の絆の再確立を容易にするための必要な措置（特化した制度の確立を含む。）をとること。
 - i. 締約国の管轄内又はその実行的支配下にある地域のいずれにおいても、避難民が残置した及び国内避難民が所在する場所における個人の、集団の及び文化的財産を保護するために必要な措置をとること。
 - j. 締約国の管轄内又はその実行的支配下にある地域のいずれにおいても、国内避難民が所在する場所における環境の悪化を防御するための必要な措置をとること。
 - k. 締約国は国内避難民と協議し並びに自らの保護及び援助に関する決定への国内避難民の参加を許可すること。

- l. Take necessary measures to ensure that internally displaced persons who are citizens in their country of nationality can enjoy their civic and political rights, particularly public participation, the right to vote and to be elected to public office; and
 - m. Put in place measures for monitoring and evaluating the effectiveness and impact of the humanitarian assistance delivered to internally displaced persons in accordance with relevant practice, including the Sphere Standards.
3. States Parties shall discharge these obligations, where appropriate, with assistance from international organizations and humanitarian agencies, civil society organizations, and other relevant actors.

ARTICLE 10
DISPLACEMENT INDUCED
BY PROJECTS

1. States Parties, as much as possible, shall prevent displacement caused by projects carried out by public or private actors;
2. States Parties shall ensure that the stakeholders concerned will explore feasible alternatives, with full information and consultation of persons likely to be displaced by projects;
3. States parties shall carry out a socio-economic and environmental impact assessment of a proposed development project prior to undertaking such a project.

1. 国籍国における市民である国内避難民が公民権及び政治的権利（特に、公的な参加、投票し及び公職に選出されうる権利）を享受することができることを確保するための必要な措置をとること。
 - m. 関連する慣行（スフィア・スタンダードを含む。）に従って国内避難民に与えられる人道的援助の効果性及び影響を監視し及び評価するための措置を整備すること。
3. 締約国は、必要な場合には、国際組織及び人道支援機関、市民社会団体並びにその他の関連する主体からの援助とともに、これらの義務を履行する。

第 10 条
プロジェクトに起因する強制移動

1. 締約国は、可能な限り、公的又は私的な主体によって実施されるプロジェクトによってもたらされる強制移動を防止する。
2. 締約国は、利害関係者が、プロジェクトによって移動を強いられるおそれのある者の十分な情報及び協議とともに、実行可能な代替案を検討することを確保する。
3. 締約国は、開発プロジェクトを実施する前に、提案される当該プロジェクトの社会経済的及び環境的影響の評価を実施する。

ARTICLE 11

OBLIGATIONS OF STATES PARTIES RELATING TO SUSTAINABLE RETURN, LOCAL INTEGRATION OR RELOCATION

1. States Parties shall seek lasting solutions to the problem of displacement by promoting and creating satisfactory conditions for voluntary return, local integration or relocation on a sustainable basis and in circumstances of safety and dignity.
2. States Parties shall enable internally displaced persons to make a free and informed choice on whether to return, integrate locally or relocate by consulting them on these and other options and ensuring their participation in finding sustainable solutions.
3. States Parties shall cooperate, where appropriate, with the African Union and international organizations or humanitarian agencies and civil society organizations, in providing protection and assistance in the course of finding and implementing solutions for sustainable return, local integration or relocation and long-term reconstruction.
4. States Parties shall establish appropriate mechanisms providing for simplified procedures where necessary, for resolving disputes relating to the property of internally displaced persons.
5. States Parties shall take all appropriate measures, whenever possible, to restore the lands of communities with special dependency and attachment to such lands upon the communities' return, reintegration, and reinsertion.

第 11 条

持続的な帰還、現地統合又は移転に関する 締約国の義務

1. 締約国は、持続可能な方法で、かつ安全及び尊厳のある状況において、自発的帰還、現地統合又は移転を行うための満足すべき条件を促進し及び創出することにより、強制移動の問題に対する持続的解決を求める。
2. 締約国は、帰還、現地統合又は移転の是非について、これらの及びその他の選択肢について国内避難民と協議を行い、かつ、持続的解決を見つけるにあたりこれらの者の参加を確保することにより、国内避難民が自由なかつ情報を与えられた上での選択を行うことを可能とする。
3. 締約国は、持続的な帰還、現地統合又は移転及び長期的再建のための解決を見つけ及び実施する過程において保護及び援助を与えるにあたり、適切な場合には、アフリカ連合及び国際組織又は人道支援機関及び市民社会団体と協力する。
4. 締約国は、必要な場合には、国内避難民の財産に関する紛争を解決するための簡素化された手続を定めた適切な制度を確立する。
5. 締約国は、可能な限り、土地に対する特別の依存性及びつながりを有するコミュニティの帰還、再統合及び再復帰の際に、その土地を回復するためのすべての適切な措置をとる。

ARTICLE 12 COMPENSATION

1. States Parties shall provide persons affected by displacement with effective remedies.
2. States Parties shall establish an effective legal framework to provide just and fair compensation and other forms of reparations, where appropriate, to internally displaced persons for damage incurred as a result of displacement, in accordance with international standards.
3. A State Party shall be liable to make reparation to internally displaced persons for damage when such a State Party refrains from protecting and assisting internally displaced persons in the event of natural disasters.

ARTICLE 13 REGISTRATION AND PERSONAL DOCUMENTATION

1. States Parties shall create and maintain an up-dated register of all internally displaced persons within their jurisdiction or effective control. In doing so, States Parties may collaborate with international organizations or humanitarian agencies or civil society organizations.
2. States Parties shall ensure that internally displaced persons shall be issued with relevant documents necessary for the enjoyment and exercise of their rights, such as passports, personal identification documents, civil certificates, birth certificates and marriage certificates.

第 12 条 補償

1. 締約国は、強制移動によって影響を受けた者に対して効果的な救済を与える。
2. 締約国は、必要な場合には、国際的な基準に従い、国内避難民が強制移動の結果として被った損害について国内避難民に対して適正かつ公正な補償及びその他の形態の賠償を与えるための効果的な法的枠組を確立する。
3. 締約国は、自然災害時において国内避難民の保護及び援助を怠った場合には、国内避難民に対して損害の賠償を行う義務を負う。

第 13 条 登録及び個人的書類

1. 締約国は、自らの管轄内又は実行的支配内にあるすべての国内避難民について最新の登録簿を作成し及び維持する。その際に、締約国は、国際組織又は人道支援機関又は市民社会団体と協力することができる。
2. 締約国は、国内避難民に対して自らの権利の享受及び行使に必要な関連する書類（旅券、本人確認用の書類、市民証明書、出生証明書及び婚姻証明書等）が発行されることを確保する。

3. States Parties shall facilitate the issuance of new documents or the replacement of documents lost or destroyed in the course of displacement, without imposing unreasonable conditions, such as requiring return to one's area of habitual residence in order to obtain these or other required documents. The failure to issue internally displaced persons with such documents shall not in any way impair the exercise or enjoyment of their human rights.

4. Women and men as well as separated and unaccompanied children shall have equal rights to obtain such necessary identity documents and shall have the right to have such documentation issued in their own names.

ARTICLE 14 MONITORING COMPLIANCE

1. States Parties agree to establish a Conference of States Parties to this Convention to monitor and review the implementation of the objectives of this Convention.

2. States Parties shall enhance their capacity for cooperation and mutual support under the auspices of the Conference of the States Parties.

3. States Parties agree that the Conference of the States Parties shall be convened regularly and facilitated by the African Union.

4. States Parties shall, when presenting their reports under Article 62 of the African Charter on Human and Peoples' Rights as well as, where applicable, under the African Peer Review Mechanism indicate the legislative and other measures that have been taken to give effect to this Convention.

3. 締約国は、新規書類の発行又は強制移動の途中において紛失した又は破棄された書類の再発行について、これら又はその他の必要書類を取得するために常居所がある地域に戻ることを要求する等の不合理な条件を課すことなく、容易なものとする。当該書類を国内避難民に発行しなかったとしても、このことは、いかなる場合であっても、これらの者の人権の行使又は享受を侵害するものではない。

4. 女性及び男性並びに親と引き離され、保護者のいない子供は、それらの必要な身分証明書を取得する平等の権利を有し、かつ、自己の名義で必要書類の発行を受ける権利を有する。

第 14 条 遵守の監視

1. 締約国は、この条約の目的の実施を監視し及び審査するため、この条約の締約国会議を設立することに同意する。

2. 締約国は、締約国会議の賛助の下で協力及び相互支援のための能力を強化する。

3. 締約国は、アフリカ連合によって締約国会議が定期に開催され及び準備されることに同意する。

4. 締約国は、人及び人民の権利に関するアフリカ憲章の第62条及び、該当する場合には、アフリカの相互審査制度に基づいて報告書を提出する際に、この条約を実施するためにとられた立法的及びその他の措置を明記する。

FINAL PROVISIONS
ARTICLE 15
APPLICATION

1. States Parties agree that except where expressly stated in this Convention, its provisions apply to all situations of internal displacement regardless of its causes.
2. States Parties agree that nothing in this Convention shall be construed as affording legal status or legitimizing or recognizing armed groups and that its provisions are without prejudice to the individual criminal responsibility of their members under domestic or international criminal law.

ARTICLE 16
SIGNATURE, RATIFICATION AND
MEMBERSHIP

1. This Convention shall be open to signature, ratification or accession by Member States of the AU in accordance with their respective constitutional procedures.
2. The instruments of ratification or accession shall be deposited with the Chairperson of the African Union Commission.

ARTICLE 17
ENTRY INTO FORCE

1. This Convention shall enter into force thirty (30) days after the deposit of the instruments of ratification or accession by fifteen (15) Member States.
2. The Chairperson of the AU Commission shall notify Member States of the coming into force of this Convention.

最終規定
第 15 条
適用

1. 締約国は、この条約に明示的に記される場合を除き、この条約の規定は、その原因のいかんを問わず、国内強制移動のすべての状況に適用されることに同意する。
2. 締約国は、この条約のいかなる規定も、武装集団に法的地位を与え又は武装集団を合法化し若しくは承認するものと解釈してはならず、また、この条約の規定は、国内刑法又は国際刑事法に基づく武装集団の構成員の個人の刑事責任に影響を及ぼすものではないことに同意する。

第 16 条
署名、批准及び加入資格

1. この条約は、AU加盟国による、各自の憲法上の手続に従った署名、批准又は加入のために開放される。
2. 批准又は加入の文書は、アフリカ連合委員会の議長に寄託される。

第 17 条
効力発生

1. この条約は、15の加盟国によって批准書又は加入書が寄託された後30日で効力を生ずる。
2. AU委員会の議長は、加盟国に対してこの条約の効力発生を通知する。

ARTICLE 18
AMENDMENT AND REVISION

1. States Parties may submit proposals for the amendment or revision of this Convention.
2. Proposals for amendment or revision shall be submitted, in writing, to the Chairperson of the Commission of the AU who shall transmit the same to the States Parties within thirty (30) days of receipt thereof.
3. The Conference of States Parties, upon advice of the Executive Council, shall examine these proposals within a period of one (1) year following notification of States Parties, in accordance with the provisions of paragraph 2 of this Article.
4. Amendments or revision shall be adopted by the Conference of States Parties by a simple majority of the States Parties present and voting.
5. Amendments shall come into force thirty (30) days following the depositing of the fifteenth (15) instrument of ratification by the States Parties with the Chairperson of the AU Commission.

ARTICLE 19
DENUNCIATION

1. A State Party may denounce this Convention by sending a written notification addressed to the Chairperson of the AU Commission, while indicating the reasons for such a denunciation.

第18条
改正及び修正

1. 締約国は、この条約の改正案又は修正案を提出することができる。
2. 改定案又は修正案は、AU委員会の議長に対して書面で提出され、当該議長は当該案を受領した後30日以内に締約国にこれを送付する。
3. 締約国会議は、閣僚執行理事会の助言を受け、本条の2項の規定に従い、締約国の通知を受けた日から1年以内に当該案を検討する。
4. 改定又は修正は、締約国会議により、出席しかつ投票する締約国の単純過半数によって採択される。
5. 改正は、AU委員会の議長に締約国の第15番目の批准書が寄託された後30日で効力を生ずる。

第19条
廃棄

1. 締約国は、AU委員会の議長に対して書面による通告を行うことにより、この条約を廃棄することができる。ただし、廃棄のための理由を示す。

2. The denunciation shall take effect one (1) year from the date when the notification was received by the Chairperson of the AU Commission, unless a subsequent date has been specified.

ARTICLE 20 SAVING CLAUSE

1. No provision in this Convention shall be interpreted as affecting or undermining the right of internally displaced persons to seek and be granted asylum within the framework of the African Charter on Human and Peoples' Rights, and to seek protection, as a refugee, within the purview of the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa or the 1951 U.N Convention Relating to the Status of Refugees as well as the 1967 Protocol Relating to the Status of Refugees.

2. This Convention shall be without prejudice to the human rights of internally displaced persons under the African Charter on Human and Peoples' Rights and other applicable instruments of international human rights law or international humanitarian law. Similarly, it shall in no way be understood, construed or interpreted as restricting, modifying or impeding existing protection under any of the instruments mentioned herein.

3. The right of internally displaced persons to lodge a complaint with the African Commission on Human and Peoples' Rights or the African Court of Justice and Human Rights, or any other competent international body shall in no way be affected by this Convention.

2. 廃棄は、AU委員会の議長が通告を受領した日の後1年で効力を生ずる。ただし、それ以降の日が指定されている場合を除く。

第 20 条 保留条項

1. この条約のいかなる条項も、国内避難民が、人及び人民の権利に関するアフリカ憲章の枠内で庇護を求め及び与えられる権利、並びにアフリカにおける難民問題の特殊な側面を規律するOAU条約（1969年）、難民の地位に関する条約（1951年）、及び難民の地位に関する議定書（1967年）に基づいて難民として保護を求める権利に影響を及ぼし又はこれを損なうものと解釈してはならない。

2. この条約は、人及び人民の権利に関するアフリカ憲章及び国際人権法又は国際人道法のその他の適用される文書に基づく国内避難民の人権に影響を及ぼすものではない。この条約は、同様に、これに示される文書に基づく既存の保護を制限し、修正し又は阻害するものと理解し又は解釈してはならない。

3. 国内避難民が人及び人民の権利に関するアフリカ委員会若しくはアフリカ司法人権裁判所又は管轄を有するその他の国際的な機関に不服を申し立てる権利は、いかなる場合においても、この条約によって影響を受けない。

4. The provisions of this Convention shall be without prejudice to the individual criminal responsibility of internally displaced persons, within the framework of national or international criminal law and their duties by virtue of the African Charter on Human and Peoples' Rights.

ARTICLE 21 RESERVATIONS

States Parties shall not make or enter reservations to this Convention that are incompatible with the object and purpose of this Convention.

ARTICLE 22 SETTLEMENT OF DISPUTES

1. Any dispute or differences arising between the States Parties with regard to the interpretation or application of this Convention shall be settled amicably through direct consultations between the States Parties concerned. In the event of failure to settle the dispute or differences, either State may refer the dispute to the African Court of Justice and Human Rights.

2. Until such time as and when the latter shall have been established, the dispute or differences shall be submitted to the Conference of the States Parties, which will decide by consensus or, failing which, by a two-third (2/3) majority of the States Parties present and voting.

4. この条約の規定は、国内刑法又は国際刑事法及び人及び人民の権利に関するアフリカ憲章に基づく義務の枠内での国内避難民の個人の刑事責任に影響を及ぼさない。

第 21 条 留保

締約国は、この条約の趣旨及び目的に反する留保をこの条約に対して行ってはならない。

第22条 紛争の解決

1. この条約の解釈又は適用に関して締約国の間で発生する紛争又は相違は、関係する締約国の間で直接の協議を通じて友好的に解決する。紛争又は相違を解決することができない場合には、締約国のいずれかは、アフリカ司法人権裁判所に紛争を付託することができる。

2. 紛争又は相違は、アフリカ司法人権裁判所が設置されるまでは、締約国会議に提出される。締約国会議は、合意によって又はそうでなければ出席し及び投票する締約国の3分の2の多数で議決する。

ARTICLE 23 DEPOSITORY

1. This Convention shall be deposited with the Chairperson of the AU Commission, who shall transmit a certified true copy of the Convention to the Government of each signatory State.
2. The Chairperson of the AU Commission shall register this Convention with the United-Nations Secretary-General as soon as it comes into force.
3. This Convention is drawn up in four (4) original texts; in the Arabic, English, French and Portuguese languages, all four (4) being equally authentic.

Adopted by the Special Summit of the Union Held in Kampala, Uganda,
22nd October 2009

第 23 条 寄託

1. この条約は、AU委員会の議長に寄託され、当該議長は各署名国の政府にこの条約の謄本を送付する。
2. AU委員会の議長は、この条約が効力を生じた後なるべく速やかにこの条約を国際連合事務局に登録する。
3. この条約は、アラビア語、英語、フランス語及びポルトガル語で原本4通を作成する。ただし、4通すべてをひとしく正文とする。

ウガンダ、カンパラにて2009年10月22日に開催された連合の特別サミットによって採択された。

CALL FOR CONTRIBUTIONS

CDRQ is an open journal published on a quarterly basis. The aim of the journal is to disseminate information collected from research activities of CDR and related partners. It also welcomes contributions not only from academics but also from practitioners who are facing real social problems. This journal primarily focuses on issues of movement of people. However the contents also include variety of related fields such as governance and conflict resolution and prevention, as these issues induce and escalate forced displacement and more longer-term movement of people. The purpose of the journal is to provide a crosscutting perspectives on refugee and migrant issues with comprehensive awareness of the issues of movement of people.

For more details, please access the official website of the CDR and download the “CDRQ Handbook”: http://cdr.c.u-tokyo.ac.jp/Quarterly/Q_handbook.pdf

Official Website of CDR [<http://cdr.c.u-tokyo.ac.jp/>]

