



MWIA CASE STUDIES

LIFELONG IMPACT OF CHILDHOOD ABUSE

Case 34: Sexual Violence in the Home in Japan

Objective

- To show that the care of a victimized child becomes difficult or even impossible when the parent/guardian is uncooperative.
- To show that when no organization takes responsibility for the care of a victimized child and the parent/guardian behaves in an unethical manner, the situation becomes unremediable.

Narrative Case

** At the end of the case study you can find "Learning points" related to information presented in the narrative case, denoted by numbers in square brackets.*

The victim is an 11 year-old girl with 4 older and 2 younger brothers of which the eldest was 16 years old. She was taken to the emergency department by ambulance due to severe abdominal pain and was found to be 30 weeks pregnant. It was suspected that one of the elder brothers had impregnated her, but the details were unclear. [1]

The parent refused an interview visit by the child consultation and protection centre and missed an opportunity for the girl to have help from agencies. [2]

When the girl was admitted to the paediatric department after delivery [3] her mother came and took her away without permission, and afterwards, returned to take the baby. The mother then moved out of her home without notice. Care for the victimized child could not be provided. [4]

Learning Points

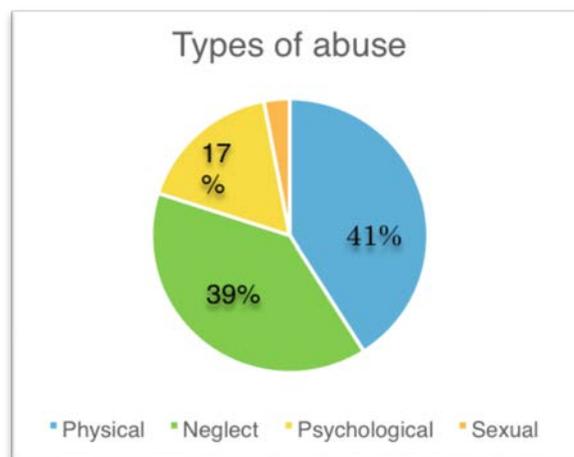
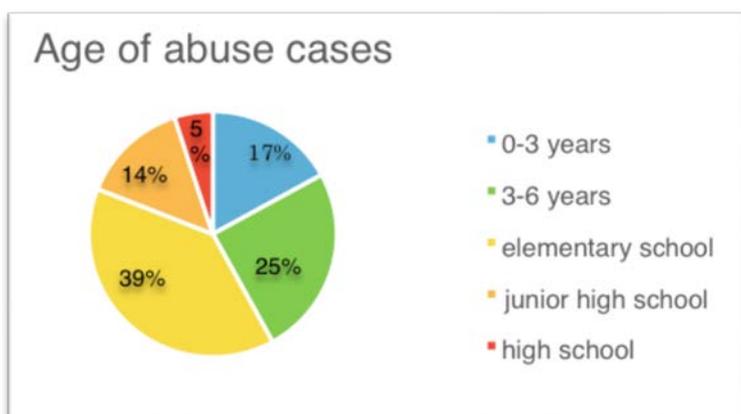
- [1] In cases of sexual abuse by a family member, it is difficult to clarify the details.
- [2] The mother refused intervention by a public institution, and the responsible staff did not intervene because the mother insisted, "the girl is the baby's mother, let her bring it up"
- [3] Comprehensive teamwork by responsible sectors is important such as the departments of paediatrics, obstetrics and gynaecology and psychiatry, with expert government or NGO sector teams.
- [4] The horizontal cooperation in [3] is difficult because of the vertical administration system, which prevents sharing of information.

Background information on PTSD

- While domestic abuse was suspected, there is no law in Japan requiring the reporting of a girl's pregnancy to responsible sectors/organisations. The family's intentions are given priority over the care of the victimised child.
- Communication between the child consultation centers in different local governments does not occur because of independent management by the separate local governments. Therefore when a family moves to another city, follow-up is virtually impossible.

Prevalence:

- As it is so difficult for victims of sexual abuse by a family member to report the crime, the full extent of these crimes is unknown.
- Record keeping of child abuse consultations began in 1990 in Japan.
- Consultations have increased over the years with 1,101 consultations in 1990, 11,631 in 1999, 37,323 in 2008 and 59,862 in 2011.
 - Physical abuse constituted 53% of the child abuse consultations/notifications. Assault records showed:
 - Contusions and bruises in 69.9%
 - Burns in 13.4%
 - Head trauma in 12.1%
 - Fractures in 5.5%
 - Stings in 2.7%
 - Negligence or refusal of protection (neglect) constituted 32% of the child abuse consultations/notifications. Neglect records showed:
 - Negligence in 60%
 - Deserted child/left behind in 35%
 - School ban in 4%
 - Psychological abuse constituted 9% of the child abuse consultations/notifications. This showed an increase by about 2.5 fold compared to other types of abuse. In most cases, psychological abuse overlapped with other types of abuse.
 - Sexual abuse constituted 6% of the child abuse consultation/notification. Around 6% of sexual abuse cases led to pregnancy
- Graphic representations of 2006 study (n=37,323):



- In cases of child abuse, the parent/guardian generally does not give a detailed account of the abuse, so it is impossible to assess the situation fully.
- An urgent task is the construction of a comprehensive network between the different agencies involved including police, medical departments such as paediatrics, obstetrics and gynaecology and psychiatry, and expert government teams to work as “The One Stop Centre” providing physical and mental support to child abuse victims.

References

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