

An Assessment of Abuse of Children with Disabilities at Japanese Nursery Schools: Reports by Commissioned Pediatricians

Toshihiro Horiguchi^{1,*}, Kenji Takanashi², Shoichi Sato³ and Naoki Sone⁴

¹National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan

²Chiba City Association for the Blind and Visually Disabled, Chiba, Japan

³Faculty of Law, Kokugakuin University, Tokyo, Japan

⁴Professional Graduate School, Japan College of Social Work, Tokyo, Japan

Abstract: *Background:* In a preschool setting, childcare is usually provided to children with disabilities or potential features as well. In this study, we hypothesized that parents might have additionally consulted commissioned pediatricians when their children were reportedly abused by schoolteachers as well as following legitimate grievance procedures.

Aims: To estimate the prevalence rate of children with disabilities being abused at nursery schools in Japan, the authors asked the help of commissioned pediatricians of nursery schools.

Methods: We sent a questionnaire to 1,607 members of the Japanese Society for Well-being of Nursery-schoolers, who are specialists known to be highly sensitive to abuses. Incident reports from the second half of 2012 to the fiscal year 2014 were collected from 361 members who replied.

Results: In total, three respondents, including one pediatrician, had received a complaint(s) from parents that their child with disabilities had been abused by a teacher. No details on each case were provided.

Conclusion: Thus, the need for another assessment to administrative was indicated.

Keywords: Abuse, child, disability, nursery school.

INTRODUCTION

In Japan, facilities for preschool care are nursery schools, kindergartens, and certified centers for early childhood education and care [1]. These three types of facilities are often governed by different ministries and relevant legislation. Of them, nursery schools and related facilities deliver childcare as a welfare service mainly for working parent(s) to children aged 0–5 (i.e., before entering elementary school). The cost of the service and hours of care are determined by both the income of the parent(s) and the reasons for the demand for care (e.g., job, pregnancy, hospitalization, or disability of parent(s)). Therefore, nursery schools are available for parent(s) with average households at an inexpensive cost. In 2014, nationwide, 2,266,813 children reportedly received care at 24,425 schools [2].

Originally, private nursery schools were equipped for children with severe disabilities in the United States in the 1950s [3]; after that, preschools worldwide then began to accept children with various difficulties. According to a 2018 survey conducted by the Japan National Council for Child Care [4], an organization of

nursery schools, 4,875 facilities, accounting for 42.0% of the total number of responses, had children certified as having disabilities, and the average number of such children per school was 1.5. In addition, the number of schools with children without diagnoses but with a judgment of requirement of support by the school was 4,163, accounting for 35.8% of the responses, with an average of 2.3 children per school.

As per the Ministry of Health, Labour and Welfare (MHLW) [5], it has been estimated that out of 117,000 children aged between birth and 9 years old who had received certificates of disabilities, 97,000 were diagnosed with intellectual disabilities (medical rehabilitation handbook), whereas 31,000 had physical disabilities (physical disability certificate). In addition, out of the 113,000 children who were diagnosed with developmental disabilities, 53,000 were given their diagnosis as per the medical rehabilitation handbook. Thus, as per our results, intellectual disability is the most common among preschool children in a nursery setting in Japan.

Originally derived from the concept of the “difficult child,” which was first proposed by Thomas and Chess [6], the paradigm of the “concerned child” was accepted among specialists in childcare in Japan around the 1990s [7]. It includes both children diagnosed with disabilities and children with support

*Address correspondence to this author at the National Institute of Mental Health, National Center of Neurology and Psychiatry, 4-1-1 Ogawa-Higashi, Kodaira City, Tokyo 187-8553, Japan; Tel: +81-423412711; Fax: +81-423461944; E-mail: smhwjr.dmh@nimg.go.jp

needs despite having no diagnosis of any developmental disabilities [8]. Based solely on observation of the behavioral features of children without confirmation of a diagnosis or certification of disabilities, childcare providers can design individual nursery (educational) programs. Overall, 10.8% of nursery school children had special needs [8]. In a cross-sectional study of 52 nursery schools, the prevalence of such concerned children increased from 2.4% among classes for those aged from birth to 22.4% among the 5-year-olds [9].

The Child Abuse Act and the national guideline for childcare at nursery schools obliged every teacher to notice early and inform the school's management when they found children suspected of suffering abuse or maltreatment. On the other hand, the occurrence rate of maltreatment by preschool teachers themselves has not yet been published by the ministry, though each reported incident sometimes appeared in the news [10].

It is not that there is no abuse of children in nursery schools. Although the involvement of disabilities in each case has not been reported in detail, some cases presumably include victims with disabilities. It has been widely known that the risk of abuse among children with disability increases (3.4 times than peers without disability [11]) at home [12], and we hypothesized that the presence of any disability in a child would create a risk of abuse in nursery schools as well.

In this study, we defined abuse as violence, verbal abuse, bullying, and neglect of children with disabilities by staff members of nursery schools; further, this study aimed to understand the actual situation.

Since asking a cohort directly about the occurrence of abuse in a facility specifically for persons with disabilities does not necessarily guarantee a positive and sincere response. We thought it necessary to devise a survey method to collect data on children with disabilities abused by teachers in a preschool setting.

Therefore, we decided to first ask about complaints from parents in general and, after that, ask how many of those complaints were about children with disabilities being abused by staff. We thought that clarifying the types of cases that elicit complaints from parents and the appropriate responses to resolve them would not only protect the human rights of children with disabilities but would also help us obtain appropriate standards for childcare and improve communication with parents.

However, according to the survey mentioned above by the National Childcare Council [4], the national average number of complaints regarding childcare from parents was 3.0, but 23.3% of all nursery schools reported no complaints. In addition, 73.6% of the schools reported that their complaints were resolved internally, while only 0.2% of the childcare centers filed a complaint to the Administration Adequacy Committee. Although there was a system for resolving cases involving a third party, it was not being used. It was clear that it was difficult to obtain information not only pertaining to abuses but also other incidents outside the facility.

The guideline for requirements of properties and management of childcare and welfare facilities (ministerial order of the Ministry of Health and Welfare, No. 63 of 1948) obliged each certified nursery school to assign commissioned physicians such as a pediatrician and dentist. They work at their outpatient offices in the community, and they usually examine the general medical condition of each child. The Japanese Society for Well-being of Nursery-schoolers is an organization led by pediatricians serving as commissioned physicians at nursery schools. Their website defined the roles of commissioned physicians according to the guidelines for nursery schools, as issued by the MHLW in 2009, and mentioned abuse prevention and mental health issues as "other" roles of the physicians in addition to daily health checkups and health management guidance. The association works as an academic society as well and is known to provide programs about both abuse prevention and disabilities to their members.

Therefore, with the association's cooperation, we aimed to collect the experiences of children abused by teachers in which the commissioned physicians intervened.

METHODS

The target population (i.e., inclusion criteria for the participants) was all the 1,607 individual members of the Japanese Society for Well-being of Nursery-schoolers.

We mailed a questionnaire attached with a letter of request from the organization for a response.

The questionnaire asked whether or not they were aware of any cases in which the parents of children complained of any abuses conducted by staff members

and, if so, the number of cases per year. The responses were anonymous, and the respondents were asked to provide basic information such as their occupation, district of work, and classification of the nursery school. They were also asked to recall one case that made the strongest impression on them and give an outline of the case and the measures taken, including the child’s disability, the factors involved, what actions were taken, and what are the results.

We adopted the cross-sectional design. The cases to be collected in the survey were those that occurred from October 1, 2012, on the implementation of the Abuse Prevention Act for Person with Disabilities (Act No. 79 of 2013), to March 31, 2015, and the number of cases per fiscal year was enquired of. If we did not specify the period when the cases occurred, not only would the related systems and social conditions behind the cases be inconsistent, but it would also be burdensome for those who fill in the answers to look back at the records to prepare their answers.

Finally, we then asked the respondents to freely state their opinions on what they considered to be issues regarding the abuse of children with disabilities in nursery schools, etc.

The responses were collected via mail using an enclosed return envelope. Cooperation with the survey was voluntary, and by returning the answers, the respondents were deemed to have agreed to cooperate with the survey. The period for soliciting responses was from November 1, 2015, to November 30, 2015. We intended to estimate the prevalence rate in the whole domestic preschool setting based upon the rate obtained from our respondents.

In this study, the respondents were asked to indicate whether or not disability was a factor in the incidents experienced by staff members who belonged to or worked at nursery schools, as well as the

responses they enacted as professionals. The survey was not invasive to school staff, children who use the school, or their families; moreover, personal information that could identify the respondents has been deleted.

This study was reviewed in accordance with the Ethical Guidelines for Medical Research Involving Human Subjects, and approval to conduct the study was obtained from the Ethics Committee of the National Center of Neurology and Psychiatry (approval number: A2015-071). Also, the society's headquarters permitted the survey and provided the address of each member.

RESULTS

Replies were received from 361 members (i.e., a response rate of 22.46%), wherein most of the respondents worked in 41 of the 47 prefectures.

The largest respondent group was 129 pediatricians, followed by 81 school managers.

The largest number of respondents (i.e., 254) was determined to be commissioned or working at a private certified nursery school in multiple responses.

In total, 350 respondents had not experienced or heard of any cases of abuse. Meanwhile, three respondents (0.83% of 361 responses) consisting of one pediatrician and two nurses had received a complaint(s) from parents that their child with disabilities had been abused by a teacher. One of the nurses reported a case in the fiscal year 2015. Nevertheless, no further information was provided.

The members made 180 comments in descending order of content. The responses are as follows,

- 25 responded as “I have never seen or heard of it” and “Not in our school”;

Table 1: Specialties of Association Members and Respondents

	Pediatrician	Dentist	Public health nurse	Registered nurse	School manager	Nursery teacher	Teacher of kindergarten	Others	No answer
Number of members (n = 1,607)	498 31.0%	15 9.0%	48 3.0%	518 32.2%	256 15.9%	137 8.5%	135 8.4%		
Number of respondents (n = 361)	129 35.7%	5 1.4%	6 1.7%	78 21.6%	81 22.4%	44 12.2%	2 0.6%	1 0.3%	2 0.6%

Table 2: Types of Nursery Schools where the Respondents Worked or Consulted

	Certified school (National standard)		Authorized school (Standard by the Tokyo Metropolis)	Registered nursery room	Certified centers for early childhood education and care	Others
	Public	Private	Private	Private	Both	
Number and rate of replies (<i>n</i> = 460)	125 27.2%	254 55.2%	15 3.3%	9 2.0%	37 8.0%	20 4.3%

*Some of the respondents gave several answers since some schools provide childcare concurrently as the certified centers for early childhood education. Different childcare models based on salient legislation were available at the same school.

Table 3: Number of Cases of Complaints by Parents Claiming Abuse by Teachers

Fiscal year	Second half of 2012 (From October 1, 2012, to March 31, 2013)	2013	2014
Number of cases	2	1	1
Reported respondents	Pediatrician: 1 Nurse: 1	Nurse	Nurse

- 16 responded as, "Improvement of treatment such as placement of childcare workers and working hours is necessary for the prevention";
- 16 responded as, "Improvement of expertise is necessary."

DISCUSSION

In preschools, covert forms of maltreatment consisted of attitudes among staff such as overemphasis on the acquisition of academic skills, irrespective of age; excessive reliance on packaged "educational" materials; and the non-use of materials that have intrinsic interest for children [13]. Generally, the words "nursery school" and "nursery school teacher" denote educational settings; meanwhile, in Japan, nursery schools provide childcare with peers such as play, lunch, and nap, as kindergartens expect academic skills in addition to playing. Kindergartens are often classified as schools and are regulated by the Ministry of Education and Technology (MEXT) [1].

In Japan, as is the case in Tunisia [14], many teachers might have a misunderstanding of the difference between physical abuse and discipline/educational practice in response to misbehavior. The MEXT [15] published yearly data on the incidence of inappropriate punishment at schools, but the data does not include incidents at kindergartens. Not only in Japan but also in the Netherlands [16] did a published report by the Ministry of Education not include the numbers of abused

children with disabilities at preschools. In the United States [17], a survey on hospital records revealed that the lack of diagnostic categories for abuse by the specialists made it difficult to spot such cases among the healthcare providers themselves. Our research might fail to obtain such covert maltreatments. On the other hand, interest in nursery schools was warranted because nursery schools cover children in a bigger age range.

In the United Kingdom [18], pediatricians in the community found that children formerly abused at home were again abused in foster or residential care. Also, in Switzerland [19], promoting health checkups for preschoolers was a potential solution for finding children abused at home [18]. As pediatricians were usually interested in whether a child enjoyed daily life at their nursery school, both the child and parents felt it easy to consult on any complaints. The commissioned pediatricians in our study were highly sensitive to abuse through the programs by the association. By approaching pediatricians to determine alleged incidents of abuse, we hypothesized that we could collect a broader range of cases apart from administrative reports based on legitimate grievance procedures.

Although we prepared the questionnaire to collect the features or characteristics of cases, including those in other schools, only a single pediatrician had such an experience. Provided the parents did not address the detailed circumstances to the pediatrician, the pediatrician could not give more details about them.

The respondent might not have completed our form, though we ensured privacy protection in the research.

Shown by comments, the attitude “abuse is not acceptable” was also shared by our respondents, whereas such an attitude often created conditions for overlooking and denying such incidents happened. Instead, the MHLW [20] warned that the attitude of “abuse itself is not unusual” is necessary to ensure that such incidents are brought to people’s notice.

Additionally, parents of children were less likely to consult their family practitioners with complaints about nursery schools. The ratio of parents with jobs exceeded 75% in Japan in 2020 [21]. Therefore, the interests of parents would be focused on the recovery of their child to go to school in a healthy condition. The belief that responsible specialists such as nursery school teachers would never maltreat their children would be conveniently acceptable for parents preoccupied with their work.

CONCLUSION

Considering the reports made by school managers, our results showed not a slight occurrence of abuses at nursery schools. Despite only a few incidents obtained, our question was feasible not directly on their experience of abuse but parents' claims. Therefore, the need for another assessment to administrative was indicated.

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