

Child abuse and neglect prevention by public health nurses during the COVID-19 pandemic in Japan

1 | INTRODUCTION

Child abuse and neglect are high-priority public health issues around the world, but it is known that early care for families with parenting anxiety and stress is essential for preventing abuse (World Health Organization and International Society for Prevention of Child Abuse and Neglect, 2006). In Japan, the country has created a national campaign plan called *The Second Term of Healthy Parents and Children 21* (2015–2024) to address two prioritized agenda: (a) supporting parents with difficulties raising their children; and (b) preventing child abuse from pregnancy (Osawa, Akiyama, Yamagata, & Ojima, 2019). Public health nurses (PHNs) play a crucial role in preventing child abuse and neglect by providing family health care in each municipality. In Japan, more than 70% of PHNs work for municipalities or prefectures covering people at various health stages from birth to old age (Iwasaki-Motegi & Naruse, 2020), identifying health issues for infants and their parents before preschool through a variety of health checkups and home visits.

However, given the suggested COVID-19 preventive measures (World Health Organization, 2020), municipalities have stopped providing public healthcare services. As a result of reducing direct maternal and childcare, PHNs have faced difficulties in prevention and early detection of child abuse and neglect. Previous studies pointed out that pandemic public health measures may lead to an increased risk of child abuse and neglect (Teo & Griffiths, 2020; Wong, Ming, Maslow, & Gifford, 2020). This study focuses on new PHN strategies to prevent child abuse and neglect during the COVID-19 pandemic in Japan.

2 | TRADITIONAL SYSTEM FOR PREVENTING CHILD ABUSE AND NEGLECT

PHNs provide prevention strategies for abuse and neglect from the primary to tertiary levels by combining individual care, population strategies and high-risk approaches in multiple layers. At the first prevention level, PHNs establish a relationship with mothers from their pregnancy as child-rearing partners. PHNs or midwives interview pregnant women when they hand in a pregnancy notification to their municipalities. Through this interview, PHNs or midwives assess needs and risks of child abuse and neglect. After delivery, PHNs

or midwives visited all newborn families checking their health and consulting about parenting. At the same time, PHNs and midwives assess the need for support and postpartum depression, and high-risk families such as those with premature newborns while also supporting low-risk families to promote empowerment.

At the secondary prevention level, PHNs provide early detection of abuse and neglect. Municipalities conduct health checkups, which approximately 95% of eligible children receive, at developmental milestones (4 months, 18 months and 3 years; Tokyo Metropolitan Government Bureau of Social Welfare & Public Health, 2019). PHNs attempt to detect and respond early to families with risk factors based on the physical, behavioural and mental state of the child, and that of parents. The PHNs continue to monitor any risks that are identified, building a supportive relationship with parents, and providing preventive health services.

At the tertiary prevention level, PHNs protect and care for the abused child and prevent recurrence of abuse cases. In this phase, PHNs work closely with stakeholders, such as child consultation centers, caseworkers and nursery schools. PHNs are responsible for acting as an ongoing advisor for parental support after a child's temporary care and supporting parents to raise their children in the community without isolating them.

3 | NEW STRATEGIES FOR ABUSE AND NEGLECT PREVENTION DURING THE COVID-19 PANDEMIC

The spread of COVID-19 caused a malfunctioning of the traditional system of child abuse and neglect prevention. The use of child maltreatment prevention services during the COVID-19 pandemic in New York decreased dramatically compared that of the previous 7 years (Whaling, Larez, Sharkey, Allen, & Nylund-gibson, 2020). This situation could have serious consequences for child abuse and neglect in the future.

To combat the COVID-19 pandemic, new strategies could complement the traditional system. First, the Japanese government has made a supplementary budget for capital investment in online services such as the infant home visitation program, parent education classes and health classes to prevent infection. For example, several municipalities launched a consultation service for childcare concerns using the Line app (City of Yokohama, 2020; Ibaraki prefecture, 2020). In City A, for example, in April–May, the number of

consultations from schools and nursery schools decreased due to their closures. PHNs feared that child abuse was becoming more severe.

The provision of services in a low-density setting is also an infection prevention measure. The Japanese government has also applied a supplementary budget for consigning individual health checkups to medical institutions instead of group health checkups conducted by the municipality directly. At this point, PHNs could consider the weaknesses of this new strategy in which traditional maternal and child health services have contributed to the prevention of abuse and neglect. To overcome these weaknesses, some municipalities have combined infection prevention with face-to-face opportunities. For example, requiring full appointments at designated times, limiting the number of people to one parent or guardian per child, cancelling group education and giving individualized instructions by phone at a later date instead (Bunkyo-Ku Public Health Service Center, 2020). On the other hand, some municipalities have stopped interviewing at the time of pregnancy notification and have switched to a service that mails a handbook. However, the risk assessments that used to be done face-to-face are now difficult.

The question for the near future is how to reduce the risk of maternal and child healthcare activities while working to prevent infection. New strategies need to be developed to detect and follow up on families at risk of abuse and neglect, even under conditions such as virtual and short-term conditions, to link them to the next level of support.

4 | CONCLUSION




PHNs are devising ways to continue their abuse prevention activities with infection prevention measures while utilizing the existing mechanisms that they have built up. Providing too much priority to infection prevention can stall maternal and child health activities based on building trust with parents, leading to an increased risk of abuse and neglect. How to mitigate this risk while considering new strategies will be a crucial challenge.

CONFLICT OF INTEREST

None.

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