Preventing Child Maltreatment and Traumas

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Examples from Italy and Japan

Edited by

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Cambridge
Scholars
Publishing

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This book first published 2022

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN (10): 1-5275-8700-2
ISBN (13): 978-1-5275-8700-7

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Introductory Note and Recommendations

This book is envisioned for experienced clinicians, psychotherapists working with children and adults, psychiatrists and paediatricians. It is also for academics teaching doctoral programmes in psychotherapy and paediatrics, who already have a basic knowledge of child maltreatment and traumas typologies, and are interested in comparing clinical experiences and learning new tools for early diagnosis and treatments.

The book aims at sharing successful examples (in Italy and in Japan) of early detection and treatment of different types of child neglect, abuse and maltreatment. Clinical cases, new effective diagnostic techniques and screening tools, and relevant experiences from a public children's hospital, a private clinic for abused children, and from private psychotherapeutic and paediatrician practices will be discussed. In addition, professional discussions on how paediatricians and clinical psychologists can help to prevent and treat child maltreatment will be presented.

The literature already offers plenty of comprehensive textbooks for paediatricians on recognizing the signs of physical violence and sexual abuse on children, as well as for clinical psychologists on assessing, interviewing and treating traumatized victims. Therefore, the focus of this book is instead on the less clearly visible symptoms of parents–infant/child dysfunctional interactions: causing psychological injuries and maltreatment such as neglect, the excessively preoccupied or the burdening caregiver–infant/child relationships, which are repeated daily and silently accumulated. Such dysfunctional interactions are usually caused by the parental insecure attachment style, post-partum depression, the parent's personality disorders or difficulties in coping with unexpected stressful events (e.g. the pandemic, loss of job and financial difficulties). Consequently they need to be detected early and treated to prevent more severe psychological and behavioural disorders during adolescence and adulthood.

In further detail, in Chapter 1, Giusy Soldato and Federica Giannotta present updated data from the National Studies on Child and Adolescent Maltreatment in Italy (2021; 2015) conducted by Terre des Hommes in partnership with Cismai and under the mandate of the National Authority for Children and Adolescents.

Similarly, in Chapter 2, Eiko Honaga discusses the trends of child maltreatment in Japan.

In Chapter 3, Maria Gorio and Valeria Brazzoduro illustrate the pivotal experience at Buzzi Children's Hospital in Milan in early detection of potentially at-risk cases of maltreatment, by observing and assessing with the INTOVIAN grid the quality of caregiver–child interactions while attending the emergency.

In Chapter 4, Sugako Asaeda illustrates the outstanding experience of Ogura's Clinic where mother and infant are cared for daily.

In Chapter 5, Emiko Katsurada examines the background factors in child neglect, also discussing two cases of children who died due to carelessness.

In Chapter 6, Lucia Romeo debates what the paediatrician can do to prevent child maltreatment, and discusses a case study of a child who was sexually abused.

In Chapter 7, Toyoaki Ogawa clarifies how analysing adult patients' nightmares can indicate traumas that occurred during childhood that may have been defensively hidden from patients' consciousness. Numerous cases are also discussed to illustrate the psychoanalytic treatment.

In Chapter 8, Alessandro Cavelzani presents the microanalysis of videos of parent and infant/child interactions, a technique derived from Tronick's (2007) and Beebe's (Beebe et al. 2016; Beebe and Lachmann, 2002) models and extensive research. Parents and child play together in the sessions and such interactions are videoed and analysed second-by-second, then feedback is discussed with parents. This technique allows the early detection of the quality of relationships, the dysfunctional attachment styles, post-partum depression and the micro-traumatic interactions, starting from the infant's age of 4 months.

Tragically, as physical and psychological child maltreatment and traumas keep occurring worldwide, we finally recommend continual improvement for early detection and treatment, particularly arising from

the less clearly visible symptoms of parents–infant/child dysfunctional interactions. This book shares pivotal clinical experiences from only two countries, which are reproducible in other hospitals, clinics and private practices with children and adults. We recommend that clinicians from all over the world voice and share their activities on preventing and treating child maltreatment and traumas even more.

CHAPTER 1

CHILD MALTREATMENT IN ITALY

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In 1999, the World Health Organization defined child abuse or maltreatment as all types of physical or emotional ill-treatment, sexual abuse, neglect, negligence, and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

The UN Convention on the Rights of the Child approved by the General Assembly of the United Nations of 20 November 1989 was ratified in Italy on 27 May 1991 with Law No 176. Under Article 19 it provides for the protection of children against any form of violence, exploitation, abuse and adoption on the part of the signatory states of legislation, and policies aimed at guaranteeing such protection.

In 2019, the UN Committee called on Italy once again to put urgent measures in place for institutional data collection and monitoring, without which effective countermeasures to protect minors would be undermined.

In its final recommendations to Italy, the UN referred to the National Survey on Child and Adolescent Mistreatment in Italy conducted by AGIA (autorità garante per l'infanzia e l'adolescenza – the Italian Authority for Children and Adolescents) in 2015 as an example to follow and institutionalize. AGIA's research work made it possible for the first time to measure the scope of maltreatment and violence on the basis of scientific evidence.

Violence should be considered a multiform phenomenon, the manifestations of which are almost never separate.

Within the category of maltreatment and abuse, we can identify the following forms of violence (Di Blasio 2000).

Physical maltreatment

Physical maltreatment refers to systematic recourse to physical violence such as aggression, corporal punishment or serious threats to the physical integrity, life and dignity of the child or adolescent. Physical maltreatment does not always leave marks on the child's body and even when these are present, they might not be easily visible or correctly interpreted.

Physical maltreatment includes:

- Shaken baby syndrome: this occurs when the baby is held by the arms or torso and violently shaken, causing the involuntary and repeated back and forth movement of the head and arms, and resulting in diffuse brain injury.
- Female genital mutilation: mutilation of the genitals of a child usually before the age of 13, depending on the ethnic group. Mutilations include circumcision, excision and infibulation.
- Neglect: the failure to protect, usually as a chronic occurrence and in its most severe form it results in abandonment.
  Forms of neglect include:
  - physical neglect: the most recognizable form of neglect, expressed as the failure to provide for the most basic needs of a child.
  - emotional neglect: the most difficult form of neglect to document and the effects of which endure throughout the entire life of the child. In this case, the child does not receive adequate care and is not able to understand the lack of attention and disregard to which they are subject.
  - Medical neglect: failing to meet basic needs to protect a child's physical and mental health, including the refusal or omission of medical or psychological care.

  - Educational neglect: preventing a child from receiving or continuing basic schooling; a parent's refusal to become involved in teacher-prompted initiatives and programmes.
- Pathology of care: a condition whereby the parent or legal guardian of a child/adolescent does not provide adequate care to meet the physical, mental and emotional needs of the child in relation to their stage of development. This comprises:
  - Lack of care: the caregiver does not meet the basic needs of the child (food, clothing, medical care, protection against danger, attention to emotional needs, etc.).
  - Inappropriate care: care is provided but in an inappropriate, distorted manner and in a way that is unsuited to the child's development.
  - Excessive care: care on the part of the parent, often the mother, characterized by continual and excessive medicalization. Forms of excessive care include:
    - Medical shopping by proxy: a condition whereby one or both parents are compelled to subject the child to useless and excessive medical visits despite only moderate signs or symptoms.
    - Chemical abuse: the child is given harmful substances or drugs by the parent/s in an effort to cause symptoms that call the attention of doctors.
    - Munchausen syndrome by proxy: the term given to a parent, most often a mother, who attributes a fake disease to a child in the misguided belief that the child is sick. The child may collude with the parent and feign symptoms.
- Psychological maltreatment: behaviour or language adopted by the caregiver characterized by psychological pressure, emotional blackmail, threats, intimidation, discrimination, indifference, rejection, humiliation, denigration and devaluation in a continuous manner over time. Involving an underage child in a highly conflictual separation between spouses in which the child is actively involved in strategies to denigrate, devalue, alienate and reject a parent also constitutes psychological maltreatment.

- Assisted violence: a child who assists in any form of maltreatment through acts of physical, verbal, psychological, sexual and economic violence against a figure of reference or other significant adult or minor.
- Sexual abuse: the involvement in sex acts of a minor, with or without physical contact, who is unable to freely consent because of their age and the superiority of the abuser, the sexual exploitation of a child or adolescent, child prostitution and pornography. Forms of sexual abuse are sexual violence, incest, exhibitionism, child prostitution and child pornography.

The Lanzarote Convention of 12 July 2007, approved in Italy on 1 October 2012 with Law No 172 on the protection of children against sexual exploitation and sexual abuse, punishes those who commit these types of crimes and introduced the following new forms of child abuse: grooming (online), and sexual tourism.

In Italy, all forms of child abuse constitute a criminal offence. Anyone who suspects that any form of child abuse has been committed must report it so that steps can be taken through the following authorities with territorial jurisdiction to protect the minor and "compensate" for the incompetence/criminal actions of parents or other adults:

- Prosecutor's Office of the Juvenile Court
- Prosecutor's Office of the Ordinary Court only for sexual abuse, physical maltreatment or conflictual separations
- Juvenile Court
- Ordinary Court only for sexual abuse, physical maltreatment or conflictual separations

Public Prosecutor of the Republic of Italy

This is the Public Prosecutor's Office; the Public Prosecutor is a magistrate, NOT a judge. The Prosecutor receives reports from private citizens, law enforcement, public officials and institutional services. The Public Prosecutor evaluates the reports and determines which ones are worthy of further investigation before initiating proceedings before the

Juvenile Court. The Public Prosecutor then contacts local Child Protection Services to carry out an investigation on the minor and the family. The Juvenile Court then opens proceedings for the protection of the minor. The Juvenile Court arranges for urgent child protection measures pursuant to Article 403 of the Italian Civil Code (the minor is immediately removed and placed under protection). Each region in Italy has Prosecutor's Offices and Juvenile Courts:

- Lombardy: Milan and Brescia
- Piedmont and Valle d'Aosta: Turin
- Veneto: Venice
- Trentino Alto Adige: Trento and Bolzano
- Friuli Venezia Giulia: Trieste
- Liguria: Genoa
- Emilia Romagna: Bologna
- Tuscany: Florence
- Umbria: Perugia
- Latiun: Rome
- Marche: Ancona
- Abruzzo: L'Aquila
- Molise: Campobasso
- Campania: Naples and Salerno
- Apulia: Bari, Lecce, Taranto
- Basilicata: Potenza
- Calabria: Catanzaro and Reggio Calabria
- Sicily: Palermo, Messina, Catania, Caltanisetta
- Sardinia: Cagliari and Sassari

There are 136 Ordinary Courts in Italy, each with their own Prosecutor's Offices, across Italy's 21 regions. Each region has a main office in the region's capital city and branch offices in the various districts. Based on the decision of the Public Prosecutor or the judge, the ruling is either forwarded to the local Child Protection Services office within the local social services office (found in all of Italy's municipalities) or delegated to consortia or special consortium entities. The municipality's

social services is NOT Child Protection Services: in Italy, each municipality has a social services office that handles minors and families that have NOT been reported by the judicial authorities. However, the social services office may report cases in which harm is caused to a minor.

Child protection services

These services are managed by psychologists and social workers. The judicial authorities send the investigation requests and decrees issued by the Juvenile Courts and the Ordinary Courts (for proceedings involving minors in conflictual separations). The operators must ensure that the instructions contained in the decrees are implemented; the minor summoned by the judicial authorities is required to appear.

Fieldwork includes conducting interviews, making home visits, gathering elements from the various institutional contexts and identifying services and structures when requested by the judicial authorities. Investigation reports and updates are sent to the Public Prosecutor or the relevant judge.

Reporting

Ordinary citizens do not have reporting obligations; this is limited to law enforcement, public officials and public service representatives through management. The reporter is required to fulfil their obligation, so if a suspected case is deemed non-prejudicial for the minor, the reporter does not face any legal consequences. The Italian law system distinguishes between two categories: public officials and public service representatives.

- Article 357 of the Italian Criminal Code: Public officials. For the purposes of criminal law, the public official is the person who exercises a public legislative, judicial, administrative, health or institutional function with professional responsibility.
- Article 358 of the Italian Criminal Code: Public service representative. For the purposes of criminal law, the public service representative is the person who, under whatever title, provides a public service.

- Article 331 of the Italian Code of Criminal Procedure: Reporting on the part of public officials or public service representatives. A doctor (working in a public or private institution) is a public official and has reporting obligations.

Reporting should not be a value judgement based on ethical or moral grounds, but a formal duty and fulfilment of the law. Punishment applicable for non-fulfilment of reporting obligations is laid down in Articles 361 and 362 of the Italian Criminal Code. The report must contain known facts and no investigations are carried out by operators at this point. The report must contain a medical report.

Physical maltreatment and sexual abuse are offences punishable ex officio and therefore a report must be filed with the Prosecutor's Office of the Juvenile Court for child protection and with the Prosecutor's Office of the Ordinary Court for the offender to be held criminally liable; investigation confidentiality must be maintained. Other types of criminal offences may be prosecuted if the injured party brings an action.

The role of healthcare workers

Doctors are under the obligation to report cases in which minors are in a potential state of harm

If a minor is admitted to the ER or is hospitalized and there is evidence indicating that they may be a victim of child maltreatment, healthcare workers must send an email requesting a specialist medical and/or psychosocial consultation. A psychologist and a social worker will meet with the parents (individually and/or jointly) to assess any such evidence. All specialists involved will exchange information and determine if there are grounds to inform the judicial authorities; if the information and meetings confirm that the child is a victim of maltreatment, each specialist must draw up and sign a report to this effect. Once the reports have been collected and shared, they are sent to the healthcare authorities and forwarded to the Public Prosecutor, who will have been previously notified. The doctor will inform the parent/s that a report has been filed

and that a decision is pending as to whether or not the minor can be discharged from the hospital.

Until the Public Prosecutor decides whether or not the minor can be discharged, the parent/s may decide to leave the hospital. In this case, another report must be drawn up in addition to the one previously sent. If the Public Prosecutor decides that the minor must not be discharged, they cannot leave the hospital. Essentially, healthcare and social workers are required to:

- inform the parent/s that a report has been filed;
- wait for the Public Prosecutor to issue a decision as to whether or not the child may be discharged from the hospital, considering that until a decision is issued the parent/s may take the child out of the hospital;
- wait for a case to be opened or dismissed;
- send an additional report if the parent/s decide to take the child out of the hospital;
- discharge the minor only after receiving instructions to this effect from the judicial authorities.

Some Italian hospitals have specialist services to identify and handle cases of suspected abuse. These hospitals have joined forces in the first National Network of Hospitals Against Maltreatment by Terre des Hommes in an effort to strengthen the response to cases of maltreatment in Italy. The six hospitals are:

- Vittore Buzzi Hospital in Milan –TIMMI Project
- Regina Margherita Hospital in Turin – Bambi Project
- Meyer University Hospital in Florence – Gaia Project
- Giannina Gaslini Hospital in Genoa – La Casa Sull'Albero Project
- University Hospital in Padua – Centre for Mistreated Children
- Giovanni XXIII Polytechnic University Hospital in Bari – the Giada Project

Maltreatment in Italy is still underestimated and little known due to the lack of structural support in terms of information-gathering for scientific purposes. Quantifying and assessing the epidemiological extent of any

phenomenon is necessary and crucial so that effective prevention and response policies can be put in place.

In the case of violence against children, this need becomes ever more urgent given that children and adolescents are, by nature, a vulnerable component of the population and require the utmost protection (Fondazione Terre des Hommes Italia 2020).

The First National Study on Child and Adolescent Maltreatment in Italy (2015) conducted by Terre des Hommes (in partnership with Cismai) under the mandate of the Independent Authority for Children and Adolescents, reported that as of 31 December 2013 some 91,272 were in the care of social services for maltreatment and that the prevalence of child maltreatment in Italy was 47.7%.

The Second National Study on Child and Adolescent Maltreatment in Italy (2021) conducted by Terre des Hommes (in partnership with Cismai) under the mandate of the Independent Authority for Children and Adolescents, reported the following as of 31 December 2018:

- A total of 401,766 minors are in the care of social services (45 out of every 1,000 resident children).
- In Italy, according to the most recent data (2018), out of every 1,000 resident children, 9 are victims of maltreatment.
- The percentages of various forms of child maltreatment in Italy are:
  - pathology of care (includes neglect): 40.7%
  - witnessed violence: 32.4%
  - psychological maltreatment: 14.1%
  - physical maltreatment: 9.6%
  - sexual abuse: 4.5%

While the two surveys are not comparable because they are taken from two different samples (although they do represent Italy as a whole), for a subgroup of 117 municipalities this analysis can be made.

These 117 municipalities participated in both surveys and give us a snapshot of the trend of violence against minors. In the period under examination, the 117 municipalities saw a rise in the percentage of minors in the care of social services for some form of hardship and in the

percentage of those in the care of social services on account of maltreatment (+15%).

All forms of maltreatment have increased during the period under analysis, with the exception of neglect or lack of care. A sharp rise is also evident in witnessed violence (+20%).

In addition to this frame of reference for specific data on child maltreatment, other sector-based sources of data help shed light on the phenomenon in Italy.

The data of the *Polizia di Stato* (Italian police force) confirm that in the last decade (2010–2019) crimes against minors have risen by 41% overall and that, among these, maltreatment within the family has increased constantly and relentlessly. This data is based on reports filed with the police and do not include social services cases, so these figures are just the tip of the iceberg. The number of cases rose from 4,211 in 2009 to 5,939 in 2019. More specifically, the following forms of violence have increased over the last decade:

- maltreatment: + 105%
- abuse by educators: + 137%
- child abandonment: + 66%
- possession of pornographic material: + 700%
- child pornography: + 333%
- aggravated sexual violence: + 34%

It is crucial therefore that nationwide and stable systems be put into place at an institutional level. Interviews must be conducted with the municipalities to gather specific data organized by type of maltreatment and classified into the scientific categories recognized internationally. In this way, we can have an up-to-date snapshot of the phenomenon based on scientifically sound data.

References

Di Blasio, Paola. 2000. *Psicologia del bambino maltrattato* [Psychology of the abused child]. Bologna: Il Mulino.

Fondazione Terre des Hommes Italia. 2020. "The Condition of the Girl Child Worldwide". Accessed September 25, 2021. https://terredeshommes.it/indifesa/pdf/Dossier_indifesa_2020.pdf

Independent Authority for Children and Adolescents, Fondazione Terre des Hommes Italia, and Cismai. 2015. "First National Study on Child and Adolescent Maltreatment in Italy. Findings and Perspectives". Accessed September 25, 2021. https://terredeshommes.it/wp-content/uploads/2015/05/Indagine-maltrattamento.pdf

Independent Authority for Children and Adolescents, Fondazione Terre des Hommes Italia, and Cismai. 2021. "Second National Study on Child and Adolescent Maltreatment in Italy. Findings and Perspectives". Accessed September 25, 2021. https://terredeshommes.it/comunicati/presentazione-della-ii-indagine-nazionale-sul-maltrattamento-bambini-adolescenti-italia

CHAPTER 2

TRENDS IN CHILD ABUSE IN JAPAN: A BRIEF REPORT FROM A COUNTRY THAT MAKES IT DIFFICULT FOR CHILDREN TO BE CHILDREN

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When eating melons, I think of my children.
When eating chestnuts, I miss them.
(Yamanoue Okura, Manyoushu, eighth century)[1]

In 2019, 30 years had passed since Japan adopted the Convention on the Rights of the Child in 1989. The sixth examination of the United Nations Study on Violence Against Children was also conducted in 2019[2], and was covered in a local newspaper with the sensational headline "UN Rights Committee Urges Japan to Let Children be Children" (Nebehay 2019). The Committee called on the Japanese government to "prioritize the elimination of all forms of violence against children". Around that time, the Japanese mass media was extensively reporting every day on the death of a 10-year-old girl resulting from maltreatment by her parents. What factors make it difficult for Japanese children to be children? This chapter focuses on 1) the history of child abuse in Japan, 2) changes in Japanese families as a social background for child abuse, 3) key statistics

[1] Masayuki Shimizu (2018) pointed out that this poem was among the earliest Japanese literature in which children became the subject of Japanese literary works.
[2] The United Nations Committee reviews the public policies towards children of member states every five years.

regarding child abuse and 4) treatment of child abuse, especially institutional care in Japan, illustrated by a case presentation.

The history of child abuse in Japan

Historically, forms of child abuse differed from age to age. For example, by the end of the Samurai era child abandonment, infanticide and child labour were a fact of life in Japan. In those days, people's lives were based on a Buddhist culture and a traditional sociocentric mindset, where childbearing and child-rearing were of common interest in local agricultural communities in which people worked together to make their living. In the Edo period (1603–1867), the last Samurai government, some abandoned children were fortunate enough to be raised by affluent or childless families as adoptees or labourers. Some letters and materials attached to these children suggested that their parents had "left their child's fate in the hands of fortune with fingers crossed" – they entrusted their infants to the care of others.

In 1934, Kunio Yanagita (1875–1962), a pioneer of Japanese folklore, noted that the birth of the modern nation following the Samurai era (in which people felt pressured to catch up with Western countries) gave rise to the emergence of parent–child (mostly mothers) double suicides. This occurred more frequently in the Meiji period (1868–1912) but reached a peak in the 1970s. Yanagita also wrote that rapid modernization and industrialization had caused erosion in communities. This meant that social connection had been replaced with a strong sense of family unity, which partly cultivated "the myth of motherhood" in modern society. In this context, people believed that it was a virtue for Japanese mothers to live their lives through their children and to not hesitate to sacrifice themselves for their children. However, desperate mothers who could not leave their children to someone else's care may have assumed that their children had to share their fate, resulting in murder-suicide. A possible consolation for these mothers may have been that they believed that their children would consequently be free from the misery of being "helpless orphans".

The first description of abused children in modern Japan was issued in 1909 by a prison chaplain, Taneaki Hara (1853–1942). In 1916,

physician Dr Hiraku Sanndaya (1881–1962) reviewed 116 cases from Japanese newspapers that reported what is now called physical abuse, psychological abuse, neglect, sexual abuse and trafficking in girls (Yoshimi 2012). Around 45 years later (Shimizu 2018), Henry Kempe (1922–1984) presented a paper on "battered child syndrome" (Kempe et al. 1962). The first Japanese legislation against child abuse in 1933 specifically focused on child labour abuse, but it was not until the 1990s that child abuse became a matter for public knowledge. This was partly due to growing awareness of the protection of children's rights and increased interest in nongovernmental social activities, including in the field of child protection[3]. The Child Abuse Prevention Law was enacted in 2000, which clearly defined the public duty of reporting child abuse to the authorities. This law has been amended repeatedly (as necessary) since then, including extending the focus from "abused children" to "children suspected of being abused" in 2004. Moreover, the revisions of the law strengthened the function of child guidance centres – for example, to facilitate cooperation with local police and judicial professionals.

Radical changes in Japanese families as the social background to child abuse

Here, we briefly discuss the social background of children and their families living in Japan, where the number of cases of child abuse has not yet reached a peak. It is important to note that the quality of parent–child relationships, methods of child-rearing and the childcare environment cannot be independent of drastic societal changes both at home and abroad. In the 1950s, not long after the end of WWII, Takeo Doi (1920–2009) developed amae theory (Doi 1971), the origin of which lies in considering the infant–mother relationship as a basic desire, motive or drive. Following the "bursting of the economic bubble" in the 1990s, a scholar predicted with some foresight that child abuse, child abandonment and maternal suicides out of hatred would take the place of parent–child double suicides, especially given the shift from collectivism to

[3] The Great Hanshin Earthquake in 1995 (with more than 6,000 victims) created momentum for social activities, along with the development of related laws and social systems.

individualism and women's participation in society (Takahashi 1987). Around the time of the new millennium, Suzanne Vogel, who studied Japanese social and mental health problems for more than 50 years, noted that traditional Japanese family and employment systems had completely evaporated by the turn of the twenty-first century and been replaced by new systems (Vogel 2012).

Mothers' struggle from "work or life" to "work and life" balance

Over the past few decades, increasing numbers of Japanese women have coped with the double burden of work and home life. In 1972, at the end of the high economic growth period that lasted from 1954 to 1973, 80% of Japanese males and females believed that men should work outside the home and women should stay at home (Hosaka 2007). Society's conventional beliefs and the expansion of the nuclear family resulted in parenting "behind closed doors", with a mother and her child becoming an isolated pair (deeper mother–child relationship with the father's absence) (Hosaka 2007), and mothers being burdened by pressure to ensure their children were "winners" in a competitive society (e.g. the exam war) as well as being a good wife and wise mother. The percentage of female opponents of the idea that women should be at home first exceeded that of proponents in 1997 but has fluctuated at around 50% for the last two decades. However, in 2016, the rate of men who disagreed that women should be at home first exceeded that of advocates for the idea (49.4% vs. 44.7%). In comparison, in the UK and Sweden in 2007, about 80% of men and women did not support the idea of a woman's role being at home, with similar perceptions reported in Korea. In terms of housework sharing, in families with one or more children under the age of 6 years in 1991, fathers with a full-time housewife and fathers in two-income families spent an average of 14 and 11 minutes a day doing housework (including child-rearing), respectively (MIAC 1991). Reports from 2016 suggest that fathers are now performing more domestic duties and childcare (e.g. 83 minutes per day), although full-time working mothers spend 6.2 hours (including 2.8 hours on childcare) and full-time housewives spend 9.4 hours (5.0 hours of childcare) each day on domestic duties (MIAC 2016).

Reproductive technology

In addition to the social changes that encouraged Japanese women to believe they have power over their destinies, increased access to reproductive technology enabled women to control their fertility (Ball 2018). The percentage of first-time mothers aged over 30 years increased from 16.0% in 1985 to 53.0% in 2015 (MHLW 2015). Furthermore, 51,001 babies (i.e. 5.1% of all 1,008,000 newborns) in 2015 were born via associated reproductive technologies (ART) including in vitro fertilization, intracytoplasmic sperm injection and frozen embryo transfer. In some clinical cases, middle-aged parents with young children have difficulty in adjusting to life with a newborn/young child, meaning the youngest members of the family are expected to keep up with the lifestyle of their parents (Japan Society of Obstetrics and Gynaecology 2017). Anecdotal evidence suggests that some mothers suffering from post-partum depression were at a loss as to what to do after childbirth via ART, because their primary goal was to start a family and, prior to delivery, they had not considered how to raise their infant.

Quality of the mother–child relationship

Parent–child relationships cannot escape the effect of these social changes. On the one hand, symbiotic relationships between mother and child are sometimes seen as underlying the psychopathology of mental distress among young people in Japan, including eating disorders, school refusal (separation anxiety), and domestic violence. Interestingly, Professor Okano, a Japanese qualified psychoanalyst certificated in the US, noted that there was a cultural difference in the psychopathology of dissociation between the US and Japan, in that while childhood trauma mainly led to dissociation in the US, it could be seen as a result of relational trauma in Japan. For example, the mechanism of dissociation in Japan may be explained in the context of a too-deep mother–daughter relationship (an over-involved mother and an extremely sensitive daughter), where the daughter was eager to anticipate her mother's wishes and sometimes isolated her own thoughts and feelings (Okano 2018). On the other hand, although the essence of amae theory is a sense of oneness and denial of the fact that separation is an inevitable part of human

existence (Doi 1973), some parents are less concerned about their children's needs, feelings and thoughts. This may be why it has become common for some mothers of young patients to be unable to describe the early developmental history of their children because of poor parent–child interaction and lack of memory. Furthermore, new technologies, social networking services and digital devices sometimes mean mothers keep an emotional distance from their children. For example, there are various mobile applications that when a parent keys in information about their baby (e.g. feeding, changing nappies and sleeping time), an alarm will sound to tell the parent what to do next, regardless of what the baby feels or needs at that moment. It may be that some mothers have more difficulty in experiencing a "primary maternal occupation" in comparison to their counterparts in the preceding century.

Economic situation

Poverty is a major hidden problem in Japan. According to the UNICEF Report Card 11 (UNICEF 2013) regarding child well-being (survey period: 2001–2010), Japan's overall ranking was sixth among thirty-one developed countries; however, there was considerable variability in the scores for the five subcategories among the top five countries (e.g. counties in northern Europe and Iceland). Despite Japan's top-level performance in "education" and "behaviours and risks", the score for "material well-being" was in the bottom third. In practice, the relative poverty rate of children in Japan in 2015 was 13.9%, which means that one in every seven children suffers from poverty (MHLW 2015). Of more concern, the relative poverty rate of single working parents with any children was 54.6%, one of the highest rates in the world. More than 80% of single mothers in Japan strongly agreed or agreed that they lived a tough life.

Today, conventional ways of living and traditional values have collapsed. Consequently, Japanese women need to take their futures into their own hands; however, many women in Japan have struggled with "chasing two rabbits" or pursuing a career and motherhood. Several of my patients have told me that holding "only one rabbit in their hands" sometimes made them see themselves as incompetent mothers and women.