



LETTER TO THE EDITOR

Global Health Action: surviving infancy and taking first steps – the window is open, new challenges for existing niche may enlighten global health

With reference to the editorial 'Global Health Action: surviving infancy and taking first steps', we commend the success of the innovations in this newly established open-access global health journal, which sets a challenge to the world of scholars who deal with global health as an academic topic (1). The strategies of publishing Capacity Building and Study Design papers, as well as PhD Reviews, and providing mentorship have, in our opinion, not only filled the niches but have also bridged the 10/90 gap in health research that exists in global health (2, 3).

We welcome the Capacity Building article approach, as many overseas development assistance projects emphasize the importance of the process rather than the outcome, in order to ensure sustainability. Much time is required to foster mutual trust, achieve consensus, and plan a viable program in partner countries. Important lessons are learned throughout this process, and we strongly believe that sharing such lessons will help ensure the sustainability of both policy dialogs and the development which the project has nurtured (4). However, scientific journals on global health, other than *Global Health Action*, stress on a results-based approach and provide no opportunity to include these important lessons. We also expect the Study Design articles and PhD Reviews to provide a rich reservoir of ideas and advice and, as such, to provide a valuable knowledge base. In Japan, some of the young researchers coming from low- and middle-income countries are bureaucrats with access to national data, and their work has the potential to yield high-quality research evidence. They can certainly benefit from the mentorship provided by *Global Health Action*.

Finally, we support *Global Health Action's* concept of publishing article translations as supplementary online material, as this provides an avenue for getting research in other languages into the published literature. For example, in Japan, we have valuable experience in research and discussion on global health topics; unfortunately, such experience is documented in the Japanese language, making it impossible to share our discussion globally. This is no doubt the situation with other languages. Thus, we propose that *Global Health Action* should invite editors familiar with languages other than English. The invited editors could have three roles: 1) Organize special supplementary issues that deal with hot topics discussed in their respective countries. The editors could invite the contributions of several authors from these countries, write

editorials that reference articles in other languages, and perform the role of contributing editor (as is already done in *Global Health Action*) (5). 2) Introduce a curated selection of English abstracts of articles on themes that may attract international readers. 3) Check for plagiarism in the original-language article. We expect that editors who perform the aforementioned functions would make *Global Health Action* a very global journal.

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Japan's emerging challenge for child abuse: System coordination for early prevention of child abuse is needed

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Summary

At the end of 2013, a Japanese newspaper reported that 4,173 children were unidentified or missing in Japan. The article concluded that child abuse was a matter of national concern. In examining the strengths and weaknesses of Japan's welfare system in regard to child abuse, it would seem that a weakness exists with regard to its ambiguity on the roles of different officers who contact suspected cases. Although three types of officer (health, welfare, and police officers) can take charge, child abuse cases might be missed because the division of labor varies between the different types of officer. However, a strength exists in the periodical pediatric health check system that is in place in each of Japan's 1,742 municipalities. To efficiently implement early intervention for child abuse, it is necessary to rearrange the division of labor among the three types of officers to clarify who should intervene in suspected cases.

Keywords: Child abuse, Japan, pediatric health checks

Child abuse is a national concern in Japan. The number of child abuse notification cases is increasing (1). The Japanese police report that 32 children were killed by abuse in 2012. Of the 59,919 cases that resulted in notification in 2011, physical abuse accounted for 36.6%, followed by neglect (31.5%), psychological abuse (29.5%), and sexual abuse (2.4%) (2). Worldwide, the estimated number of homicide deaths in children under 15 amounts is approximately 34,000 (3). Gilbert *et al.* report that about 4-16% of children experience physical abuse and that one in ten is neglected or psychologically abused. As for sexual abuse, between 5% and 10% of girls and up to 5% of boys are exposed to penetrative sexual abuse during childhood (4).

The difficulty in early detection of child abuse is that it usually occurs behind closed doors in a home environment, and that the main players in the abuse, usually parents, may be unaware that they are committing abuse. In Japan, this is further complicated by the fact that people nearby who suspect child abuse

may be reluctant to notify authorities because it tends to be viewed as a family affair. Thus, the true situation of child abuse is likely to be hidden. Those who engage in the management of child abuse view it as a difficult challenge (5).

On December 31, 2013, *The Yomiuri Shimbun* (a Japanese newspaper) reported that 4,173 infants were unidentified or missing in Japan, and concluded that child abuse was a matter of concern (6). The article reported that the newspaper had conducted a questionnaire survey targeting all of Japan's 1,742 municipalities in November 2013. Each municipality notes instances of non-attendance at periodical pediatric health checks; 334 municipalities showed the probable existence of missing infants. Some municipality officers were reported to have conducted home visits to check if the children were brought up in a safe environment. Others reported that they only performed a phone or mail survey and simply asked whether the infants in question were being nurtured properly. The article concluded that Japan has no surveillance system for identifying missing children with regard to cases of possible child abuse.

From the above-mentioned article, we see the strengths and weaknesses of Japan's welfare system for children and gain a clue as to how the early prevention

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of child abuse might be achieved. With regard to early detection, the weakness of Japan's system is in the ambiguity of the roles of the different types of officer who make contact with suspected child abuse cases. Throughout Japan, three types of officer (police, welfare, and health officers) can, in principle, take charge in cases of child abuse.

While health officers take charge in the health service (including through consultation of parents suspected of abuse), welfare officers are generally in charge of managing child abuse cases. Welfare officers collect information on notifications of abuse from neighbors of the families in which child abuse is suspected and hospital staff, including medical doctors. Aside from these points of contact, police officers receive notification in cases where law enforcement might be necessary.

The roles for identifying child abuse seem to be deliberate because there is an overlap in the roles of the three types of officer. However, child abuse cases might be missed due to the lack of clear definition. In fact, while the number of notifications has increased year by year, there has not been a corresponding decrease in the number of confirmed child abuse cases. In the Netherlands, pediatricians are trying to detect child abuse among children who present to the emergency department (7). Learning from these practices, Japanese pediatricians are also trying to identify abuse cases at the emergency department and several manuals have been published and circulated (5). However, the efficacy of this type of medical approach has a limitation in that its basic focus is on the detection of physical abuse. We believe that a population-focused approach would be more effective in the early detection of child abuse.

A possible avenue for a population-focused approach to child abuse prevention in Japan exists in the periodical pediatric health check system, which is in place in every municipality of Japan. Health checks are provided, free of charge, for children aged 3-4 months, 1.5 years and 3 years (8,9). All of the target children are registered and health officers at their corresponding municipalities have contact with parents. Thus, it would

seem to be relatively easy to monitor attendance of pediatric health checks.

Properly utilized, pediatric health checks could provide an innovative and functional avenue for facilitating the early prevention of child abuse. For that purpose, it is necessary to redefine the mandate of the pediatric health check system and to rearrange the division of labor among health officers, welfare officers and police, in order to clarify who should intervene in cases where child abuse is suspected.

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