

An example of a neglected child who constructed a special safe place both at home and at school

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The objective of this report is to provide a concrete example of measures used to manage the mental health of a child affected by child abuse. A 13-year-old boy exhibited unusual behavior consisting of building a cubby house in his classroom and at home, and spending all day by himself in this structure. The authors suspected that the boy had been neglected by his parents and made inquiries into the boy's circumstances, talking to neighbors and people at school in order to gather information about his home life. It became apparent that the boy's tendency to isolate himself was the result of physical abuse by his father and neglect by his mother, which the yogo teacher and homeroomteacher had both failed to recognize. The authors advised that the homeroomteacher should be on the alert for signs of conflict within the family and that the yogo teacher should work to foster cooperation between teachers and the school counselor. After two years of lifestyle coaching and family support measures, the boy stopped building "cubby houses" and was re-integrated into society.

Keywords: child abuse, cubby house, yogo teacher, school counselor

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1. Introduction

According to the Ministry of Justice Research and Training Unstitute Institute, White Paper On Crime 2007 (Ministry of Justice Research and Training Unstitute Institute, 2007), the number of consultations in relation to child abuse has been increasing yearly over the last decade. Of the child abuse information received at child consultation centers, 21% comes from family members or other relatives, 14% comes from neighbors and 13% comes from school teachers. (Kozu, J., 1999) However, given that in 75% of cases the abuser is the child's natural father or mother, family reporting cannot be relied upon to give a true picture of the incidence of child abuse. (Kouno, A. and Johnson, C. F., 2001) With the gradual depopulation of rural areas, it is predicted that the number of cases of abuse reported by neighbors will decrease, and that conversely the number of cases of child abuse noticed and reported by school staff, especially yogo teachers (school nurses), will increase. In basic terms, it is difficult for a single yogo teacher to keep a close eye on all the children

who visit the school sick bay (yogo teacher's room). There will be situations in which the yogo teacher will need to receive assistance from specialists such as child consultation center counselors, welfare office staff or school counselors.

In recent years the number of students who need medical support and/or nursing support at school has been increasing.(Hayashi, N., 2009) However, these students still study the standard curriculum. It is reported that 5 percent of students who have been labeled "overly selfish", "lacking in application" or "suffering from problems at home" in fact have been suffering from pervasive development disorders. (American Psychiatric Association, 2002) The medical home care system was established in 1992, and following a review of the school attendance standards in 2002, students with special needs based on pervasive developmental disorders became able to attend mainstream classes. (Fujioka, H., 2009) The system of special needs education has shifted from focusing on a level of education according to the degree of the individual's disability to providing individual support for the variety of types of

pervasive developmental disorders.

This case report describes (1) the details of the support service provided for a neglected child and his family over a period of approximately two years; (2) the process of resolving the child's unusual behavior of building and occupying a cubby house, and his rehabilitation; and (3) the details of the school's support service strategy. The report had the following objectives: (1) to provide a concrete example of a framework within which teachers can manage the mental health of a child affected by child abuse, in particular, establishing an individualized support service at school; (2) the promotion of cooperation between school and family; (3) to demonstrate the utility of employing outsourced support facilities, from counselors through to psychologists. In particular, the report also indicates that there were a number of cases where the yogo teachers had difficulty in recognizing that child abuse had been occurring, and outlines methods by which, through cooperation with school staff and external organizations, child abuse could be most effectively identified.

2. Case presentation - Kazuo (a pseudonym)

2.1. Ethical considerations arising from privacy issues in case report

In order to carry out this report we obtained consent from the child's legal guardians. Accordingly, certain personal information not affecting the results (past history, identity of family members) was altered in order to protect the privacy of the child and his family. This report was written in accordance with the ethical guidelines established by the Japanese Journal of School Health.

2.2. Kazuo's School and family

Kazuo's junior high school consisted of 10 classes, with one special needs class. There were 300 students and 30 teachers. Kazuo was enrolled in a mainstream class, however, his lessons took place in a special needs class. Kazuo's elementary school consisted of 20 classes of which three were special needs classes. There were 400 students and 30 teachers. When Kazuo entered the 6th grade he was moved from his normal class to a special needs class. Kazuo lived in a town in a rural area of Japan, with a population

of about 10,000. The main industry in Kazuo's town was agriculture. Kazuo's father is a carpenter and his mother is a ward nurse at a hospital. Kazuo is the eldest of four children. He has two sisters, aged 12 and 9 and a brother aged 3. Kazuo's house was a newly built, two-storey residence, with 8 rooms on the second floor. There were few neighbors in the area immediately surrounding the house.

2.3. The circumstances of our visit to Kazuo's home

When we visited Kazuo's 1st grade middle school classroom, we observed that he had made a cubby house for himself out of a ping-pong table and cardboard boxes (see **Figure 1**), while at his home we observed that Kazuo spent the majority of his time in the tent he had set up in his bedroom. (see **Figure 2**) In the cubby house Kazuo kept video games and comics, and lay out a bamboo mat on which he would



Figure 1 A Cubby house in his classroom



Figure 2 A tent in his home

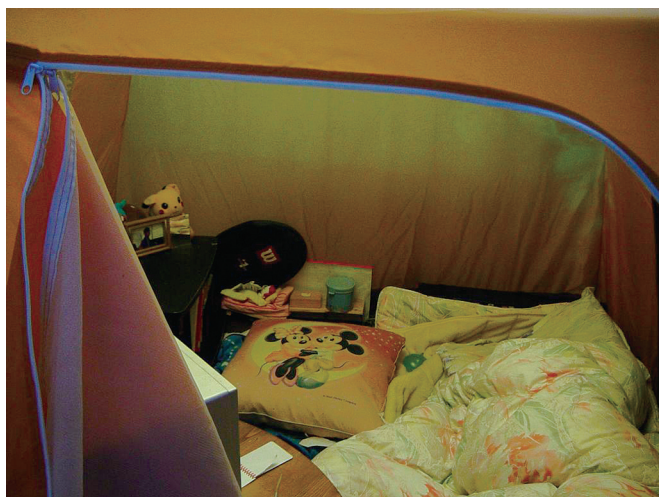


Figure 3 His toys in the tent

usprawl. Whenever the homeroom teacher tried to get Kazuo to come out from the cubby house Kazuo acted up. Kazuo stayed in his cubby house in the corner of the classroom, lying around doing nothing, not even eating school lunch.

Kazuo continued to attend school into the third semester, but he did not take part in classes, rather, he spent his time playing video games in his cubby house. However, in order to eat he ended up taking part in domestic science classes and began eating school lunch. Kazuo spent his time at home in the tent he had set up in his room. Inside the tent there was a video game console, a TV, a collection of stuffed toys, a futon and snack foods. (See **Figure 3**)

When we went to Kazuo's house we found dirty washing scattered throughout each room, and it became clear that it was neither of the parents who did the housework but in fact Kazuo's 12-year-old sister. In particular the kitchen was in most part unused and was remarkably clean. Despite the fact that a 3-year-old child was living in the house, there were a number of unemptied ashtrays lying around. We felt there was a danger of the 3-year-old child ingesting a cigarette butt. Kazuo's father was indifferent towards his son, even when Kazuo was truanting and engaging in anti-social behavior like shoplifting. Further, there were occasions when Kazuo's father had burnt Kazuo's hand with a cigarette when Kazuo did not listen to him.

Kazuo's parents have both had extra-marital affairs and demonstrated little concern for their children, and it is our view that the children were in a state of neglect. The 9-year-old sister always wears a scarf in class and cries when the homeroom teacher takes it from her, and thus she was seen as a distraction in

class. She also causes her homeroom teacher distress by screaming in the middle of class. When attending day care, the 3-year-old boy wears red clothes, uses hair accessories and dresses as a girl.

2.4. The reasons behind Kazuo's anti-social behavior

Kazuo attended normal classes from the 1st to 5th grades but then he developed certain anti-social behaviors. As a result, when Kazuo entered 6th grade he was put into the special needs class, which had only 6 students, at the request of his teacher. Kazuo's homeroom teacher thought that the potential for greater individual attention would help Kazuo settle down, but his failure to play with others and tendency to wander around the class by himself became more pronounced. During the second half of 6th grade, when local educational support volunteers came to class to give more individual instruction, Kazuo began to quieten down.

When Kazuo started junior high school he was entered into the school register as part of the normal stream of students, but he received his lessons in the special needs class. In the first semester of junior high school Kazuo's marks were low, but he was able to understand the lesson contents in the special needs class. In the second semester of first grade, Kazuo began finding the special needs class difficult, and he stopped coming to school. As a result of his mother locking up the house when she went to work, Kazuo had no place to go when truanting. There were reports from neighbors that Kazuo went fishing by the lake, spent time hanging around the city library and would lie on the sofas in department stores. We suggest that Kazuo did not go to school to study, rather, he only went because his mother locked him out of the house. As a result, Kazuo built himself a cubby house in a corner of his classroom, using a ping-pong table and cardboard boxes, and creating a special place for him and him alone.

2.5. Dealing with Kazuo's behavior and his response

Our first impression was that Kazuo had high-functioning autism because he had no particular problems in coping with school until he reached the 5th and 6th grades, at which point he suddenly exhibited the unusual behavior of building a cubby-

house in the classroom. Accordingly we took Kazuo's early developmental history from his mother, and referenced the notes she had made in her maternity and child health handbook. However, neither his records nor a physical examination gave any indication that Kazuo was suffering from a developmental disorder. We first proposed that Kazuo rise early just once a week as a measure towards establishing regular habits.

We were of the view that it was important to consider not only Kazuo's mental state but also his environment. Not wanting to add to the burden of homeroom teachers, we frequently discussed the subject of child abuse with the school principal. At that time Kazuo had a friend who refused to attend school. We advised the homeroom teachers as to what they could do in order to help the victims of child abuse avoid turning to delinquency. That is to say, for example, we explained that it was more important for Kazuo to regularly attend the special needs class than it was for him comprehend completely the contents of the lesson.

In particular, we advised the principal of the school that (1) Kazuo should receive training to enable him to return to a normal everyday routine; (2) his homeroom teacher should be on the alert for signs of conflict within the family, and; (3) the yogo teacher should work to foster cooperation between teachers and the school counselor. Following our suggestions, a clinical psychologist took up a new post at the school. Kazuo was provided with lifestyle coaching and family support measures for a period of two years. By the time he graduated from junior high school he had stopped building his "cubby house". On graduation from senior high school he was successful in finding work, however, we were concerned that he was at high risk for traumatic relapse.

3. Discussion

Homeroom teachers often do not realize that there are children in their class who suffer from high-functioning autism, including Asperger syndrome, because the children have shown little or no sign of cognitive disability. (Tsujii, M. and Takeshima, A., 2004) High-functioning autism is often detected in the higher grades when the child is found to have difficulties interacting in group situations. (Ogiwara, H. and Takahashi, O., 2005) However

a child's inability to interact well with other may be attributable to another cause. Sugiyama (2004) reports that many abused children showed borderline cognitive disability in their intelligence scores, often occurring in conjunction with a learning disorder that leads to a lack of language development, and as a direct consequence a lack of introspectiveness, resulting in a tendency to act out.

Based on our observations of Kazuo's inability to interact in group situations, our initial impression was that he was suffering from a developmental disorder. However, once we confirmed that Kazuo did not have a developmental disorder, we suspected that his behavior was the result of child abuse. From observing Kazuo's situation at home we realized that he was the victim of neglect. As the result of neglect, Kazuo had difficulty in functioning in a classroom situation. However Kazuo's school had interpreted his behavior as a developmental issue and placed him in a special needs class. Once in the special needs class Kazuo was treated as a special needs child, and no efforts were made to explore the reasons behind his behavior, namely, why he built a cubby house in his classroom and spent all his time in it.

School counselors are tasked with the job of observing and diagnosing student problems. However, Kazuo's school did not have a full-time school counselor. It is likely that had there been a full-time counselor Kazuo's neglect would have been recognized and an appropriate response carried out. Not all junior high schools have a school counselor, and therefore schools without counselors should take steps to reinforce the existing support systems for children who need special attention. For example, children should be allowed to spend time in the sick bay when they are experiencing difficulties in the classroom. Essentially, in the absence of a school counselor the sick bay should be used as a place of safety, where students who exhibit problem behaviors in the classroom can spend time and be observed in order that appropriate support be provided.

Based on the amended School Educational Law 2007 (Ichikawa, H., 2009), all schools now provide special needs classes in conjunction with mainstream classes. However, in our view, the decision to move Kazuo to a special needs class from his regular classroom should have been made based on a specialist's opinion and only after consulting with Kazuo himself. Whereas special needs classes provide a broad solution for students with

developmental issues, the appropriate response for students suffering from neglect and other forms of abuse is a mental health care approach implemented on the basis of Personalized Support Plans catering to the particular needs of individual students, and part of a framework, including residential based resources such as child care centers and local community centers, designed to achieve a cooperative and integrated society. (Tsushima, H., 2006)

In our opinion, Kazuo's case indicates the previous lack of integration between support systems, and highlights the following problems: (1) the potential delay in assessment of a child's condition; (2) the failure of the homeroom teacher to appropriately decide whether or not a child attend special needs class; (3) the lack of access of the yogo teachers to specialists able to advise on appropriate support.

The current implementation of mental health care in the education system is so underdeveloped that as yet there are no guidelines relating to pervasive developmental disorders such as learning disorders. In cases where a child makes frequent visits to the school sick bay, or acts out of the ordinary, yogo teachers should take into account the possibility of child abuse. In particular, to cope with anti-social behaviors stemming from child abuse, the issue is how best to implement concrete measures to provide human resources such as Parent-Teacher Associations and welfare specialists, and improve the environment for children suffering from child abuse.

References

- American Psychiatric Association(2002) Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision(DSM-IV-TR). Pervasive Development Disorders, Washington, D. C.
- Fujioka, H. (2009) Medical and Educational Practice for Children with High-Functioning PDD or School Age or Under. Japanese Journal of Child and Adolescent Psychiatry.50(2). 104-112. (In Japanese)
- Hayashi, N. (2009) Life Skill Education for High-Risk Children. Japanese Journal of School Health. 51, 22-24. (In Japanese)
- Ichikawam H. (2009) High-Functioning Pervasive Developmental Disorder. Japanese Journal of Child and Adolescent Psychiatry.50(2). 83-91. (In Japanese)
- Kouno, A., and Johnson, C. F.(2001) Japan. In Schuwartz-Kenny, B. M., McCauley, M. and Epstein, M. A. (eds.): Child abuse: A global view (99-115). Westport, CT, Greenwood Press.
- Kozu, J. (1999) Domestic violence in Japan. American Psychologist, 54, 50-54.
- Ministry of Justice Research and Training Institute (2007) White Paper On Crime part5 chapter1 section6 Available from: URL: <http://hakusyol.moj.go.jp/>
- Ogiwaram H. and Takahashi, O.(2005) The Development and

Characteristics of Autistic Children Receiving Very Early Intervention. Japanese Journal of Child and Adolescent Psychiatry.46.Supplement. 40-60.

- Toshiro Sugiyama, Machiko Kawabe (2004) Predictors of outcome in high-functioning adults with pervasive developmental disorders. Japanese Journal of Psychiatric Treatment 19(9) 1093-1100. (In Japanese)
- Tsujii, M., and Takeshima, A.(2004) Therapeutic Interventions for Children with Development Disorders without Intellectual Disabilities in the School and Community Settings. Japanese Journal of School Health, 456-463. (In Japanese)
- Tsushima, H.(2006) Team-Approach and Coordination of Yogo-Teacher in School Medical Care. Japanese Journal of School Health, 413-421. (In Japanese)



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Main Works:

- Kanako Yamauchi et al. (2008) The Diagnosis and Treatment of Premenstrual Dysphoric Disorder in a Patient Who had been Misdiagnosed as Having Either Rapid Cycling Bipolar Disorder or Borderline Personality Disorder School Health Vol.4, ppl6-23.

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