

[Taiwan]

Child Abuse in Taiwan

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Children are our valuable national asset. A progress country undoubtedly has to guarantee children free from violence and fear. Since year 2000, the crude birth rate of Taiwan had fallen, from 41.7% in 1958 to 7.21% in 2010. However, news of child abuse is still often heard, one after another. Taiwan part in bulletin of “2010 Country report of human rights practices” by United States mentioned that child abuse is still a common problem. A credible NGO stated that cases of sexual abuse is more frequent than the public perception, with an estimated annual number of 20,000 victims, but only about 3,000 people annually reported.

Official registration data revealed that there is about 0.15% of child, a total number of 7,387 victims encountered abuse at 2004, rising to 0.40% at 2010, a total number of 18,331 victims. Most of the cases were physical abuse, around 35%. About 75% of the abusers were parents.

Most of them were 30–50 year-old male with educational level at junior school. The experience of child abuse were brought short-term or long-term physical and mental consequences and pay for great medical and social costs; hence child abuse is not only a social phenomenon, but also an important public health issue.

Effective child abuse prevention strategies which involve different levels, different cultures, different standards of the problem of child abuse, should be conceptualized and quantified using statistical description of abuse in order to understand the overall outlook, to identify the risk and protective factors of child abuse. Effective implementation of child protection services must be based on these knowledge of risk and protective factors. Regardless of what intervention, follow-up assessment is required to determine its effectiveness.

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Definitions of Child Abuse

- ◎ The lowest standard of child care in a society.
- ◎ “Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm”
- ◎ 任何人對於兒童及少年不得有下列行為：一、遺棄。二、身心虐待。

1. 余漢儀. 兒童虐待—現象檢視與問題反省 (增訂版): 巨流圖書公司; 1996.
2. Gateway CWI, Bureau/ACYF Cs, States U. Definitions of Child Abuse and Neglect: Summary of State Laws. 2009.
3. 兒童虐待防治策略—醫事人員教材之彙編研議案委員. 兒少虐待及疏忽-醫事人員工作手冊: 財團法人國家衛生研究院; 2006.

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Table B.1.1 The various types of child abuse*

Physical abuse	Physical harm or injury
Neglect /negligent treatment	Failure to provide for a child's basic needs and development in all spheres
Emotional abuse	Failure to provide a developmentally appropriate, supportive emotional environment which results in impairment of a child's emotional development or sense of self-worth
Sexual abuse	The involvement of a child in sexual activity that he (by virtue of his age or stage of development): <ul style="list-style-type: none"> • Does not fully comprehend • Is unable to give informed consent to • Is not developmentally prepared for. Sexual abuse may be by adults or children who are in a position of responsibility, have obtained children's trust, or have power over the victim.
Exploitation	The use of the child in work or other activities for the benefit of others, for financial gain, e.g., child labor.

*World Health Organization and International Society for Prevention of Child Abuse and Neglect (2006).

Table B.1.2 Features of risk factors of abuse*

	Risk factors	Features of risk factors	Common presentations
Child	<ul style="list-style-type: none"> • Younger age • Constitutional vulnerabilities (e.g., cerebral palsy, mental retardation, prematurity etc) • Difficult temperament • Chronic illness • Gender – for school aged children, female gender higher risk for sexual abuse while male gender higher risk for physical abuse 	<ul style="list-style-type: none"> • Vulnerable & dependent state • Attachment issues 	<ul style="list-style-type: none"> • Fractures • Shaken baby syndrome (especially below 3 y/o) • Bruises • Internal bleeding • Choking • Smothering
Family	<ul style="list-style-type: none"> • Low socioeconomic status (poverty, unstable housing, low education, unemployment, single parenthood, young parental age) • Criminal history • Substance abuse • Chronic physical illness and disabilities • Psychosocial factors (mental health problems, poor coping skills, lack of support from spouse, family, community, marital disharmony, domestic violence) • Parents victims of abuse • Violence within the family 	<ul style="list-style-type: none"> • Lack of resources and education • Increased caregivers' burden • Lack of parental supervision • Ineffective coping skills and parenting skills 	<ul style="list-style-type: none"> • Malnourishment • Inadequate health care • Emotional Abuse • Harsh physical punishment • Lack of supervision • Exposure to pornographic materials
Society	<ul style="list-style-type: none"> • High local unemployment • Social isolation • Socio-cultural • Legal aspects • Disasters: natural or man-made 	<ul style="list-style-type: none"> • Cultural practices that condone certain types of abuse • Policies, or lack of, leading to child exploitation • Lack of enforcement 	<ul style="list-style-type: none"> • Sanctioned physical and sexual abuse (e.g., genital mutilation) • Child soldiers • War rape • Prostitution

*Sources: Herrenkohl et al (2008); Mersky et al (2009); Stith et al (2009); Whitaker et al (2008).

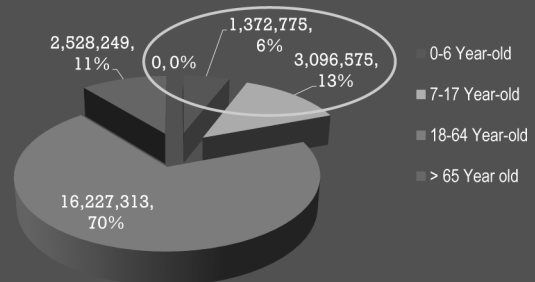
General Information of Taiwan

- Area : 36,000 square kilometers
- Population : 23 million
- Language : Mandarin / Taiwanese / Hakka / Indigenous Languages
- Religion : Buddhism / Taoism / Christianity / Islam

Asia Eastern



Age Distribution of Population (2012)



Major Events and Laws related to Child Abuse

Year	History
1973	The Child Welfare Law.
1989	The Juvenile Welfare Law.
1993	The Child Welfare Law Amended, began the intervene of child protection services system by Taiwan authorities.
1995	*113 protection hotline established, entrusted by social bureau of ministry of interior to World Vision Taiwan. *Child and Youth Sexual Transaction Prevention Act.
1998	Domestic Violence Prevention Act.
1999	Child welfare bureau, Ministry of interior established.
2001	113 hotline established.
2003	The Child and Juvenile Welfare Law Amended.

Major Events and Laws related to Child Abuse

Year	History
2004	*Convention on enforcement of child and youth welfare act. *Began of high-risk families mentoring program.
2005	Published bulletin of medical professionals on intervene of child abuse and neglect.
2013	The Protection of Children and Youths Welfare and Rights Act

Manpower to intervene

Child and Adolescent Mental Health Allied Professionals in Taiwan

Professionals

- ◎ Pediatric (Board certified): 973 (2013)
- ◎ Child psychiatrist (Board certified): 141 (2010)
- ◎ General psychiatrist (Board certified): 1,466 (2010)
- ◎ Psychologist (Board certified):
 - 649 (2007)
 - 412 (in medical system)
- ◎ Social worker (licensed):
 - 2,200+ (2007)
 - 100~150 (in psychiatry)
 - 55 (in NGO for the youth among 926 colleagues)
- ◎ Psychiatric Nurse (Board certified): < 50 (2006)
- ◎ Occupational therapist (licensed):
 - 1,000+ (2007)

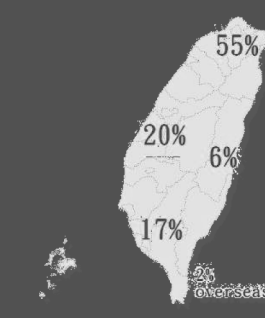
Child & Adolescent Psychiatric Facilities in Taiwan (2011)

- 67 available child & adolescent psychiatric facilities: 58 hospitals, 9 private clinics.
- Provide totally :
 - 10 inpatient wards (total : 127 beds)
 - 14 Day hospitals (total : 473 beds)
 - All have outpatient clinics.



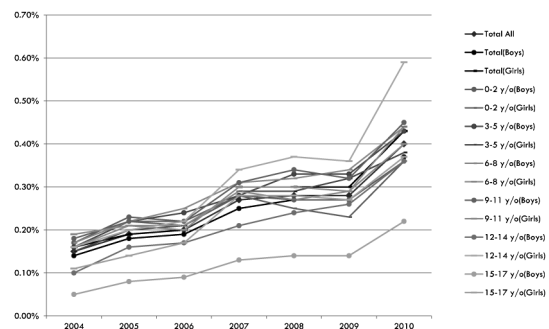
Child Psychiatrists in Taiwan

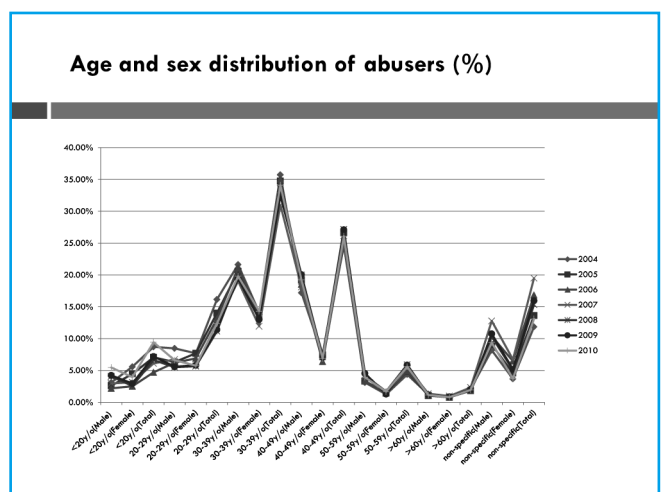
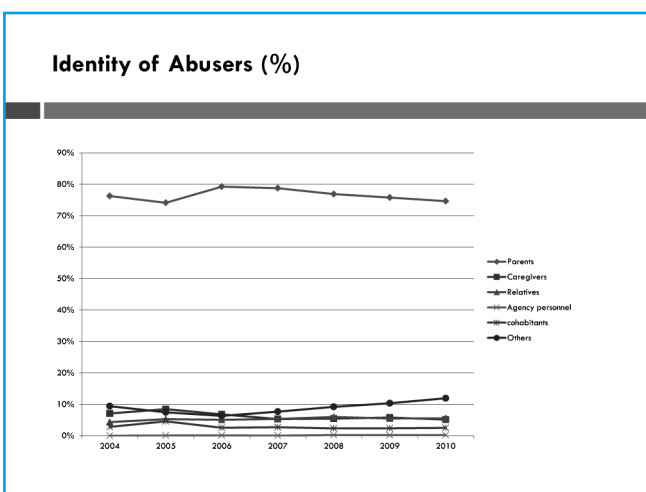
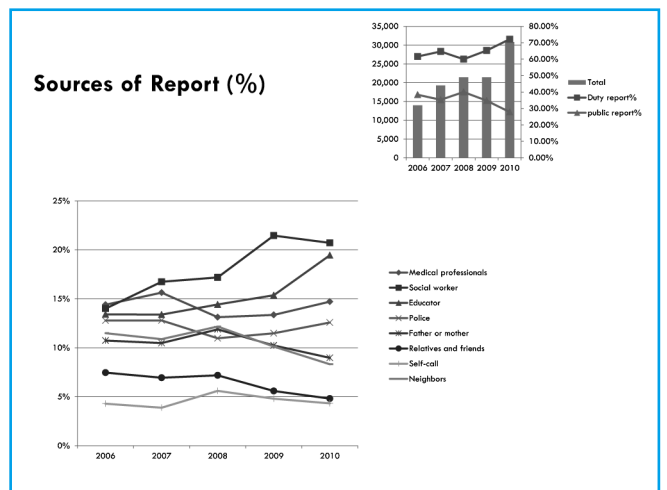
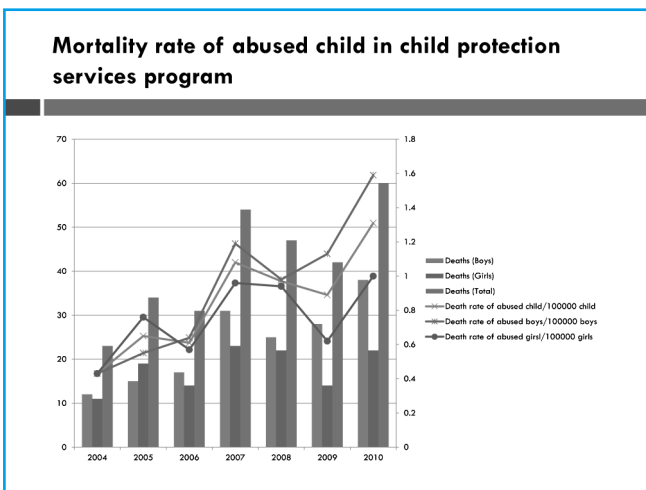
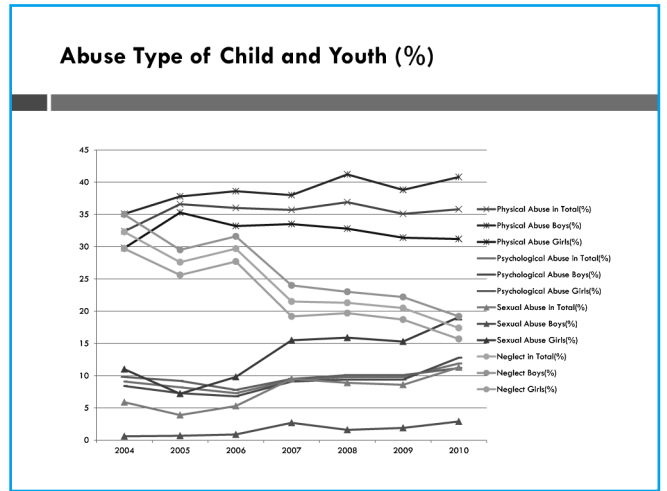
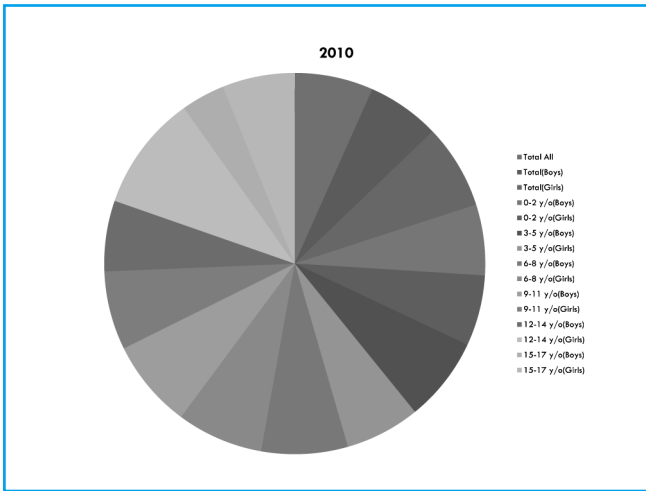
- ◎ Locations: 55% in northern Taiwan, only 20% in the middle, 17% in the south and 6% in the east.
- ◎ 3 distant island counties (out of total 18 counties and 2 Special municipalities) have no qualified child psychiatrists.



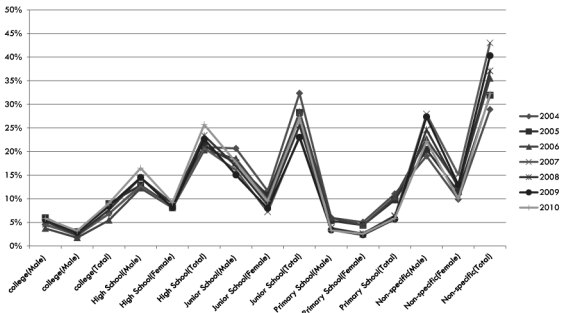
Fact sheet of Child Abuse in Taiwan

Age distribution of abused child and youth (%)

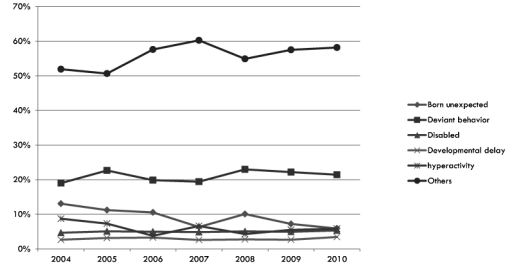




Educational level of abusers (%)



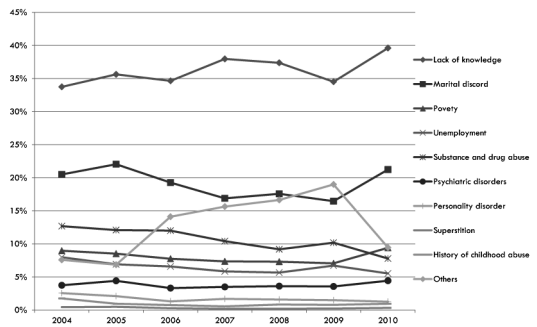
Attribution factors of abused victim (%)



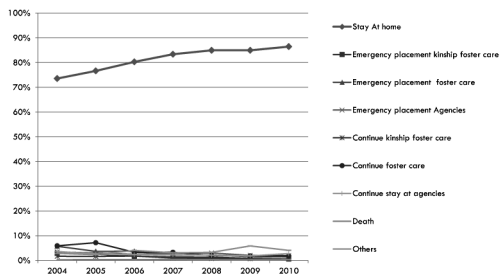
Parental factors associated with child abuse

- Unemployment
- Poverty
- Family and marital conflict
- Domestic violence
- Drug or alcohol use
- Trouble with the law
- Previous involvement with child protection services
- Parental exposure to physical abuse or family violence in their childhood

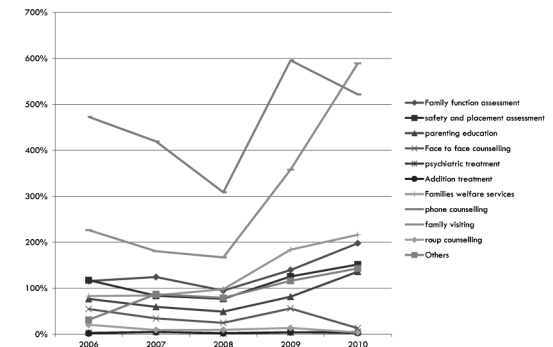
Attribution factors of abuser (%)



Placement of the abused child (%)



Treatment provided at home (%)

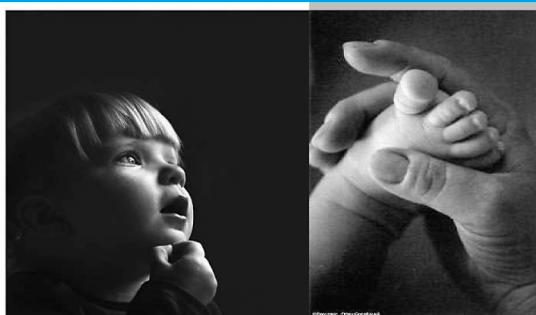


Prevention strategies

- Educate adults to better protect children
- Galvanize communities to develop support systems for children
- Teach all children appropriate protective behaviors
- Teach high risk children how to use support systems
- Teach abused children who are too afraid to tell that what abuse was not their fault and help with other
- emotional health issues to minimize long-term negative effects of the abuse
- Prevent child abuse victims of today from becoming offenders of tomorrow.

The role of the physician

- To identify any injury (including ano-genital, extra-genital trauma, other physical signs of abuse or neglect)
- To detect the presence of STD, pregnancy (pregnancy prevention may be indicated in some countries)
- To consider post exposure prophylaxis for HIV.
- To identify any other forensic evidence that may corroborate the existence of abuse (e.g., body fluids)
- To accurately record any physical findings and the result of investigations (e.g., through photographs)
- To explain and initiate any necessary treatment
- To rule out psychiatric emergencies (e.g., suicidality).



Thank you for your attention

"It is easier to build strong children than to repair broken men."
Frederick Douglass (1817–1895)