



It Is Time for Doctors to Start Seeing the Signs and Hearing the Cries of Abused Children as Professional Guardians

Un-Sun Chung

Department of Psychiatry, Kyungpook National University, School of Medicine, School Mental Health Resources and Research Center, Kyungpook National University Children's Hospital, Daegu, Korea

Child abuse includes physical, sexual and emotional maltreatment or neglect of a child such that the acts or omissions harm or threaten the health, development or welfare of a person under 18 years of age. Child abuse is a major pediatric, psychiatric, and social problem. Kempe et al. first described the Battered Child Syndrome in 1962 (1). The Convention on the Rights of the Child (CRC) was ratified unanimously in the United Nations General Assembly in 1989. The CRC addresses the legal and social status of children, who lack the full autonomy of adults, but have important rights as described in the Convention. Korea adopted the CRC in 1991. Adopting the CRC was an important milestone in our nation's efforts to confront child abuse (2). The principles of the CRC are that individuals or nations should provide for and protect children's safety and healthy development and involve them in decisions about their lives.

The first Child Welfare Law in Korea was enacted in 1981 and the first Child Protection Centers opened in 1989. Nevertheless, at the time there was a persistent belief that 'It is a natural born parental right to discipline one's own child.' The Ministry of Health and Welfare entrusted the Child Protection Centers to collaborate with several non-governmental organizations. Once child abuse was reported, these organizations had the legal right to investigate for 72 hours, with the child safely separated from the suspected abusers. In reality this is not always possible without additional governmental authority, including police involvement.

Child sexual abuse was first addressed through cooperation between government and medical professionals. The Ministry of Gender Equality and Family established the first multidisciplinary child sexual abuse response team and 'The Sun Flower Center' associated with Yonsei University Hospital in 2004 (3). With solid medical evidence and opinions on the post-traumatic stress symptoms evident even in non-fluent young children, law enforcement agencies began to believe that child sexual abuse was a reality that must be confronted and stopped.

Two well-known child sexual abuse cases particularly unset-

led Korea. The first was that of an eleven year-old girl who was murdered after a sexual assault in Yongsan area in 2006. The second was an 8 year-old girl who was severely injured in 2008. This incident became known by the sexual assaulter's name, the 'Cho Doo Soon' case. Because of public indignation, sex offenders are now legally compelled either to wear electronic monitoring anklets after they are released from prison, or to undergo chemical castration. The number of Sun Flower Centers doubled in number in 2009 and professionals were concerned about the rapid expansion without apparent adequate staff training.

According to the 2013 annual report of the National Child Protection Agency, child sexual abuse accounts for only 3.6% of 6,796 confirmed child abuse cases (4). Polyvictimization is most common (43.0%), with the percentages for neglect, emotional abuse and physical abuse being 26.2%, 16.2%, and 11.1% respectively. Although Government follow-up measures focused on sexual perpetrators outside of the child's family, in fact 73.6% of assaulted children report that assault is occurs within their family. Children experiencing incest are also abused emotionally and often physically as well.

In 2013, the Government designated 'Sexual abuse, domestic violence, school bullying and unsanitary food' as four major social evils and priorities. In October of 2013, an 8 year-old girl died with 16 broken ribs following abuse by her stepmother in Ulsan. Her teacher had reported her bruises to the Child Protection Agency in 2011. The system failed to save her life. Her murderer received the first death sentence for child abuse in Korea. Another 8 year-old girl died of a ruptured intestine due to physical abuse by her stepmother in Chilgok area. Her sister had originally confessed to the crime and had been tried in court. After treatment in a psychiatric facility, she disclosed that both she and her dead sister had been severely abused by their stepmother. The first conviction for child neglect in Korea was of a biological father convicted as a guilty bystander. These cases led to revision of Korea's Child Welfare Law in 2014 in an effort to

make the system more effective in saving abused children's lives.

Earlier this year, a short clip of CCTV elicited public outrage. It showed a teacher slapping the head of 4 year-old girl in a day care center. The teacher's justification for her behavior was that she was disciplining the child for leaving food uneaten. Follow-up measures should not just focus on monitoring CCTVs in day care centers, nor on installing CCTVs in every day care center. Historically, parents continue to be the main perpetrators in child abuse, but we cannot install CCTVs in every home.

Now is the time to let people know about the difference between discipline and punishment and to educate that young children do not function as psychologically autonomous individuals. Children remain inextricably tied to their primary caregivers for healthy adaptive and emotional development. We need to teach healthy and safe parenting skills to parents, teachers and other adults who care for children. Most Korean citizens were born before 1991, and were not officially protected from child abuse. Currently fertility rates in Korea rank 220 out of 224 nations (5). Surely this is the time for us to focus on the quality, not just on the quantity of our children's lives and to affirm their intrinsic value as human beings. We cannot afford, nor can we ignore the loss of a single child, nor the clouding of his or her future health and productivity because of childhood abuse.

This is the time for doctors to recognize the faint cries, the non-verbal communications and the physical signs of child abuse. Without our hearing, seeing and reporting their abuse, child victims will not be protected and all of our futures and the future of our nation will be diminished by their suffering. We are the gatekeepers for both the emotional and physical health of children in Korea. Medical doctors had reported 1.48% (1,247) of 84,007 confirmed child abuse cases from 2000 to 2013 (3). We are the professional guardians for children and adolescents for whom we care. Their lives, their futures and our nation's future depends upon all good people working together to end this scourge, but physicians have a special duty to report, stop

the abuse and begin their healing. We must not turn our backs on their suffering.

DISCLOSURE

The Author had been the director of the second "Sun-Flower Center" in Korea for 2 years and 3 months and is the responsible physician for the 3 year older sister of the victim of child abuse in the 'Chilgok Stepmother' Case.

ORCID

Un-Sun Chung <http://orcid.org/0000-0003-3871-1425>

REFERENCES

1. Kempe CH, Silverman FN, Steele BF, Droegemueller W, Silver HK. *The battered-child syndrome*. JAMA 1962; 181: 17-24.
2. United Nations Committee on the rights of the child. *General comment no. 12 (2009): the right of the child to be heard*. Geneva: United Nations, 2009. Available at <http://www.coe.int/t/dg3/children/participation/CRC-C-GC-12.pdf> [accessed on 30 January 2015].
3. Seoul sunflower children center. Available at http://www.child1375.or.kr/introduce/introduce_01.asp [accessed on 30 January 2015].
4. National Child Protection Agency. *National child protection agency visual identity guidelines*. Available at http://korea1391.org/new_index/ [accessed on 30 January 2015].
5. Central Intelligence Agency. *The world factbook*. Available at <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2127rank.html> [accessed on 30 January 2015].

Address for Correspondence:

Un-Sun Chung, MD

Department of Psychiatry, Kyungpook National University, School of Medicine, School Mental Health Resources and Research Center, Kyungpook National University Children's Hospital, 807 Hoguk-ro, Buk-gu, Daegu 702-210, Korea
Tel: +82.53-200-6414, Fax: +82.53-426-5361, E-mail: chungunsun@hanmail.net