

**Republic of China (Taiwan)**  
**Implementation of the Convention on the**  
**Rights of the Child**  
**Prepared for the 2nd State Report Review**  
**NGO Alternative Report**

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Taiwan Fund for Children and Families

Note: This report is publicly accessible.

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Corresponding CRC Article No.

Issue	CRC Report Chapter	CRC Article
Issue 1: Retrospective Analysis of the Deaths of Children	Chapter 3 General Principles	Article 6
Issue 2: Children's Mental Health	Chapter 3 General Principles Chapter 7 Disabilities, Basic Health and Welfare	Article 6, 24
Issue 3: Digital Sexual Violence Against Children	Chapter 5 Protecting Children from Violence Chapter 9 Special Protection Measures	Articles 19, 34, 35, 36
Issue 4: Inappropriate Corporal Punishment of Students by Teachers	Chapter 5 Protecting Children from Violence Chapter 8 Education, Leisure and Cultural Activities	Articles 19, 28, 29, 37
Issue 5: Alternative Care	Chapter 6 Family Environment and Alternative Care	Articles 20, 25
Issue 6: Adolescent Pregnancy	Chapter 7 Disabilities, Basic Health and Welfare	Articles 6, 24
Issue 7: Educational Resources	Chapter 8 Education, Leisure and Cultural activities	Articles 28, 29
Issue 8: Child Sexual Abuse	Chapter 9 Special Protection Measures	Article 34
Issue 9: Child Labor	Chapter 9 Special Protection Measures	Article 32

Abbreviation

Full Proper Name	Abbreviation
The Protection of Children and Youths Welfare and Rights Act	Children and Youths Act
Child and Youth Sexual Exploitation Prevention Act	Child and Youth Sexual Exploitation Act
Ministry of Health and Welfare	MOHW
Department of Statistics, Ministry of Health and Welfare	Department of Statistics, MOHW
Social and Family Affairs Administration, Ministry of Health and Welfare	SFAA, MOHW
Health Promotion Administration, Ministry of Health and Welfare	HPA, MOHW

## **Introduction**

The Taiwan Fund for Children and Families (TFCF) has offered services for children suffering from poverty and maltreatment since 1950. It is registered in Taiwan and is a full member of Accountable Now (formerly known as The INGO Accountability Charter).

This report presents nine issues in response to the Government's Second State Report under the Convention on the Rights of the Child in 2021 and its policies and actions since the first international review of the state report:

1. Retrospective Analysis of the Deaths of Children
2. Children's Mental Health
3. Digital Sexual Violence Against Children
4. Inappropriate Corporal Punishment of Students by Teachers
5. Alternative Care
6. Adolescent Pregnancy
7. Educational Resources
8. Child Sexual Abuse
9. Child Labor

## Issue 1: Retrospective Analysis of the Deaths of Children

### Chapter 3 General Principles

#### **I. Description and Status Quo Analysis**

The healthy survival and growth of children is the foundation of children's rights. The focus on causes of death of children in Taiwan stems from serious child abuse and murder-suicide incidents. The Government has gradually established child abuse prevention task forces at both the central and local government levels, with the goal of extending the child protection system through a multi-disciplinary network. However, these review mechanisms are mainly reactive and fragmented only for serious child protection cases involving injury and death of children, lacking consistent and specific screening standards and workflow across Taiwan. Therefore, with the advocacy of NGOs, Taiwan amended its law in 2019 to include retrospective analysis of causes of death for children under six years old.<sup>1</sup> The reasons for the amendment<sup>2</sup> show that the causes of death can be analyzed to identify areas for improvement in policy.

Although the Government has been actively working on this issue since 2019, we believe that inadequacies remain in the design and implementation of the overall mechanism for retrospective analysis of the causes of child death.

1. In the Concluding Observations on the Initial State Report, paragraphs 30 and 63 refer to the issue of child suicide in Taiwan, while paragraph 88 refers to the infant mortality rate of indigenous people in Taiwan, which are reminders of the importance of preventing child death. In the Second State Report, paragraphs 68 and 110(c) describe relevant legal actions, and paragraphs 65 and 69-72 present statistics on the causes of child death in Taiwan and provide information on measures to prevent deaths by accidents and suicides. The above shows the Government's policy direction on the retrospective analysis of the causes of child death in the past two years, and its efforts to propose approaches and actions for specific death issues. However, the full picture of policy development is unfortunately not yet evident.
2. Although Taiwan's cause of death statistics follow the World Health Organization's International Classification of Diseases, they lack detailed examination and response. Moreover, most of the measures to prevent child death in Taiwan are only for specific causes and are mainly preventive and awareness-raising in nature. It is clear that the policy to analyze deaths of children in Taiwan might be limited to piecemeal remedial measures, and there is no comprehensive policy planning with a complete context and structure.
3. Attachments 3-1 to 3-9 of the Second State Report present the statistics of causes of child death in Taiwan. From 2016 to 2020, the number of child deaths decreased from 1,472 to 1,086, with a slight increase in the number of infant and newborn deaths "due to maternal factors and complications of pregnancy, labor and delivery". Another point worth further investigation is that "accidental injuries" consistently rank the second highest in the number of unnatural deaths among children, while the number of "intentional self-inflicted injuries (suicides)" has been rising year by year, and almost all the deaths happened in the 12-17 age group.
4. The Government's empirical review and analysis is demonstrated by the ongoing plans mentioned in paragraph 68 of the Second State Report, and so are its further policy responses and rigorous modeling of future projections.
5. Meanwhile, the Executive Yuan's Child and Youth Welfare and Rights Promotion Group continues to submit reports and discussions on the causes of death in recent years. Most recently in April 2021, the Ministry of Health and Welfare (MOHW) requested all departments to cooperate with local health agencies to carry out related work.

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<sup>1</sup> Article 13, Paragraph 1 of the "Children and Youths Act": Central competent health authority shall conduct retrospective analyses of the deaths of children under 6 and publish the results on a regular basis.

<sup>2</sup>The central competent health authority is required to establish a mechanism to investigate the causes of death of children under six, analyze the causes, identify correctable causes, and take administrative measures to prevent the recurrence of similar incidents and effectively reduce child mortality.

6. As mentioned above, since the Government amended the law in 2019, the retrospective analysis of causes of death of children under six years old has been expanded from academic research by health authorities to cross-ministry, cross-county and -city levels. However, from the presented data and planning<sup>3</sup>, it can be seen that the legal basis, the level at which activities are initiated, and the ministries involved are all very preliminary and mostly non-mandatory.
7. Currently, the MOHW is responsible for the relevant system in Taiwan, but while welfare services of the Ministry are in charge of prevention of serious child abuse, health services are in charge of analysis of the causes of child death. This approach results in two issues. First, the overlapping powers and responsibilities of the two services need to be clarified. Second, the system in Taiwan has not yet been clearly defined, compared to diverse "child death review mechanisms" in other countries, where different ministries or levels of Government either launch or participate in relevant initiatives. In the United States, for example, the National Center for Fatality Review and Prevention (NCFRP)<sup>4</sup> has provided guidance to states and counties to promote retrospective analysis of child death. There are hundreds of state and county child death analysis teams currently in the U.S. that review child deaths ranging in age from 0 to 18 or 21. Many states and counties conduct comprehensive review of each child death in their jurisdictions. Other countries, such as the United Kingdom, Canada, Australia, and New Zealand, have child death review systems that cover a wide range of ages and span multiple ministries.
8. Therefore, on the future direction of the system moving forward from the current practice, it is important to clearly define which ministries are involved and who is in charge of the system. At the same time, it is necessary for the national authorities to be more forward-looking and consider how the system can be successfully implemented through division of powers and responsibilities between the central and local governments in Taiwan.

## **II. Conclusions and Recommendations**

1. The retrospective analysis of the causes of child death in Taiwan started to make substantial progress since the amendment of the law in 2019. However, in the current system, the definition of the competent authorities, the integration of multi-disciplinary ministries, and the division of powers and responsibilities between the central and local governments should be re-examined with reference to international systems, so as to determine what system Taiwan aspires to establish as soon as possible.
2. An attachment of the Second State Report shows the number of child deaths in Taiwan in recent years is about 1,000 to 1,400. If we learn from the experience of other countries, each death of a child should be examined, given the scale of resources invested in establishing the review system in Taiwan. Therefore, we recommend that the Government should extend the analysis of the causes of child death to all children under the age of 18.
3. The reproductive health policy should be gradually established with reference to relevant international policies to extend the care for pregnant women, as the infant/neonatal mortality rate in Taiwan is still slightly higher than that of OECD countries. Although the Second State Report<sup>5</sup> indicates that maternal care, preventive care for children, and preventive vaccination have been implemented, we still cannot see a comprehensive and coherent policy plan from the Government.
4. The prevention of serious child abuse in Taiwan has been in place for years and is based on the child protection system. While it has its role and tasks, the Government has not yet determined how to integrate and revise the two systems following the introduction of the retrospective analysis of the causes of child death.
5. It has been three years since Taiwan started the retrospective analysis. How will the research findings shape our national policy in the future? What is the planning direction for its regular implementation as a national policy? The Government should have a concrete and clear plan.

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<sup>3</sup><http://www.cdr.org.tw/>

<sup>4</sup> National Center for Fatality Review & Prevention

<sup>5</sup> Paragraphs 184, 203, 204, 207, 208, 308 and 309

## Issue 2: Children's Mental Health

### Chapter 3 General Principles

#### Chapter 7 Disabilities, Basic Health and Welfare

#### **I. Description and Status Quo Analysis**

1. The concerns in the Concluding Observations on the Initial Report are:

- (1) In light of the high suicide rate among children and the effectiveness of mental health services provided to children, the Review Committee recommends that the Government: continue to analyze data on children's mental health status and strengthen existing efforts to reduce the high suicide rate among children; and actively seek the views of children to ensure that mental health services are available, accessible and acceptable to assist with the development, implementation, and monitoring of mental health services for children.
- (2) With regard to the situation in which all children must obtain the consent of their parents in order to receive medical treatment, irrespective of their capacity<sup>6</sup>, the Review Committee recommends that the Government should set a fixed age at which the right to consent transfers to the child, based on the principle that the child has sufficient understanding, so that the child can receive mental health services on his or her own.

2. Status Quo Analysis

- (1) Taiwan has implemented policies, set up help channels and services, analyzed the causes of suicide and trained relevant professionals.<sup>7</sup> However, government data show that the number of reported suicides among children is increasing year by year<sup>8</sup>, and suicide is the second leading cause of death among children aged 1-17 in Taiwan. In the ranking of causes of death for children aged 1-14, suicide was ranked in the top five for the first time in 2020 (see Table 2-2 in Attachment).
- (2) The Government has conducted statistical analysis on the causes of suicide deaths and reporting, but we have not yet seen any comprehensive policy planning to promote suicide prevention in response to increasing depression, mental illness, and difficulties adapting to school (see Figure 2-1). The causes of suicide are multifaceted and complex, and the current analysis of self-harm and prevention among children, as well as of suicide reporting systems, are too simplified for understanding children and formulating policy.

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<sup>6</sup> Article 13 of the "Civil Code": The minor, who is over seven years of age, has a limited capacity to make juridical acts. Article 8 of the "Patient Right to Autonomy Act": Persons with full disposing capacity may make advance decisions, and may revoke or alter them in writing at any time. By law, children do not have medical "decision-making capacity" and any medical decisions must be made with the consent of a legal representative.

<sup>7</sup> The Government promotes the following policies and preventive measures for child suicide:

- (1) Promote the "Three Levels of Self-Harm Prevention Program for Students on Campus" since 2007;
- (2) Pass and implement the "Suicide Prevention Act" in 2019;
- (3) Promote local mental health counseling services;
- (4) Create the Website of Mental Health Services Resources Network Map (<https://wellbeing.mohw.gov.tw/nor/mmap>);
- (5) Set up a 24-hour Suicide Prevention Hotline 1925;
- (6) Analyze the causes of the recent trend of suicide deaths among children aged 0 to 17;
- (7) Conduct suicide prevention training for school professionals;
- (8) Develop lesson plans on issues related to suicide prevention for the year 2020;

<sup>8</sup> Government data show that the number of reported suicide cases among 0-17 year olds has increased from 1,152 in 2016 to 5,464 in 2020, and the proportion of reported suicide in this age group among all cases has increased from 3.96% in 2016 to 13.50% in 2020. The number of reported suicides among children has increased by 3.7 times in the past five years, and the percentage of this age group has also increased each year (see Table 2-1 in Attachment).

- (3) According to 2018-2019 government statistics, nearly 70% of students who committed suicide have not been in contact with school counseling resources; only 6% of suicide death cases had contact with resources from outside institutions before they died, and an even lower 2% for those who committed self-harm<sup>9</sup>; usage and referral rate of the Suicide Prevention Hotline among children was low.<sup>10</sup>
- (4) In TFCF's 2021 survey<sup>11</sup>, 70% of school-aged children believed the prevalence of depression is on the rise (see Table 2-3), and 21.6% reported they had suicidal thoughts in the past week (see Table 2-4), highlighting the gravity of the issue of suicide and self-harm among children.
- (5) In the survey, 79.9% of children were aware of at least one existing mental health help channel and service (see Table 2-5), but 49.8% of children were reluctant to seek help from any professional channel when they were upset or depressed (see Table 2-6), and this reflects the limitations of the services provided by schools and local mental health centers, which need to be strengthened immediately.
- (6) In the same survey, 68.6% of children agreed that "children with depression can decide for themselves whether or not to see a doctor" (see Table 2-7). However, the Government has not yet reached a conclusion on children's own consent to medical treatment<sup>12</sup>, and there are not yet sufficient regulations to protect this right, leaving paragraphs 60 and 61 of the Concluding Observations on the Initial Report unaddressed.

## II. Conclusions and Recommendations

1. Analysis of child mental health and suicide should be more detailed in order to understand the causes and context of child suicide. That is to say, genetic, personality, or environmental factors and their interactions, as well as experiential and socio-cultural factors such as conflict, displacement, discrimination, bullying, and social exclusion (e.g., stress about body image) should be further analyzed to inform child suicide prevention strategies.
2. The data analyzed by Suicide Prevention Hotline should be consistent with the definition of the age of the child, adding statistics for children aged 15 to 18, and analysis of the causes should be conducted.
3. The Government should review the use and effectiveness of existing professional channels including mental health counseling services and mental health service resource network of county and city health bureaus for children, analyze in greater depth the needs of children using the Suicide Prevention Hotline, and assess whether the special needs and opinions of children are ignored, in order to develop, implement, and monitor mental health services for children in Taiwan. To ensure that mental health services are available, accessible and acceptable, children's views should be taken into account, and children's needs,

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<sup>9</sup> Cited from the 2021 "Investigation Report on a Petition Case for Youth Suicide Prevention Strategies and Actions by the Control Yuan".

<sup>10</sup> The MOHW has set up a Suicide Prevention Hotline to provide 24-hour mental health counseling service and a children's hotline service, and conducted an analysis of problems children called for and referrals by the end of 2019. A total of 225 calls were made to the 1925 hotline from those under 14 years old, with 71 calls (31.56%) for anxiety and depression, 51 calls (22.67%) for family problems, and 30 calls (13.33%) for academic problems. The referrals were as follows: 6 (2.67%) for psychological counseling; 6 (2.67%) for medical treatment; and 2 (0.89%) for welfare services.

<sup>11</sup> The "Children's Mood Questionnaire - 2021 Survey on Children's Knowledge and Expression of Their Mood" by TFCF was conducted from Oct 19-Nov 3, 2021. School-aged children between 7-18 years old were invited to share their moods, reasons and ways of expressing their emotions, as well as their views on mental health professional resources. An online questionnaire with convenience sampling was used, with 607 valid questionnaires, a confidence level of 95%, and 4% margin of error.

<sup>12</sup> In 2019, a meeting of experts on children's medical care and informed consent was held, concluding that children's medical symptoms differ from disease to disease and case to case, and that it is difficult to define through legislation or amendments the age of children for them to exercise their right to be heard. Discussions on the practical approach to the right to consent to medical treatment for patients between 12 and 18 years old are still ongoing.



expectations, culture, perspectives and language should be considered, in accordance with General Comment No. 12. This will enable the implementation of General Comment No. 15 on the right of all children to health care services.

4. It is recommended that the Government amend the law on children's consent to medical treatment for their mental health, so that children under 18 can exercise their right to consent to mental health treatment and counseling. This can ensure that children who cannot obtain parental consent can receive mental health services.
5. Under General Comment No. 15<sup>13</sup>, the Government should invest in the development of primary care to allow for early detection and treatment of mental, emotional, and psychiatric problems in children, and consult with children under CRC Article 12 to provide children's mental health services under this principle.
6. We recommend the Government to examine and evaluate the implementation or lack thereof of the "Three Levels of Self-Harm Prevention Program for Students on Campus". Regular mental health<sup>14</sup> examinations should be conducted in a manner that respects students' autonomy, privacy, and without stereotyping or stigmatization. In order to respond to a growing trend of suicide in younger population, regular mental health examinations should be conducted by inviting elementary and middle school children to participate in besides high school students, or students should be invited to experience professional counseling, in order to facilitate early detection/intervention, and regular follow-up. Moreover, in addition to providing universal regular mental health examinations, special measures should be added in accordance with the circumstances of mental health conditions described in General Comment No. 15.<sup>15</sup>

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<sup>13</sup> General Comment No. 15 explicitly states that "States parties shall strive to ensure children's right of access to health care services" and later in the second half of paragraph 38 states that States should invest in primary care for public health and psychological support.

<sup>14</sup> In the aforementioned TFCF survey, 87.0% of the children agreed that "mental health should be examined regularly" (see Table 2-8 in Attachment).

<sup>15</sup> Various types of mental disorders in the first half of paragraph 38 of General Comment No. 15.

Attachment

Table 2-1. Number of suicide reporting for 0-17 age group, 2016 to 2020

Year	Suicide reporting total number	0-17 Years old	
		Number of reporting	Percentage
2016	28,996	<u>1,152</u>	<u>3.96</u>
2017	30,619	1,381	4.49
2018	33,207	2,384	7.17
2019	35,324	3,390	9.58
2020	40,432	<u>5,464</u>	<u>13.50</u>

Source: Compiled from MOHW data

Table 2-2

Year	12-17 Years old	1-14 Years old
2017	1 Accident 2 Malignant tumor <u>3 Suicide</u> 4 Heart disease 5 Killed (by others)	1 Accident 2 Cancer 3 Chromosomal abnormalities 4 Killed (by others) 5 Heart disease
2018	1 Accident 2 Malignant tumor <u>3 Suicide</u> 4 Heart disease 5 Chromosomal abnormalities	1 Accident 2 Cancer 3 Chromosomal abnormalities 4 Heart disease 5 Pneumonia
2019	1 Accident <u>2 Suicide</u> 3 Malignant tumor 4 Chromosomal abnormalities 5 Heart disease	1 Accident 2 Cancer 3 Chromosomal abnormalities 4 Influenza 5 Killed (by others)
2020	1 Accident <u>2 Suicide</u> 3 Malignant tumor 4 Heart disease 5 Chromosomal abnormalities	1 Accident 2 Cancer 3 Chromosomal abnormalities 4 Heart disease <u>3 Suicide</u>

Source: Compiled from MOHW data

Table 2-3. I think more and more children are depressed.

Response	Percentage
Strongly disagree	8.7
Disagree	20.8
Agree	54.9
Strongly agree	15.7

Source: "Children's Mood Questionnaire - 2021 Survey on Children's Knowledge and Expression of Their Mood" by TFCF

Table 2-4. Children's emotions during the week

Response	None	Sometimes (1-2 days)	Often (3-4 days)	Always (5-7 days)
Depressed and even want to die.	78.4%	11.5%	4.3%	5.8%

Source: "Children's Mood Questionnaire - 2021 Survey on Children's Knowledge and Expression of Their Mood" by TFCF

Table 2-5. Do you know any channels that can help with bad mood, depression, etc.?

Response	Percentage
I don't know any of them.	20.1%
I know more than one professional resource for mental health.	79.9%

Source: "Children's Mood Questionnaire - 2021 Survey on Children's Knowledge and Expression of Their Mood" by TFCF

Table 2-6. If you are in a bad mood or depressed, which channels of help would you like to use?

Response	Percentage
I wouldn't use any of them.	49.8%
I would use one of the professional resources for mental health.	50.2%

Source: "Children's Mood Questionnaire - 2021 Survey on Children's Knowledge and Expression of Their Mood" by TFCF

Table 2-7. If I have depression, I can decide for myself whether I want to see a doctor or not.

Response	Percentage
Strongly disagree	12.5%
Disagree	18.9%
Agree	47.8%
Strongly agree	20.8%

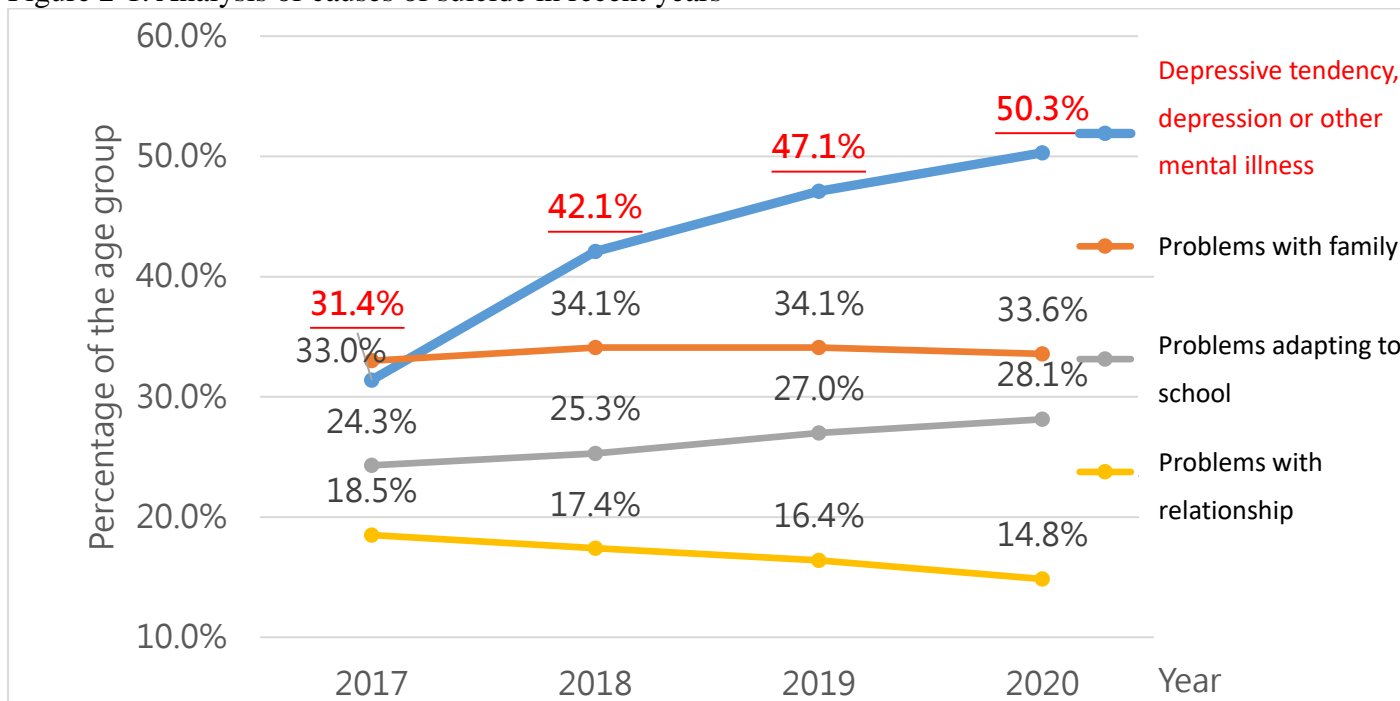
Source: "Children's Mood Questionnaire - 2021 Survey on Children's Knowledge and Expression of Their Mood" by TFCF

Table 2-8. Mental health should be examined regularly, just like physical health.

Response	Percentage
Strongly disagree	3.8%
Disagree	9.2%
Agree	58.8%
Strongly agree	28.2%

Source: "Children's Mood Questionnaire - 2021 Survey on Children's Knowledge and Expression of Their Mood" by TFCF

Figure 2-1. Analysis of causes of suicide in recent years



Source: Compiled from MOHW data

### **Issue 3: Digital Sexual Violence Against Children**

#### Chapter 5 Protecting Children from Violence

#### Chapter 9 Special Protection Measures

### **I. Description and Status Quo Analysis**

Article 19 of the CRC refers to "violence" as "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse." In Taiwan, the "Children and Youths Act" establishes a child protection system and the "Child and Youth Sexual Exploitation Act" addresses the prevention and intervention of different forms of sexual exploitation. This issue will be presented from the viewpoint of "protecting children from violence", where we believe that our Government's actions are too fragmented, sporadic, passive, and not considered in an integrated manner. We will not discuss the relevant government actions in the child protection system.

In recent years, most attention on the issue of digital sexual violence in Taiwan is focused on offenses involving "intimate sexually explicit video"<sup>16</sup> and "fake sexually explicit video"<sup>17</sup>, and the government has proposed amendments to the laws in response. However, we believe that when the digital environment, sex and violence are intertwined and become an emerging issue in society, our Government's policy and legal response are too slow to meet the urgency. The "this helps more or less" mentality has led to the scattering of relevant articles in different laws and regulations. The Government responds to this issue separately in various pieces of legislation or amendments, which can be described as a policy statement that does not see the wood for the trees, and can hardly provide the protection that children need in today's digital environment.

The TFCF recommends that the Government should review its commitment to the prevention of digital sexual violence against children based on General Comment No. 13, General Comment No. 25, and the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography, and construct a sound policy accordingly.

1. The Second State Report responds to paragraphs 10, 92 and 93 of the Concluding Observations on the Initial Report by focusing on the prevention of sexual exploitation and protective measures<sup>18</sup>, and the prevention of human trafficking<sup>19</sup>. In 2015, Taiwan amended the law to replace "sexual transaction" prevention with "sexual exploitation" prevention, which implements Article 34 of the CRC.
2. However, to protect children's rights related to "sexuality" in the digital environment, we believe that the concept of digital sexual violence among children should be examined in a holistic manner and a national policy should be constructed accordingly. The competent authority for children's online safety in Taiwan is iWIN, an inter-ministerial body established by law<sup>20</sup>. iWIN classifies online safety promotion into

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<sup>16</sup> "The Child and Youth Sexual Exploitation Act", as amended in 2015, specifies four types of sexual exploitation to be prevented. The term "intimate sexually explicit video" refers to "filming a child or youth engaging in sexual intercourse or obscene acts, or producing pictures, photographs, films, videotapes, compact disks, electronic signals or other objects that show a child or youth engaging in sexual intercourse or obscene acts" in Article 2, Paragraph 1, Subparagraph 3 of the Act.

<sup>17</sup> News on deepfake porn images in Taiwan <https://www.taiwannews.com.tw/en/news/4348360>

<sup>18</sup> The "Child and Youth Sexual E ct" is cited as a response in paragraphs 9, 368 and 369. There are also responses in Chapter 5 and 9. Paragraphs 118-120 and 333 describe state efforts to prevent sexual exploitation; paragraphs 121-125 cover protective treatment for children who are sexually exploited. Responses also include paragraph 13 on stipulation in the "Teachers' Act" to disqualify teachers, paragraph 25 on the assistance to foreign children in sexual exploitation cases, and paragraph 29(c) on the complaint mechanism for children's placement due to sexual exploitation.

<sup>19</sup> See paragraph 25 and 335.

<sup>20</sup> iWIN, or Institute of Watch Internet Network, is an organization to protect children from certain online content, authorized by Article 46 of the "Children and Youths Act", and jointly created by the National Communications Commission in cooperation with related competent authorities, such as the Ministry of Health and Welfare, Ministry of Education, Ministry of Culture, National Police Agency (MOI), Industrial Development Bureau and Department of Commerce (MOEA).

seven categories<sup>21</sup> and reviews the classification system of online content, dividing the content harmful to children's physical and mental health into six categories<sup>22</sup>. Meanwhile, the Gender Equality Committee of the Executive Yuan has a separate classification for "digital/online gender violence,"<sup>23</sup> which shows that different authorities have different classifications based on different targeted groups of people and issues.

3. The Second State Report presents the number of child sexual exploitation cases<sup>24</sup>, but not on how such cases are handled (see Table 3-1 in Attachment). From government statistics, the number of cases involving intimate sexually explicit videos of children has been increasing year by year since 2017. By the first half of 2021, its percentage reached 80%. In addition, from iWIN's 2020 data<sup>25</sup>, the "pornography" category accounts for 35.9%.
4. In Taiwan, there are laws on child protection and prevention of child sexual exploitation, but the judicial practice relies on a variety of legal instruments<sup>26</sup> for the offense involving fake sexually explicit video. These laws are not only fragmented, but are also applied only because an act of digital sexual violence has the legal elements required by laws, and they are not specifically designed for offenses involving the above-mentioned videos. In addition, the main purpose of these laws is to punish the perpetrator, rather than to protect the victim. The judicial practice in Taiwan remains inconclusive as to what kind of legal interests are protected in case of intimate or fake sexually explicit videos.
5. Different authorities in the child protection system in Taiwan have different responsibilities for different activities and lack policies that are constructed for digital sexual violence against children. The definition of digital sexual violence varies from ministry to ministry, based either on online safety protection, physical and mental health protection for children, or gender equality promotion. Although some members of the Executive Yuan's Child and Youth Welfare and Rights Promotion Group have raised concerns and continue monitoring the issue, we have not seen actions to protect children's rights in the digital environment among different ministries and agencies<sup>27</sup>.
6. In addition to the "Children and Youths Act" and the "Child and Youth Sexual Exploitation Act", the "Criminal Code" also contains a chapter on Offenses Against Privacy. However, there are still discussions

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<sup>21</sup> iWIN divides online safety promotion into seven categories: private images, cyber bullying, online safety, online fraud, privacy settings, Internet addiction, and parenting education.

<sup>22</sup> iWIN proposes the "Exemplar Framework for Protection Levels of Online Content Harmful to Children's Physical and Mental Health", which is divided into six categories: general pornography, child pornography, violence, horror, bloody, materials harmful to children, and other harmful content. <https://i.win.org.tw/news-detail.php?SerialNo=12&Target=1>

<sup>23</sup> The Executive Yuan's Gender Equality Committee classifies digital/online gender violence into 10 categories: online stalking, malicious or non-consensual distribution of personal information related to sex/gender, online sexual harassment, gender-based derogatory or hateful speech or behavior, sexual blackmail, cyber manhunt, rape and death threats based on gender bias, recruitment and enticement, illegal access to or theft of others' data, and falsification or theft of identity.

The civil society organization Women In Digital Initiative (WIDI) classifies digital gender violence into five categories and 21 forms: gender-based privacy violation, gender-based hateful acts and speech, digital sexual harassment and virtual sexual assault, digital human trafficking & sexual exploitation, and video and image abuse. <https://www.facebook.com/gogowidigo/photos/pcb.258868875716339/258867602383133>

<sup>24</sup> See Attachments 5-18 to 5-21 and 9-14 to 9-17 of the Second State Report.

<sup>25</sup> iWIN Transparency Report <https://i.win.org.tw/report.php>

<sup>26</sup> Article 310 of the "Criminal Code" for slander, Article 309, Paragraph 1 for public insult; Article 235, Paragraph 1 for distribution of obscene materials; Article 38, Paragraph 1 of the "Child and Youth Sexual Exploitation Act"; Article 41 of the "Personal Information Protection Act"; Article 92 of the "Copyright Act".

<sup>27</sup> It mainly focuses on clarifying the meaning and definition of existing laws. <https://www.sfaa.gov.tw/SFAA/Pages/List.aspx?nodeid=1280>

on the future direction of the laws. For example, at the end of 2021, civil society groups expressed different views when the competent authorities in Taiwan proposed the draft amendment to the "Criminal Code"<sup>28</sup>.

## II. Conclusions and Recommendations

1. General Comment No. 13, General Comment No. 25<sup>29</sup>, and the Optional Protocol to the CRC on the Sale of Children, Child Prostitution, and Child Pornography are three international documents that TFCF advocates as important grounds when devising a policy on digital sexual violence against children, and we recommend that the Government should make clear plans based on them.
2. The unclear policy direction results in the fragmentation of laws and regulations. Therefore, we believe that amendments to existing laws or creation of separate laws should be based on a clear policy position and direction that takes into account digital sexual violence against children, in addition to having a complete scope and definition of intimate and fake sexually explicit video. We suggest that the Government consider the legislative systems and the content of legislation of other countries on various forms of digital sexual violence against children in recent years<sup>30</sup>.
3. Active protection of victims
  - (1) Victim protection and recovery from a child's perspective is a trend in the discussion of prevention of sexual violence against children. In the past, most discussions on gender-based violence lacked victims' voices and experiences, which is why relevant initiatives have emphasized the need to include the subjective feelings of victims. Therefore, protective measures such as physical and psychological therapy and recovery should be explicitly stated in the law.
  - (2) Sexually explicit videos in the digital environment are difficult to manage, and it is important for victims to be able to stop the distribution and remove them. It is recommended that the Government should consider the removal of such videos as a national obligation and take comprehensive and proactive actions such as assisting victims to take down the videos, retaining evidence, and preventing circulation.
4. Legal principle and education on sexually explicit videos
  - (1) The relevant legislation in other countries mostly punishes those who "produce/sell" sexually explicit videos, while the regulation for "viewing/purchasing/possessing/transmitting" varies from country to country. We believe that the Government should review our national legal system to confirm its position before determining the scope of regulation.
  - (2) Digital sexual violence against children is a topic that will be increasingly discussed for better practice and protection in the digital environment. We believe that this issue is directly related to the policy planning of gender education in our country, and that the Government should respond more actively and comprehensively to gender issues in the digital environment.

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<sup>28</sup><https://www.moj.gov.tw/2204/2795/2796/123192/post>

<sup>29</sup> General Comment No. 25 provides a clear position and perspective on the implementation of the general principles, and its general implementation measures provide clear guidelines at various levels and aspects.

<sup>30</sup> For sexually explicit videos, South Korea passed an amendment to the "Act On Special Cases Concerning the Punishment Of Sexual Crimes" in 2020 following the Nth Room case to punish the production or distribution of fake sexually explicit videos. However, the amendment did not punish "purchase and possession" that resulted in online dissemination of the materials. Compelled by advocacy from various stakeholders, more amendments to the Act, the "Criminal Code", and the concealment of criminal proceeds have been passed, and the minimum age for consent to sex has been raised from 13 to 16 years old. In addition, the penalties for possession, purchase, storage, and viewing of illegal pornographic images have been stipulated. <https://www.mirrormedia.mg/story/20210504pol002/>

Attachment  
Table 3-1

	Total	Causing a child or youth to engage in sexual intercourse or obscene acts in exchange for monetary or other considerations		Using a child or youth to engage in sexual intercourse or obscene acts for others to watch		Filming a child or youth engaging in sexual intercourse or obscene acts, or producing other objects that show a child or youth engaging in sexual intercourse or obscene acts		Causing a child or youth to act as a host/hostess in a bar or club or engage in acts associated with tour escort and singing or dancing companion services that involve sexual activities	
2017	1,117	328	29.4%	19	1.7%	581	52.0%	189	16.9%
2018	1,220	324	26.6%	72	5.9%	546	44.8%	278	22.8%
2019	1,213	188	15.5%	36	3.0%	717	59.1%	272	22.4%
2020	1,696	183	10.8%	44	2.6%	1,333	78.6%	136	8.0%
2021 Jan-Jun	902	88	9.8%	19	2.1%	739	81.9%	56	6.2%

Source: Compiled from MOHW data

## **Issue 4: Inappropriate Corporal Punishment of Students by Teachers**

Chapter 5 Protecting Children from Violence

Chapter 8 Education, Leisure and Cultural activities

### **I. Description and Status Quo Analysis**

1. The Concluding Observations on the Initial Report recommended that the Ministry of Education take all necessary measures to ensure that the ban of corporal punishment on campus is effectively enforced, teachers who use corporal punishment are appropriately sanctioned, and a safe and confidential student complaint mechanism is established and implemented effectively.
2. The "Educational Fundamental Act", "Teachers' Act", "Early Childhood Education and Care Act" stipulate that students should not be subject to any corporal punishment. Teachers who discipline students with corporal punishment or illegal punishment should be sanctioned according to the laws.
3. According to the "Campus Security Analysis Report at All Levels of Schools" by the Ministry of Education, the number of incidents of corporal punishment by teachers against students in high school and below has been increasing year by year, resulting in an increase in the number of injuries and illnesses among children, and even serious injuries. Corporal punishment by teachers against kindergarten and elementary school students has been increasing year by year, and the number has doubled in 2019 compared to 2016 (see Table 4-1). However, a clear discrepancy is seen in the Second State Report between the numbers of teachers who were given administrative sanctions for corporal punishment in elementary/high schools and penalties for such punishment in kindergartens, and the numbers of "incidents of corporal punishment by teachers against students" in the Campus Security Report, with a higher discrepancy in kindergartens (see Table 4-2).
4. Although Taiwan has a "School Life Questionnaire - Survey on Corporal Punishment", which targets students in grades 5-9, the majority of reported cases of corporal punishment by teachers are in kindergarten and elementary schools (see Table 4-1). The importance of a complaint and monitoring mechanism for young students' reactions to corporal punishment is even more important, and it is not clear what the Government has done to establish one.
5. The Government has established the "Research Project on the Implementation of the CRC in Teachers' Counseling and Disciplinary Actions in High Schools and Below" to provide schools and teachers of all grades with the opportunity to examine their practices. According to "Teachers' Act", teachers inflict serious physical and psychological harm on students through corporal punishment, so a mechanism for professional review of teachers should be established and teachers should be sanctioned. However, there is a lack of information on the implementation, actual results, and effectiveness of this mechanism.
6. According to the MOHW, the Ministry of Education received 464 teachers for CRC training in 2018 and 93,098 teachers in 2019. Only 37.20% of all teachers were trained (see Table 4-3). Most teachers have not received CRC-related training, and the effectiveness of the training in enhancing teachers' understanding of children's human rights and reducing corporal punishment has yet to be evaluated.

### **II. Conclusions and Recommendations**

1. We are pleased to see the amendments to the "Teachers' Act" and the regulations related to the "Guidelines for Schools in the Formulation of Teacher Counseling and Discipline of Students". The Government should further explain the results of the implementation and monitoring of the self-assessment of disciplinary actions by schools and teachers in order to fulfill the CRC, and the professional review mechanism for corporal punishment of students.
2. We ask the Government to respond to the questions in the following paragraphs as well, starting with "What's the evaluation result of the implementation of teacher training and development and its effectiveness in improving counseling and disciplinary strategies?"
3. What is the status of the establishment and implementation of the complaint mechanism for students subject to corporal punishment?
4. What is the Government's strategy to respond to the increasing number of reported cases of corporal punishment in kindergartens and elementary schools?



5. As the number of high school and junior high school teachers who were administratively sanctioned for corporal punishment is higher than the number of reported cases, were the cases under-reported or was there inaccurate information about sanctions?
6. It is recommended that a study of teachers' use of corporal punishment on students be conducted to identify effective strategies for teacher training in counseling and disciplining students.

Attachment

Table 4-1. Incidents of teachers' use of corporal punishment on students enrolled in high school and below

Year	Corporal punishment	Level of education of students subject to corporal punishment				Student injuries, illnesses
		Kindergarten	Elementary school	Junior high school	Senior and vocational high school	
2016	177 cases/ 325 persons	20 cases/ 25 persons	92 cases/ 184 persons	50 cases/ 89 persons	15 cases/ 27 persons	54 cases
2017	174 cases/ 324 persons	14 cases/ 21 persons	112 cases/ 205 persons	34 cases/ 59 persons	14 cases/ 38 persons	61 cases (1 with serious injury)
2018	236 cases/ 544 persons	40 cases/ 75 persons	137 cases/ 332 persons	58 cases/ 119 persons	8 cases/ 18 persons	77 cases (1 with serious injury)
2019	306 cases/ 625 persons	53 件/ 103 persons	167 cases/ 321 persons	66 cases/ 141 persons	20 cases/ 60 persons	85 cases (3 with serious injury)

Source: Compiled from the 2016-2019 MOE's Campus Security Analysis Report at All Levels of Schools

Table 4-2. Teachers subject to administrative sanctions for violation of law in corporal punishment incidents  
Unit: persons

	Kindergarten	Elementary school	Junior high school	Senior high school
2016	?	133	70	30
2017	?	111	55	31
2018	0	104	56	34
2019	5	124	53	39
2020	2	159	68	38

Source: Compiled from the Second State Report

Table 4-3. Number of teachers at each school level in 2020  
Unit: Number of teachers

Total	Kindergarten	Elementary school	Junior high school	Senior high school
251,536	56,771	96,990	46,486	51,289

Source: Compiled from data of the Gender Equality Committee of the Executive Yuan

## Issue 5: Alternative Care

### Chapter 6 Family Environment and Alternative Care

#### **I. Description and Status Quo Analysis**

1. The Concluding Observations on Initial Report notes that the number of children in residential care does not drop significantly while the number of children in non-State residential care providers continues to grow. The Review Committee recommended that Taiwan support and strengthen family functions in accordance with the United Nations Guidelines for the Alternative Care of Children and promote family-based alternative care by relaxing the eligibility and subsidy thresholds for kinship caregivers and increasing the proportion of kinship care. In addition, the Review Committee drew attention to the need for care for children with special needs in family-based foster care policies, and a particular concern of the Committee is that parents can arrange the placement of their children without any involvement of the court in assessing whether the placement is necessary.
2. Status quo of out-of-home placement
  - (1) Out-of-home placement is divided into three categories: emergency placement, continuous placement, and commissioned placement, according to Taiwan's regulations<sup>31</sup>. In the following, emergency placement and continuous placement are combined under the term "protective placement" and statistics are provided accordingly. Based on the data of out-of-home placement for children from the Department of Statistics, MOHW (see Table 5-1), there is an increase in both protective placement and commissioned placement in 2020 compared to 2019.
  - (2) In paragraph 165 of the Second State Report, the Government states that in the commissioned placement process<sup>32</sup>, the number of placement cases initiated by parents has significantly reduced in 2019 through the group decision making and evaluation mechanism<sup>33</sup>, but general placement<sup>34</sup> still accounts for about 10% of foster care placement. The Government does not have comprehensive intervention strategies and measures for children who are still in commissioned placement. In the data collected under the Alternative Care Policy for Children, the Government reports that a total of 5,174 children were in placement by 2020, 11.89% were transferred from protective placement to commissioned placement, and 53.73% were in commissioned placement. The majority of children were placed without court intervention. The strategies and their effectiveness of reducing placement initiated by parents and counseling families with children under this form of placement to appropriately return the children to family care were not described.
  - (3) In the 2016-2020 out-of-home placement statistics from SFAA, MOHW (see Tables 5-2 and 5-3), children in residential care decline year by year, but still account for 55% of total placement; the increase in the proportion of foster care placement and kinship placement is still limited. In the past five years, the number of families that commit to family foster care services has increased only slightly each year (see Table 5-4), and it is not easy to recruit foster families. In 2019, the Children and Youths Act was amended<sup>35</sup>, and in 2021, a provision was added that when determining kinship placement fee, foster care placement fee should serve as a reference standard<sup>36</sup>, in order to encourage kinship placement. However, the strategies and effectiveness of kinship placement after the amendment have not been explained.
  - (4) Based on the data from the Foster Care Outcome Report<sup>37</sup> (see Table 5-5), most children in foster care are under protective placement, and the number of children entering foster placement is increasing. Among the statistics of different types of out-of-home placement, only the data of foster placement

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<sup>31</sup> Article 56 and 62 of the "Children and Youths Act"

<sup>32</sup> See Attachments 6-25 of the Second State Report.

<sup>33</sup> The number of commissioned placement by parents dropped from 408 in 2016 to 76 in 2020.

<sup>34</sup> The "general placement" in foster care is also known as "commissioned placement". The following descriptions use the term "commissioned placement", but "general placement" is used when compiling government data.

<sup>35</sup> An provision in Article 56 of the "Children and Youths Act" was added to include relatives and third parties as eligible candidates for placement of children.

<sup>36</sup> In 2020, the "Guidelines for Municipality/City/County Government to Place Children and Youths with their Relatives" were promulgated by an Official Letter and the "Guidelines for Foster Families of Children and Youths" were revised in 2021.

<sup>37</sup> Report on the results of foster care services for children by SFAA, MOHW

shows the sources (general/protective/judicial diversion placement). The lack of statistics on both kinship and residential placement makes it impossible to examine whether the government has made improvement in response to paragraph 46 in Concluding Observations on the Initial Report.

- (5) The central government has multiple agencies responsible for the out-of-home placement of children<sup>38</sup>, so it is harder to plan for integrated and comprehensive services. The lack of an overall national policy on out-of-home placement for children and the absence of specific indicators for the quality of care means that there is no clear picture of the execution and quality of out-of-home placement. While the central government's efforts are not integrated, it is difficult for local governments to achieve integrated planning, since they mostly provide such services in accordance with policy directions, benchmarks, and plans set by the central government<sup>39</sup>.
3. Alternative Care for Children with Special Needs
    - (1) Children under placement with different special circumstances have needs that require specific intervention and care strategies. Government statistics only categorize the characteristics of children in out-of-home placement by indigenous status and physical and mental disabilities (see Tables 5-6), and lack categories for special groups such as sexual minorities, at-risk youth, and sexually exploited children. There should also be further clarification on the strategies to meet the needs of different groups of children.
    - (2) According to the data from SFAA (see Tables 5-7 and 5-8), the health status and age distribution of children receiving foster care services are clearly categorized in terms of developmental delays, physical and mental disabilities, attention deficit/hyperactivity disorder, and other related diseases and different age groups, so that the provision of services for children with special needs and foster children can be accurately assessed. However, children in residential placement have the highest number of physical and mental disabilities, and yet there is a lack of further analysis, disaggregated data (e.g., by age, medical conditions, etc.), and strategic actions for children with physical and mental disabilities. We believe that there should be detailed breakdown data by health to facilitate a clearer understanding and better services for children with special needs in placement.

## II. Conclusions and Recommendations

1. Article 62 of the "Children and Youths Act" provides for the parents to apply for placing children. For children who have been referred by their parents for out-of-home placement prior to the modification to the evaluation process of placement decisions, we ask the Government to explain the subsequent plans and measures for children to return home and for families to improve their financial situation with counseling assistance.
2. The Government should also explain the strategies and effectiveness of developing and maintaining kinship and foster care placements, as the majority of out-of-home placement for children in Taiwan remains to be residential.
3. In order to boost the proportion of kinship placement, the Government should provide information on the current status of kinship placement (gender, age, duration of placement, reasons for placement, etc.) besides basing its fee on foster placement and including kin and third parties as potential placement. We ask the Government to discuss the strategies for increasing kinship placement through service promotion, specific service structure, selection and review mechanism, and resolution of difficulties in implementation.
4. It is recommended to integrate the central government's out-of-home placement authorities in order to facilitate the promotion and implementation of the overall alternative care policy.
5. Regarding children with special needs, the Government needs to provide information on the health status and age distribution of children in residential care, as well as training arrangements for staff in residential care for special children, the effectiveness of the process and other relevant measures, and how to ensure a complaint mechanism for children in out-of-home placement.

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<sup>38</sup> Kinship placement services are managed by the Department of Protective Services, MOHW. Other placement resources (foster care/group home/residential placement) are managed by the SFAA, MOHW.

<sup>39</sup> "An Estimate of Out-of-Home Placement Needs and Evaluation of the Effectiveness of the Current Placement Model" (Chao, S.J., Hu, C.Y., & Peng, S.Y., 2021)

Attachment

Table 5-1. Children's out-of-home placement status

Year	Number of children in placement	Protective placement (persons)		Commissioned placement (persons)
		Emergency placement	Continuous placement	
2019	842	830	698	91
2020	929	948	890	147

Source: Compiled from data from Department of Statistics, MOHW

Table 5-2. Statistics on out-of-home placement of children

Year	Out-of-home placement			
	Kinship placement	Foster placement	Residential placement	Total
2016	-	1,622	-	-
2017	-	1,621	3,034	-
2018	-	1,605	3,016	-
2019	-	1,550	2,822	-
2020	244	1,583	2,651	4,856
Jan-Jun, 2021	180	1,631	2,623	4,853

Source: Compiled from the Second State Report; Department of Statistics, MOHW

Table 5-3. Category and number of out-of-home placement

Unit: Number of persons (%)

Category of out-of-home placement	2020	Jan-Jun, 2021
Kinship placement	244(5.0%)	180(3.7%)
Foster placement	1,583(32.6%)	1,631(33.6%)
Residential placement	2,651(54.6%)	2,623(54.1%)
Group home placement	51(1.1%)	59(1.2%)
Other placement	327 (6.7%)	360 (7.4%)
Total	4,856	4,853

Source: Compiled from the Second State Report; Department of Statistics, MOHW

Table 5-4. Number of foster family by year

Year	# of foster family	# of outgoing foster family	# of incoming foster family
2016	1,334	100	84
2017	1,449	73	104
2018	1,479	131	102
2019	1,484	96	137
2020	1,520	175	139

Source: Report on the results of foster care services for children by SFAA, MOHW

Table 5-5. Sources of family foster care cases

Year	Category	General placement		Protective placement		Court diversion placement		Subtotal	Total
		#	%	#	%	#	%		
2019	Children	64	10.9%	484	82.5%	0	0%	548	587
	Youths	3	0.51%	36	6.13%	0	0%	39	
2020	Children	59	8.73%	555	82.1%	0	0%	614	676
	Youths	1	0.15%	61	9.02%	0	0%	62	

Source: Report on the results of foster care services for children by SFAA, MOHW

Table 5-6. Overview of out-of-home placement of children

Category	Total	Subtotal by identity		Subtotal by health	
		General	Indigenous	General	Disabilities
	4,853	4,070	783	4,176	677
Kinship placement	180	142	38	162	18
Foster families	1,631	1,370	261	1,416	215
Group home	59	53	6	47	12
Residential placement	2,623	2,187	436	2,335	288
Other	360	318	42	216	144

Source: Compiled from data from Department of Statistics, MOHW

Table 5-7. Health status of children in foster care

Health status	Year	2019		2020	
		Persons	Percentage	Persons	Percentage
Normal		1,349	61.43%	1316	58.96%
Heart disease		0	0.00%	0	0.00%
Premature infant		68	3.10%	69	3.09%
<b>Disabilities</b>		<b>251</b>	<b>11.43%</b>	<b>275</b>	<b>12.32%</b>
<b>Attention deficit/hyperactivity disorder</b>		<b>145</b>	<b>6.60%</b>	<b>164</b>	<b>7.35%</b>
<b>Developmental delay</b>		<b>378</b>	<b>17.21%</b>	<b>402</b>	<b>18.01%</b>
Infectious diseases		1	0.05%	1	0.04%
Special medical condition		16	0.73%	19	0.85%
Pregnancy		1	0.05%	0	0.00%
Physical injury		2	0.55%	16	0.72%
Other		159	7.24%	204	9.14%

Source: Report on the results of foster care services for children by SFAA, MOHW

Table 5-8. Age distribution of children in foster care

Age	Year	2016	2017	2018	2019	2020
		Persons (%)	Persons (%)	Persons (%)	Persons (%)	Persons (%)
Under 2		207 (8.9)	216 (9.4)	119 (5.1)	157 (7.2)	180 (8.1)
<b>2-under 6</b>		<b>729 (31.2)</b>	<b>801 (34.7)</b>	<b>832 (36.0)</b>	<b>864 (39.3)</b>	<b>841 (37.7)</b>
<b>6-under 12</b>		<b>1,033 (44.2)</b>	<b>945 (41.0)</b>	<b>938 (41.0)</b>	<b>847 (38.6)</b>	<b>904 (40.5)</b>
12-under 15		246 (10.5)	226 (9.8)	270 (11.7)	208 (9.5)	182 (8.2)
15-under 18		93 (4.0)	97 (4.2)	124 (5.4)	95 (4.3)	100 (4.5)
above 18		29 (1.2)	24 (1.0)	30 (1.3)	25 (1.1)	25 (1.1)
Total		2,337 (100)	2,309 (100)	2,313 (100)	2,196 (100)	2,232 (100)

Source: Report on the results of foster care services for children by SFAA, MOHW

## **Issue 6: Adolescent Pregnancy**

### Chapter 7 Disabilities, Basic Health and Welfare

#### **I. Description and Status Quo Analysis**

1. The Review Committee is concerned about the high percentage of teenage pregnancies and recommends fostering positive attitudes about sexual behavior among children; providing appropriate information and support services to a girl who becomes pregnant; and educating parents to understand a child's right to sexual and reproductive health.
2. Taiwan has the "Genetic Health Act", "Gender Equity Education Act", and "Guidelines for the Protection of Students' Right to Education and Counseling Assistance in Pregnancy". These laws and guidelines promote sex education, reproductive health, gender equity education and healthy safe sex practices to prevent unintended pregnancies among teenage girls; they also focus on abortion, the right to education and counseling interventions. In accordance with the "Child and Youth Sexual Exploitation Act" and "Children and Youths Act", attention is also directed to the reporting of sexual exploitation and referrals to counseling resources for pregnant teenage girls .
3. In Taiwan, a teenage pregnancy service process has been established, including the "Teenage Pregnancy Consultation Hotline (0800-257085)", "Teenage Pregnancy Help Website" (<http://www.257085.org.tw/>), "MOE's policy for the Protection of Students' Right to Education and Counseling Assistance in Pregnancy," "Friendly Medical Services for Teenagers," and reporting of child sexual abuse or sexual exploitation required by law. In 2019 and 2020, counties and cities started to provide "Services for Pregnant Minors and Follow-up Counseling Program" and visit and care for vulnerable families.
4. Teenage girls' sexual behavior and contraception  
According to a sampling survey conducted by the Health Promotion Administration (HPA), MOHW<sup>40</sup>, in 2014, 2016 and 2018, the number of young girls aged 13-15 who had sexual intercourse showed a rising trend year by year; in 2013, 2015 and 2017, the number of young girls aged 15-17 who had sexual intercourse decreased slightly, but still remained at more than 10% of all teenage girls. As for the rate of contraception in recent sexual intercourse, it shows that nearly 15% of young girls who have had sexual intercourse do not use contraception and are likely to become pregnant.
5. Current status of underage marriage and pregnancy among adolescent girls
  - (1) Government data show that both the number of underage girls getting married and the overall marriage rate are declining, but there are still about 2,000 young girls aged 15-19 entering marriage as minors each year for the past five years. (Tables 6-1 and 6-2 in Attachment)
  - (2) The number of teenage pregnancies is not available from the relevant government data. The number of pregnant women under the age of 20 who received medical care (Table 6-3 in Attachment) can only be determined from the number of live births and stillbirths reported for women under the age of 20. However, it is not possible to distinguish the number of births to teenage girls under the age of 18 from the data, nor is it possible to find out the number of abortions to teenage girls from government data, and there is no data on abortions carried out through informal channels. Therefore, the actual number of teenage girls who are unmarried and pregnant is unclear.
6. The right to education for pregnant teenage students  
Government data show that the number of pregnant high school students in 2018 is significantly higher than the previous year (Table 6-4) and 25-30% of pregnant high school students take a break from their studies due to pregnancy. There are no details on the Government's interventions and counseling for pregnant students and those who quit school either temporarily or for good, and whether they return to school. There are no statistics on whether pregnant students have induced abortion and remain enrolled in school either.

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<sup>40</sup> Teenage girls aged 13-15 who have had sex: 5.0% in 2014, 5.3% in 2016, and 6.2% in 2018, showing an increasing trend year by year. Teenage girls aged 15-17 who have had sex: 11.1% in 2013, 10.4% in 2015, and 10.2% in 2017. The percentage has slightly decreased, but remains at more than 10% of all teenage girls. Teenage girls aged 15-17 who have had sex and used contraception in their most recent sexual intercourse: 86.6% in 2013, 88.5% in 2015, and 87.9% in 2017.

## 7. Induced abortion for teenage girls

The Department of Statistics, MOHW, publishes data on abortions for married and unmarried women aged 20-49 but not for teenage girls under 18. It is not clear whether the Government has sufficient data and a strategy to respond to the situation.

## 8. Teenage girls giving birth to children

- (1) In the past five years, the number of teenage girls giving birth has been decreasing year by year, but there are still more than 1,000 teenage pregnancies each year. Among them, there are still teenagers under the age of 15 who become pregnant and give birth (Table 6-5).
- (2) The fertility rate of women in all age groups shows a decline, but the rate among teenage girls aged 15-19 remains at 4‰ without significant decline (Table 6-6).
- (3) According to the data reported by HPA, the number of teenage girls aged 15-19 decreases year by year from 2016 to 2020, and the number of babies delivered by them also decreases year by year, but infant mortality rate increases to 3.53‰ in 2020 (Table 6-7). The HPA reported (2017)<sup>41</sup> that a correlation between the births of young, under-educated adolescent girls and infant mortality is a cause for concern.

## 9. Services for teenage parents

- (1) The HPA has been promoting the "Care and Follow-up Program for Perinatal High-Risk Pregnant Women and Children" in conjunction with local government health bureaus since 2017. The number of girls under 20 years old admitted to the program due to socioeconomic risk factors has been increasing year by year: 103 in 2017, 250 in 2018, 424 in 2019, and 1,341 in 2020.
- (2) In the 2019-2020 review report by the SFAA on the "Teenage Pregnancy and Follow-up Counseling Services", sources of cases in 11 counties and cities (including the six special municipalities) were calculated. The number of school referrals is significantly lower than that of reported pregnancies (Tables 6-4 and 6-8); the number of referrals from counseling hotlines and websites and the number of self-referrals are lower than other sources (Table 6-8).

## II. Conclusions and Recommendations

1. The Government may further explain its efforts to monitor and analyze the number of teenage pregnancies, prenatal checkups, births, and abortions, as well as the effectiveness of its policy programs.
2. The Department of Household Registration, Ministry of the Interior, reported 1,551, 1,426, and 1,292 teenage pregnancies under the age of 18 in 2016, 2017, and 2018 respectively. The Ministry of Education reported 338, 314, and 412 teenage pregnancies in 2016, 2017, and 2018 among teenage girls enrolled in elementary, middle, and high schools in Taiwan. There is a lack of government information on counseling and resource referrals for teenage girls who drop out of school either for good or temporarily due to pregnancy, and for those who do not continue their education, as well as information on the effectiveness of measures and the creation of a friendly environment (free from discrimination and bullying) to support the continuation of education for teenage girls after pregnancy.
3. As mentioned in paragraphs 27, 31, and 33 of CRC General Comments No. 20, adolescents requiring particular attention are vulnerable to early pregnancy and sexual exploitation resulting in pregnancy due to unfavorable circumstances. The Government can clarify whether the statistics on pregnancy, childbirth, and abortion of teenage girls identify adolescents requiring particular attention (sexually abused, indigenous, physically and mentally disabled children, and LGBT population), as well as how effective current services are.
4. The Government can explain what the children's demand for sex education, gender equality concepts and teaching materials is, and whether the Government has a good understanding of them as a reference for promoting policies and measures.

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<sup>41</sup> The Report on Health Inequities in Taiwan by the HPA, MOHW (2017) states that in 2004-2006, the infant mortality rate of mothers with less than a high school education was 50% higher than that of mothers with a high school education or above; by 2008-2010, the difference widened to 80%. The correlation between births to teenage girls with low educational attainment and infant mortality rate (among live births) is a subject of concern.



5. The Government may further clarify whether there is any research and collection of views on early pregnancy of unmarried teenage girls and parenting in Taiwan as a basis for formulating evidence-based policy measures.
6. It is recommended to conduct empirical studies on teenage pregnancy and abortion in order to promote more responsive policies on their health, right to education, and social integration.
7. Paragraph 31 of CRC General Comment No. 4 notes the Government's responsibility to provide information about potential harm of early pregnancy and unsafe abortion and offer health care services needed. The Government also needs to be aware of the negative emotional impact on parenting when young mothers do not receive support. The Government should explain the outcomes and effectiveness of promoting the Teenage Pregnancy Consultation, hotline and services it has established. It could also provide statistics on the usage and effectiveness of the "Friendly Medical Services for Teenagers". Please provide more information.

## Attachment

Table 6-1. Marital status of underage females

Unit: Number of persons

Marital status	Age		Under 15			15-19		
	Unmarried	Married	Divorced	Widowed	Unmarried	Married	Divorced	Widowed
2016	1,505,815	0	0	0	684,366	2,743	344	3
2017	1,482,916	0	0	0	647,437	2,421	340	6
2018	1,463,506	0	0	0	627,788	2,206	303	7
2019	1,446,549	0	0	0	596,770	2,059	303	4
2020	1,424,336	0	0	0	549,533	1,809	262	3

Source: Compiled from data from Department of Household Registration, MOI; Gender Equality Committee of the Executive Yuan

Table 6-2. Marriage ratio of underage females aged 15-19

Unit: Number of persons, ‰

Year	Population of teenage girls	Number of women aged 15-19 who are married, divorced, or widowed	Marriage ratio of teenage girls ‰
2016	687,456	3,090	4.495
2017	650,204	2,767	4.256
2018	630,304	2,516	3.992
2019	599,136	2,366	3.949
2020	551,607	2,074	3.760

Source: Compiled from data from Department of Household Registration, MOI; Gender Equality Committee of the Executive Yuan

Table 6-3. Number of live births and still births to mothers under 20 years old

Unit: Number of persons

Year	Total	Number of live births	Number of still births
2016	3,044	2,972	72
2017	2,794	2,722	72
2018	2,477	2,419	58
2019	2,389	2,334	55
2020	2,237	2,165	72

Source: Compiled from data from HPA, MOHW (2021); Statistics of Birth Reporting System (2016-2020)

Table 6-4. Number of pregnant students remaining in senior high schools and below

Unit: Number of persons, ‰

Academic Year	Number of pregnant students		Number of students remaining in school		Ratio	
	Senior high school	Junior high school	Senior high school	Junior high school	Senior high school	Junior high school
2016	233	105	165	88	70.78	83.81
2017	238	76	177	70	74.37	92.11
2018	325	87	246	85	75.70	97.70

Source: MOE; the Second State Report

Note: 0 pregnancies among elementary school students during 2016-2018

Table 6-5. Number of infants born by mother's age

Unit: Number of persons

Year	Under 15	15	16	17	18	Total
2016	20	73	255	431	772	1,551
2017	20	59	207	427	713	1,426
2018	17	55	170	390	660	1,292
2019	18	43	148	327	648	1,184
2020	10	40	151	275	553	1,029

Source: Department of Household Registration, MOI

Table 6-6. Women's fertility rate

Unit: ‰

Year	General fertility rate	Age groups						Total fertility rate	
		15-19	20-24	25-29	30-34	35-39	40-44		45-49
2016	34	4	22	63	90	47	8	0	1,170
2017	33	4	21	59	85	47	9	0	1,125
2018	31	4	20	55	80	44	9	0	1,060
2019	30	4	20	53	79	44	9	1	1,050
2020	28	4	19	48	74	43	9	1	990

Source: Compiled from data from Department of Household Registration, MOI

Table 6-7. Reported live births and stillbirths by the age of mother (under 20 years old)

Unit: Number of persons, ‰

Year	Population of teenage girls	Fertility rate of teenage girls ‰	Total		Live births	Stillbirths		
			Number	‰	Number	‰	Number	‰
2016	687,456	4.428	3,044	1.45	2,972	1.43	72	2.96
2017	650,204	4.297	2,794	1.42	2,722	1.40	72	3.26
2018	630,304	3.930	2,477	1.35	2,419	1.34	58	2.67
2019	599,136	3.987	2,389	1.33	2,334	1.33	55	2.67
2020	551,607	4.055	2,237	1.36	2,165	1.33	72	3.53

Source: Compiled from data from HPA, MOHW (2021); Statistics of Birth Reporting System (2016-2020); MOI (2021)

\*Note: Fertility rate of teenage girls aged 15-19 = number of live births to women in the 15-19 age group ÷ number of women aged 15-19 X 1000 ‰.

Table 6-8. Sources of "Teen Pregnancy Services and Follow-Up Counseling Services" cases

Year	School referral	Healthcare/medical institution referral	Teenage Pregnancy Consultation Hotline referral	Social welfare agency referral	Client (family member) application	Household/civil administration	Department of Social Welfare	Other	Total
2019	45	413	20	179	52	182	158	135	1,189
1st half of 2020	59	484	20	53	63	173	167	24	1,018

Source: Report on the review of the effectiveness of the "Teenage Pregnancy Services and Follow-up Counseling Services" and the research findings by SFAA, MOHW (2021)

## **Issue 7: Educational Resources**

### Chapter 8 Education, Leisure and Cultural activities

#### **I. Description and Status Quo Analysis**

1. In paragraph 74 of the Concluding Observations on the Initial Report, the Review Committee acknowledges that the Government is committed to allocating additional resources to the education of children in remote and rural areas. However, the Committee remains concerned that the allocation of resources may not be sufficient to ensure quality education for children in these areas. The Review Committee recommends that the Government continue to provide additional resources for rural and remote education and adopt measures to monitor the extent to which children enjoy their right to education, consistent with articles 28 and 29 of the CRC.
2. In response to paragraph 74 of the Concluding Observations on the Initial Report, the Second State Report points out that the Ministry of Education has established the "MOE Consolidated Website for School Subsidy"<sup>42</sup> to process funding applications in accordance with the "MOE Funding Guidelines to Subsidize Schools in Remote, Rural, Non-Mountainous and Non-Urban Areas". In addition, on December 6, 2017, Taiwan promulgated the "Act for Education Development of Schools in Remote Areas" and on March 11, 2021, added the "Standards Governing the Determination of Levels and Classification of Schools in Remote Areas" in response to paragraph 74 of the Concluding Observations as a follow-up action Plan.<sup>43</sup> Schools are classified as "remote," "exceptionally remote," or "extremely remote"<sup>44</sup>, and are given different ratios of funding. However, this classification of remote areas does not tell us how much funding is available for children in need, and there is a lack of statistical information.
3. A survey conducted by the Taiwan Trend Research in 2021 during the pandemic<sup>45</sup> revealed that the lack of e-learning devices and stable Internet connection affect the quality and effectiveness of students' online learning. However, TFCF's 2020 survey<sup>46</sup> shows that the e-learning devices and Internet resources for

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<sup>42</sup> <https://sca.ntcu.edu.tw/SCA/>

<sup>43</sup> To respond to paragraph 74 of the Concluding Observations, the first objective of the action plan is to improve the laws and regulations related to the development of education in remote areas; the second objective is to allocate funds to provide the infrastructure and equipment needed by schools in remote areas and assistance to students in meeting their educational needs.

<sup>44</sup> The classification of schools in remote areas is based on transportation, culture, living function, digital environment, and socio-economic conditions as stipulated in Article 4, Paragraph 1 of the "Act for Education Development of Schools in Remote Areas", which includes 16 assessment indicators. The number of extremely remote, exceptionally remote, and remote schools at each level of education below senior high school on the island of Taiwan was calculated according to the quantitative model of the "Standards Governing the Determination of Levels and Classification of Schools in Remote Areas". The local school authorities on the island of Taiwan shall identify and prepare a list of schools in remote areas based on the previous number of schools and submit it to the central government for review and approval.

<sup>45</sup> Taiwan Trend Research conducted a survey in 2021 on "New Life under Level 3 Alert - Work, Learning and Parenting" from May 21 to June 9 in the wake of the pandemic. The results indicate that 90% of the students have encountered difficulties in online learning. 44.9% of the respondents experience "poor signal quality", accounting for the highest percentage, 38.1% have "slow Internet access at home", 27.0% have "insufficient computer peripherals", 18.5% have "insufficient computers and tablets", and 4.1% have "no Internet access at home".

<sup>46</sup> "2020 Anti-Poverty Generation Survey - Educational Resource Needs of Disadvantaged Children": 1. The survey covered 23 TFCF branch offices throughout Taiwan, including 22 counties and cities, of which no children were sampled from Matsu, an outlying island. 2. The survey was conducted from March 25, 2020 to April 30, 2020; 3. The survey was conducted through online questionnaires or paper-based questionnaires; 4. The target population of the survey consisted of students receiving financial assistance and were in grades 3-7 in the second semester of the 2019 academic year and their families. The population

economically disadvantaged children are even more inadequate; furthermore, the lack of e-learning devices and stable Internet connection for disadvantaged children in remote areas is further demonstrated by regional differences between urban and remote areas.<sup>47</sup> The above mentioned e-learning landscape does not ensure children's right to education and quality of education.

4. According to our "2019 Community Development Project Study"<sup>48</sup> conducted in 2020, there is not only a gap between urban and remote areas in terms of e-learning devices, but also in the way children use such devices and information, which significantly affect the quality and effectiveness of their learning. It is clear that the lack of digital literacy and people accompanying children to use digital devices affects the process of e-learning.

## II. Conclusions and Recommendations

1. In the midst of the pandemic, all children in Taiwan face e-learning issues, but disadvantaged children face more difficulties and challenges in today's e-learning-based teaching environment. It is recommended that the government should consider the coverage of digital devices and the accessibility of the Internet when formulating policies related to e-learning in order to meet the needs of children.
2. The MOE has introduced the "Standards Governing the Determination of Levels and Classification of Schools in Remote Areas", but based on our practical experience, the standards do not truly reflect the full picture. It is recommended that the Government should further examine whether the Standards are too stringent to address other needs of remote areas.
3. In addition to calculating the number of subsidized schools and funding, it is recommended that data on the utilization rate of e-learning devices and the effectiveness of their implementation be collected, when the Government invests educational resources in schools in remote areas and non-mountainous and non-urban areas.
4. In the face of the pandemic, e-learning has become a common issue for all children. It is recommended that the Government identify the capacity of families to provide children with access to e-learning devices in order to ensure their right to education.

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in the sponsorship system as of March 12, 2020 was used as the base for sampling, and 1,221 children were selected using simple random sampling. Children and their parents were then asked to complete the questionnaire.

In terms of Internet resources, 61% of disadvantaged children do not have Internet access via computer at home, and 53.4% do not have an "all-you-can-eat data plan" for their mobile phones. In terms of digital learning devices, 66.4% and 74.5% of children living in urban and rural areas do not have a "computer or laptop" at home, 86.1% and 92.6% do not have a "tablet", and 58.5% and 70.6% do not have either of the above. The survey also found that 37.1% and 41.7% of children living in urban and rural areas respectively had "digital devices for learning but no Internet access".

<sup>47</sup> The definition of urban and rural areas in our survey is based on Article 7, Paragraph 1, Subparagraph 2 of the "Enforcement Rules of the Early Childhood Education and Care Act", which defines the administrative areas that meet the definition of remote areas as those with a population density of less than 2/5 of the national average, and are referred to as "remote village/town" in this survey. Other village/town/city district in non-remote administrative areas are collectively referred to as "urban" (non-remote) areas in order to highlight the shortage of and demand for learning resources in remote areas.

<sup>48</sup> TFCF conducted a study of "2019 Community Service Program" for the Anti-Poverty Generation in 2020, which shows that the most significant digital learning gap in Taixi Township, located in a remote area of Yunlin County, is the difference in digital information access between urban and rural areas. The social workers interviewed pointed out that the penetration of tablets and mobile phones is quite high; however, compared with children in urban areas, those in rural areas only use tablets or mobile phones for gaming and rarely for data collection. Therefore, it takes time for social workers to guide children in tutoring sessions to use ICT devices not only for social media (Facebook, Line, etc.) and games, but for other purposes, too (e.g. look for information and use maps for directions).

5. It is suggested that the Government should include digital literacy in its education policy so that children can acquire the ability to discern whether certain digital information is true/false and to search for information they need. At the same time, the Government should help children use digital devices properly through education policy and advocacy. For example, to prevent children from receiving online scams, the Government should require parents to accompany children in using digital devices, or install monitoring systems on digital devices.

**Issue 8: Child Sexual Abuse**  
Chapter 9 Special Protection Measures

**I. Description and Status Quo Analysis**

1. The Concluding Observations on the Initial Report expressed concern that the protection of a child victim of sexual abuse as a witness in judicial proceedings against the alleged perpetrator is not always in full compliance with international human rights standards. It is recommended that the Government reviews and amends the existing provisions on the protection of child victims as witnesses in judicial proceedings in order to comply with international human rights standards.<sup>49</sup>
2. In order to avoid repeated interviews with victims on the same matters in sexual assault cases, the Government has stipulated the "Directions for Reducing Repeated Statement of Victims of Sexual Assault" for prosecutorial investigation; protection of children in judicial proceedings includes the presence of a professional or family member during interviews or examination, and forensic interviewers and expert witnesses to assist with the interviews of children in child sexual abuse cases.<sup>50</sup>
3. Current statistics on the issue
  - (1) According to government data, the majority of victims of sexual assault are in elementary, junior high, and high (or vocational) schools, and the number of child sexual abuse is increasing year by year. In 2019, 9,183 cases of sexual assault were reported and victims amounted to 8,160, among which 5,272 were children, accounting for 64.6%. It is evident that the effectiveness of the implementation of the prevention mechanism has fallen short of expectations.
  - (2) The statistics on sexual assault cases investigated and concluded by District Prosecutors' Offices of the Ministry of Justice and the determination of the decision do not show disaggregated data on the age of the victims, so it is impossible to know the number of prosecutions, convictions and sentences in sexual assault cases. The rate of using forensic interviewers in such cases ranged from 7% to 10.68%, and the court uses expert witnesses only in 0.42% to 1.22% cases. The use of forensic interviewers and expert witnesses in child sexual abuse is low, the role of forensic interviewers is unclear, and the staff is insufficient with fast turnover, all of which are unfavorable conditions for children to express their views in sexual abuse cases.
  - (3) In October 2020, TFCF conducted a survey on the experiences and thoughts of our social workers on child sexual abuse cases and found that:
    1. Although Taiwan has established a process to reduce the repetition of statements by child victims to prevent further harm to children, the reduction process, and transcript of questioning by forensic interviewers and expert witnesses must be directed by the prosecutor in order to ensure judicial admissibility. In practice, therefore, the prosecutor may need to summon the child again for additional questioning, the court may repeat the questioning and cross-examination during the trial,<sup>51</sup> and the child victim still needs to repeat the statement. Since inconsistency exists in the process of reducing statements in sexual assault cases in various counties and cities, the reduction mechanism needs to be reviewed and improved, as the practice does not comply with the Optional Protocol on Child Trafficking, Child Prostitution and Child Pornography.<sup>52</sup>

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<sup>49</sup> The Government reviews and amends the existing provisions to protect child victims giving evidence in judicial proceedings to comply with Article 8 of the "Optional Protocol on Child Trafficking, Child Prostitution and Child Pornography" that requires protection of the rights of children at all stages of the criminal justice process, including procedures and actions that should be implemented for children; and with the United Nations Economic and Social Council Resolution 2005/20 "Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime", which upholds the principle of justice.

<sup>50</sup> Article 15-1 and Article 16-1 of the "Sexual Assault Crime Prevention Act"

<sup>51</sup> Because fairness is the principle emphasized in judicial proceedings for both parties, or because the reduction of repeated statement and transcripts produced from questioning by forensic interviewer and expert witness is not considered admissible evidence.

<sup>52</sup> Article 8, paragraph 6

2. The focus of protection and counseling services for child victims can easily be blurred by the concurrent judicial proceedings. Sometimes counseling is arranged for the traumatized child, but stakeholders in the courtroom often want to influence the trial through counseling, turning the child's healing process into a tool and shifting the focus from trauma recovery.
3. The proportion of children who actively seek help and use the help channel on their own is low, and the abuse is usually revealed when they talk to friends, relatives or professionals, or when others notice something is wrong, inquire about it, and help report it. Whether or not children seek help on their own also depends on the environment in which they grow up and the differences between urban and rural areas. Therefore, it is essential to cultivate children's understanding of the rule of law and problem-solving skills. This phenomenon reflects that the existing channels for help and reporting are designed to be used mainly by adults and professionals, and are less accessible to children themselves. In addition, children are worried about the perception of their family and the public, so they are afraid to seek help despite the availability of such channels.

## **II. Conclusions and Recommendations**

1. The Government should continue to study and conduct comprehensive analyses of the environment in which children live, including service agencies and organizations, to understand the problems of the system and to provide insights for systemic and practical reform. In addition, the Government should regularly conduct and publish research on nationally representative data on child sexual abuse, including numbers of investigation, prosecution, deferred prosecution, a ruling not to prosecute, and conviction of perpetrator in child sexual abuse. In addition, the Government should avoid only using reports and statistics in a bureaucratic manner with limited effectiveness, so as to determine the magnitude of sexual abuse of children in their living environment and the effectiveness of the system.
2. Judicial process reform
  - (1) Child sexual abuse should be handled in a direct and speedy manner, such as setting up special prosecution units or creating a unified one-stop operation for each county and city. It is essential to designate specialized prosecutors and judges to investigate and hear child sexual abuse cases, and to facilitate collaboration among the police, social and health networks. In this way, the Government will be able to understand the physical and psychological conditions of sexually abused children and how to interview them.
  - (2) The Government should review and amend the process that reduces repeated statement of victims of sexual assault and the forensic interviewer system. A specific and standardized judicial procedure needs to be established to address physical and psychological stress and traumatized witnesses following the principles of the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography.<sup>53</sup> In addition, it is important to continue to develop and deepen the skills of relevant personnel (medical practitioners, social workers, police investigators, prosecutors, and judicial officers) in child interviews and evidence collection. Each professional in child sexual abuse cases should be trained and qualified as a forensic interviewer, and the role of the professional in accompanying the child during investigation and in court should be enhanced and developed.

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<sup>53</sup> The full-time forensic interviewer system in the United States is a good practice to learn from, as it provides interviewer to assist child witness involved in judicial cases and has standard procedures to interview children. Australia's confidential interview investigation mechanism is designed to allow victims to describe their experience in a confidential, friendly and supportive environment. The mechanism emphasizes the feelings and needs of victims of child sexual abuse, with the purpose of listening to the victim's experience. The victim can voluntarily participate in the confidential interview and receive psychological support from professionals prior to and after the interview, to help them recover from the physical and psychological stress of the judicial proceedings and to prevent secondary trauma. In a confidential interview, relevant documents do not have to be disclosed and victims can tell their experiences without having to be under oath or cross-examination, or they can choose to do so by phone, written statements, and public hearings.



- (3) The judicial proceedings should be planned and designed with a focus on child victim support and counseling, trauma recovery,<sup>54</sup> and perpetrator rehabilitation. This includes narrative therapy for the child victim and those involved in the incident, services to accompany the family through the proceedings, and rehabilitation and intervention for the perpetrator after sentencing, rather than mere judicial justice.
3. The design of the sexual abuse help channel should take into account the needs of children,<sup>55</sup> especially with regard to services used by children. The reporting system should avoid the adult-oriented mentality, allow children to participate meaningfully in the planning, and consider all groups of children with special needs.

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<sup>54</sup> Includes people who were traumatized by the child sexual abuse incident.

<sup>55</sup> Children who want to seek help could face difficulties as they may want to protect the perpetrator, fail to cope with their emotions when giving a confession, and worry about changing schools or being taken away from their family. Already having so much to deal with, they are asked questions repeatedly and need to make statements over and over during the process despite the unified intervention platform. An online help and counseling platform or communication software more accessible to the public and children can be developed to facilitate one-touch reporting to the police through mobile phones and digital devices, or a customized app can be created for this purpose.

## **Issue 9: Child Labor**

### Chapter 9 Special Protection Measures

#### **I. Description and Status Quo Analysis**

1. The Review Committee noted with concern in its Concluding Observations on the Initial Report that children are working in conditions that often involve long hours and/or may be harmful to their health and development. It recommended that the Government collect data on the number of working children and disaggregate data by the nature of work, age, gender and whether the child comes from an indigenous, rural or urban background; take appropriate measures to protect the rights of such children.
2. General Comments Nos. 4, 8, 23 and CRC Article 32 all mention the work environment (prohibition/regulation of hazardous work), work compensation, work/employment conditions, and physical and psychological development need to be guaranteed to protect children.
3. The "Labor Standards Act" and "Occupational Safety and Health Act" have been enacted to protect children under 18 who provide labor services to third parties, in terms of maximum daily working hours (including night shift), rest time, regular holidays, working environment (including no dangerous or hazardous work), signing of labor contracts, legal representative's consent and documents proving their age.<sup>56</sup>
4. In order to build a safe workplace for children in Taiwan, various ministries and agencies have created communication platforms<sup>57</sup> and surveys<sup>58</sup> to respond to the current practice, providing employment services and counseling/protection of children's labor rights/workplace safety and health/complaint mechanisms for children. However, as these government bodies carry out campaigns and set up a 24-hour hotline for labor complaints (1955) and an online public opinion mailbox, the implementation has not been able to address findings of surveys conducted by private entities and on-site practice. In 2015<sup>59</sup> and 2020,<sup>60</sup> civil society organizations conducted surveys on labor rights of youths, focusing on

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<sup>56</sup> According to the Ministry of Labor's statistics, there were 7 cases in 2019 and 5 cases in 2020, where the legal representative's consent and proof of age of the child should be provided for the employment of child laborers.

<sup>57</sup> In order to protect the safety of children in the workplace, a "Youth Workplace Safety and Health Communication Platform" was established from 2016 to 2018 to promote youth occupational safety and health, education and training, and labor inspections, as well as safety guidelines for children under 18 working at night in convenience stores. In 2019, the "Youth Workplace Safety and Health Protection Program" was launched. In 2020, the inter-ministerial "Children's Workplace Safety and Health Rights Group" was formed to prevent occupational disasters and protect children's occupational safety and health, as well as to "strengthen labor inspections," "conduct education and training," "optimize advocacy and counseling," and "strengthen inter-ministerial and institutional cooperation".

<sup>58</sup> "Survey and Research on the Off-Campus Work Situation of Students Under 18 in Senior High Schools" by the MOE. "Survey on the Living Conditions of Children and Youth" by the MOWH. "Basic Survey on Work Application Cases of Workers Under 15 (including children with indigenous identity)" by the Ministry of Labor.

<sup>59</sup> According to the "2015 Youth Labor Rights Survey Report" by Taiwan Alliance for Advancement of Youth Rights and Welfare, 52% of the respondents' wages were below the legal wage (which was NT\$115/hour in that year, and 25% were below NT\$100/hour). 60% of the respondents were not covered by labor insurance. Top three categories of jobs: 53% worked in food and beverage industry, 12% as sales clerks, and 10.5% as technical workers. In terms of labor rights complaint, 44.7% did not know how/were afraid of trouble/would not file a complaint.

<sup>60</sup> According to "National Students' Rights Seminar in Taiwan - 2020 Labor Rights of Students in High Schools", 36% of the students were not paid with the legal wage (which was NT\$158/hour in that year, and 2.1% were paid below NT\$110/hour). 59.3% were not covered by labor insurance. Top three categories of jobs: 53.2% worked in food and beverage industry, 26.9% in service industry, and 10.3% in secondary industry (factories). 86.1% had no experience in filing complaints and were

teenagers aged 15 to 18. The surveys on labor rights such as salary, employment insurance, types of occupations, and labor rights complaint channels, etc., showed that there were cases of non-compliance with children's rights.

## **II. Conclusions and Recommendations**

1. The Government has only strengthened occupational safety and health inspection and promotion in workplaces such as shopping malls, supermarkets, restaurants, and construction sites where young people are regularly employed. However, it has not described the actual hazardous or dangerous work youths do, how effective the promotion of labor rights and labor inspections are and whether they cover unfavorable working conditions.
2. The "Labor Standards Act" requires that a legal representative's consent and proof of age be provided for the employment of child laborers. The Government should explain the status and effectiveness of implementation of this requirement in each county and city in Taiwan.
3. The Government should elaborate on the reasons for complaints, the number of cases, and the status of response and mediation services by county and city addressing complaints raised through the 1955 hotline and the online public opinion mailbox, and how effective they are.
4. It is recommended that an annual survey on children's labor rights should be conducted, and children should be included in the design of the questionnaire, in addition to professionals from the Government, academia, enterprises, and private organizations. The questionnaire should cover different counties and cities (urban and rural), ethnic groups, age, gender, current education status (including not attending school), nature of work (insurance status, type of occupation, etc.), salary and hours, workplace safety and labor rights.