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Knowledge Sharing on Korea's Development in Women's Policies

One-Stop Service for Sexual Violence Victims in Korea: The Case of Seoul Sunflower Center (Children)

Kyung Hee Woo

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One-Stop Service for Sexual Violence Victims in Korea: The Case of Seoul Sunflower Center (Children)

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Knowledge Sharing on Korea's Development in Women's Policies

**One-Stop Service for Sexual Violence Victims in Korea: The Case
of Seoul Sunflower Center (Children)**

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Korean Women's Development Institute (KWDI) is a government-affiliated think-tank under the Prime Minister's Office of South Korea. It has contributed to realizing gender equality, improving women's social participation and welfare and advancing family life and state through comprehensive researches on women's policies.

Foreword

Upon achieving an unprecedented economic growth in the last five decades, South Korea has transformed itself from being an aid recipient to an aid donor. Such growth was not confined to economic spheres only, but also apparent in social arena. Women's advancement was one of the areas which witnessed a dramatic transformation.

While there have been efforts to share Korea's development experience through means of Knowledge Sharing Program (KSP) spearheaded by South Korea's Ministry of Strategy and Finance (MOSF) and Development Experience Exchange Partnership (DEEP) by the Ministry of Foreign Affairs, there hasn't yet been an initiative with a comprehensive approach to share women's advancement experiences. The current study is the first of its kind to compile case analyses of women's development in various areas of the South Korean society.

"One-Stop Service for Sexual Violence Victims in Korea: The Case of Seoul Sunflower Center (Children)" is an essential part of KWDI's multi-year ODA project entitled "Strengthening Gender Equality Policy Infrastructure in the Asia-Pacific Region". This is a project aimed at establishing political and social infrastructure for gender-equal policy in the Asia-Pacific region. By promulgating these research findings through means of policy consultation, workshops and international conferences, KWDI hopes Korea's development experience in relation to gender equality will be beneficial to its partner countries. Moreover, KWDI hopes that this knowledge-sharing will foster potential gender-related ODA projects that the South Korean government can collaborate and cooperate on with its partner countries to promote gender equality in the region.

I hope the concerted efforts made by KWDI and partner countries will bring substantive and positive changes in the lives of women in Asia.

Myung-Sun Lee, Ph.D.

President

Korean Women's Development Institute



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I . Introduction

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1. Historical Background

Since the Korean War, South Korea has achieved an unprecedented economic growth; and it became a modern and industrialized society in the 1990s compared to what it was just a few decades ago. The rapid industrialization process caused a change in the family relation, which is the basis of the Korean society. Korea was a patriarchal society, where gender division of roles was very clear and multiple generations were living in one house or one village together. However, due to the industrialization, the patriarchal big family system has changed into a couple-oriented nuclear family. Higher education opportunities for women also contributed to the advancement of women's social status. Thanks to this change, Korean women at the time experienced some changes in their values, far different from their values in the past (Lee, Kang & Park, 2001). However, the changes in Korean women's value did not lead to the changes in social concepts or conventions. Sexual indiscrimination and patriarchal systems were deeply rooted in the society, and the female victims of sexual violence were often blamed even when they only hinted the fact of being victims of sexual violence.

In 1991, there was a woman in the age of thirties who had been raped when she was nine years old. She grew up and got married, but the memory of sexual violence disturbed her marriage life. She realized that the cause of her misfortune was the perpetrator who raped her, so she tried to sue him. However, the sexual violence used to be legally defined as an offensive subject to complaint¹⁾ and the accusation period was just six months in 1990s in Korea. In other words, when she was raped in the age of nine, her legal guardian should have filed a suit against the perpetrator within six months for a trial. As she realized the fact that she couldn't punish him legally when she grew up, she

1) "An offense subject to complaint" means that a prosecutor can indict the offender only if the victim or legal guardian accuses the offender.

decided to punish him by herself in the end. In January 1991, she was arrested for a murder at the scene of the crime. This case gathered a momentum for the Korean society to realize the magnitude of the sufferings faced by a child victim of sexual violence. The pain of a nine-year-old girl and her unfortunate life story caused public rage at the time.

A year later, a similar incident happened and also became a big social issue. A woman, who was repeatedly raped by her stepfather since she was nine years old, murdered him while conspiring with her boyfriend. This case brought a public outrage in the nation and led to the formation of a joint-campaign committee to save this couple. A series of similar cases made people aware that previous laws related to sexual violence were very backward, and finally the Act on the Punishment of Sexual Crimes and the Protection of Victims Thereof (from herein called “Special Act on Sexual Violence”)²⁾ was newly enacted in 1994. The legislation of Special Act on Sexual Violence was not perfect, but its legislation was obviously hopeful signs for changing the social recognition and strengthening criminal punishment against sexual crimes. In addition, the regulations to establish a counseling center and protection facilities for sexual victims and their tasks were set up for the first time in Korea. Since the legislation of the Special Act on Sexual Violence of 1994, the sexual violence related laws³⁾ came into force and related policies were established rapidly. In 2003, the legal improvement on child sexual violence cases were realized by revising the Special Act on Sexual Violence, but the resources including counseling or therapy services to help the child victims of sexual violence and their parents were very limited.

2) The *Special Act on Sexual Violence*, which was legislated in 1994, was divided into the *Act on Special Cases Concerning the Punishment, etc. of Sexual Crimes* and *Sexual Violence Prevention and Victims Protection Act*.

3) *Framework Act on Women's Development* in 1995, *Domestic Violence Prevention and Victims Protection Act* in 1997, *Act on the Protection of Children and Juveniles Against Sexual Abuse* in 2000, and *Prostitution Prevention and Victims Protection Act* in 2004.

2. An Emerging Need for an Independent Organization to Support Child Victims of the Sexual Violence

The year of 2003 was declared by the Korean government as the Year of Safety for Children in celebration of Children's Day(May 5th) in Korea. At that time, the rate of children's death caused by safety accidents was 25.6 persons per 100,000 population, which was the highest among OECD countries. This figure typically shows how poorly the Korean children were protected from various safety accidents compared with those in the other OECD countries (Korea Institute for Health and Social Affairs, 2009). In response to this situation, the government established policies to reduce children's death rate by 10% annually. The government established comprehensive safety measures for children composed of 76 tasks in 12 sectors. The prevention of sexual crimes was included as one of the tasks in the sector of preventing child abuse and violence.

When the government declared its resolve to protect children, another incident took place and became a social issue. A mother found out that her four-year-old girl was sexually assaulted, and took her daughter to the hospital. However, hospitals refused to give a diagnosis and treatment for the girl, and it was also insisted by the police that a case should not be reported without a hospital diagnosis. As a result, the mother had to visit around several hospitals and police stations for three days. This was because hospitals diagnosing sexual crime-related cases had the burden of writing testimonial record and participating in the court for trials in those days, so they often refused diagnosis of such victims. As for the police, the training for dealing with sexual victims was not sufficient at the time, which very often resulted in the secondary damages to the victims of sexual crimes in the process of testimony and investigation.

As such problems occurred repeatedly, various support institutions for sexual violence victims called for establishing a support system specializing in child victims that are distinct from adult victims. In addition, as the news about the sexual violence of a four-year-old girl, who could not receive any medical or legal support in a proper time, became known to the public, a strong public clamor developed for a specialized institution for child victims where they could receive a stable treatment in one place for a minimum period to minimize secondary damages and help secure evidence. In response to this public opinion, the Ministry of Gender Equality and Family organized a promotion committee for the establishment of a specialized institution for child victims and began to prepare detailed plans in 2003 (The Ministry of Gender Equality and Family, 2003).

3. The Purpose of Study

The above-mentioned cases of sexual violence against children in the 1990s caused public uproar, which raised awareness on the serious damage wrought by sexual violence and resulted in the legislation of the *Special Act on Sexual Violence*. The government's resolve to protect children and the case of the girl in 2003 played a key role in establishing a special institution to support child victims. Based on this historical context, this study delves into details about the one-stop support service offered by Seoul Sunflower Center (Children)⁴⁾, which is the first specialized institution for the child victims of sexual violence in Korea. This study will review the process of its establishment, the main agents of operation and the division of roles among the main agents, and activities implemented by the Seoul Sunflower Center (Children).

4) When it opened in 2004, the name of the center was Sunflower Children Center. It changed to "Seoul Sunflower Children Center" in 2009 and to Seoul Sunflower Center (Children) in 2015.

This study also examines types of one-stop service that is provided to support victims and its processes; and how such systems achieve results. This study will finally analyze the success factors and limitations of the Seoul Sunflower Center (Children) to draw up on practical lessons for those that wish to set up one-stop service centers for child victims of sexual violence based on the author's insights and experiences as a practitioner, the former deputy director of Seoul Sunflower Center (Children).



Ⅱ. The Establishing Process of Seoul Sunflower Center (Children)

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3. One-stop Service Center for Child Victims
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1. The Promotion Committee for Child Victims of Sexual Violence and Case Studies on Best Practices in Other Countries

A. Establishing the Promotion Committee for Child Victims of Sexual Violence

The Promotion Committee for Child Victims of Sexual Violence was established in 2003. The committee was composed of 13 members: an official in charge from the Ministry of Gender Equality and Family, which took the lead of its establishment; officials from other line ministries and government institutes including the Ministry of Justice, the Ministry of Education, the Ministry of Health and Welfare, Korean National Police Agency, and the Commission on Youth Protection; and other experts from the non-government sector (professors, NGO activists, etc.). What was recognized to be the most urgent in supporting the child victims included providing emergency treatment for child victims; making police investigation to be proceeded in a more thoughtful way that would not cause any secondary damages; and providing psychological supports for the mental health of the victims.

Previously some hospitals are designated for emergency treatment for sexual violence victims, but their responsibilities are not legally binding. Moreover, once a hospital was involved in the emergency treatment, they bore additional burdens to participate in the trials as a witness or help in the process of writing a testimony other than diagnosis and treatment. As a result, the designated hospitals are often hesitant to receive such patients and thus, designated hospital system was not working properly.

During the police investigation, it was much more difficult to legally deal with the sexual violence against a child than that against an adult. Unless the evidence was collected on the scene or there was a witness, the investigation on

the damage cannot help being purely dependent on the statement of a child victim, and the child victim had to additionally suffer from repeated questioning in the investigation process. Also, the child victims were sometimes treated as ordinary criminals in the investigation process, which made them horrified and often led to secondary damages. In addition, when a case on sexual violence against a child victim led to a trial, the statement of the child was not often valid in the court. Thus, there were many difficulties to punish the offenders.

To resolve these problems, government officials from several ministries joined the Promotion Committee for Child Victims of Sexual Violence. As an independent institution dedicated for the sexual violence against children, the committee aims to provide an emergency treatment without refusal by hospitals; to prevent secondary damages to children during the police investigation process; and to provide the comprehensive support including a long-term psychological treatment to prevent any psychological side effects for children.

B. Best practices in other countries

In addition to establishing the Promotion Committee for Child Victims of Sexual Violence, the Ministry of Gender Equality and Family began to study the cases on best practices in other countries where more advanced support systems for child victims of sexual violence were in place. Facilities selected as a role model were studied and several visits to those facilities were also made for benchmarking. “The Kempe Children’s Center” which is involved in preventing the child abuse and providing treatment for victims of the child abuse was one of the model cases.

The key features of “The Kempe Children’s Center” in the United States include establishing the delivery systems of treatment for child abuse victims; providing the education and training programs to prevent child abuse; and providing consulting and conducting activities for the prevention of the child

abuse. To support victims of the child abuse, the center collaborates with the medical school of Colorado State University in providing various services including consulting, treatment, legal proceedings, and a task as a legal agent for the victims of child abuse and neglect. Doctors and social workers stand by for 24 hours for telephone consulting, and if the injury of a victim is severe, the emergency pediatrics is available. As for the treatment programs, the children are divided into each age group and they are provided with psychological health and education services. The center has also organized an expert group composed of various experts in pediatrics, laws, and psychological health to establish plans for the best protection of victims of the child abuse.

After the case study, the Ministry of Gender Equality and Family(MOGEF) concluded that “The Kempe Children's Center” could be a role model for the future Korean institution for child victims of sexual violence. Thus, while the MOGEF tried to apply the merits of the “Kempe Children's Center”, it tried to customize the model fit for South Korea’s context: It attempted to provide the emergency treatment or diagnosis for victims in connection with children's hospitals; introduce the testimony recording by securing experts equipped with experience and rich knowledge of child psychology; organize expert groups; and build a close cooperative systems with other related institutions.

2. Establishing a Korean Model Institution Specialized for Child Victims of Sexual Violence

A. Medical treatment operation under a formal contract

Thanks to many efforts by various sectors’ experts, including the Ministry of Gender Equality and Family and the Promotion Committee for Child Victims of

Sexual Violence, an overall framework for the specialized institution for the child victims of sexual violence was prepared. The most important and urgent part was recognized to be the medical treatment, including physical and psychological treatment, and thus the cooperative system with hospitals similar to “The Kempe Children’s Center” was designed as a basic form.

To overcome the limitations in the previous cooperation system, hospitals equipped with the required eligibility were commissioned to operate the medical treatment. The qualifications for the commissioned hospitals were as follows: “As a non-profit corporation or medical corporation (including national and public hospitals), it must have experience in consulting and treatment for the child victims of sexual violence. Also, it should be equipped with a department of pediatric psychiatry, and if not, it has to build the connective systems that can utilize such experts at anytime. In addition, it should develop a constant-alert medical support system for the child victims of sexual violence” (The Ministry of Gender Equality and Family, 2004).

To secure the fairness and objectivity in selecting a hospital to commission, the the Screening Committee comprised of 13 members was formulated with officials from the related departments and civil sector experts. The committee evaluated the organizations, manpower composition, affiliate systems, budgets, and project implementation plans of each applicant institution, and the highest scorer was selected as commissioned institution.

B. Introduction of One-stop Service

To support child victims of sexual violence, a new form of specialized institution was designed to provide various services including counseling, medical support, psychological support, and legal support as a one-stop service which is different from the existing support systems. As the existing support system required victims to visit each support institution to receive the service,

it was inconvenient and often caused secondary damages to the victims. Also, it took a lot of time to receive all the necessary supports. On the contrary, one-stop service system provides various services for a victim in one institution by an integrated system. It quickly provides the most suitable and necessary supports for the victims by the experts within the institution. This kind of one-stop service enabled to provide not just treatments for physical injuries but also psychiatric treatments and psychotherapy for the victims. In addition to the medical support, it also established a system which could provide various sectors' services including investigation supports, legal supports, etc. in a short time in one place through this specialized institution.

3. One-stop Service Center for Child Victims of Sexual Violence: Seoul Sunflower Center (Children)

As explained above, the Korean model institution specialized in child victims of sexual violence was characterized by one-stop service with a medical treatment commissioned by a hospital based on a contract. After a public bidding, Yonsei University Health System was selected as an commissioned medical institution specialized in child victims of sexual violence for the first time in Korea in 2004. Yonsei University Health System, as commissioned hospital, aims to build a cooperation system among related institutions and organizations to provide medical diagnosis and treatment, the evaluation for legal investigation procedures, family treatment, other services, etc. for victims of sexual violence under the age of 13⁵⁾ as a one-stop service center.

5) The range of the target was extended to adolescents less than 19 years old from 2012 onward.

According to the proposal submitted by Yonsei University Health System (YUHS), it has several strengths in medical and legal supports for the child victims of sexual violence(Yonsei University Health System, 2004). The YUHS is the first large scale medical institution in Korea consisting of several hospitals equipped with eight specialized clinics, and the Severance Hospital, one of the hospitals within the YUHS, was fully dedicated for medical supports for clients of the Seoul Sunflower Center with five specialized clinics including Severance Children's Clinic. Within the Yonsei University Health System, a "Child Abuse Prevention Team" endorsed by the Korean Medical Association had been already in place. Also, its pediatric psychiatrist department had more than 10 years of experience in child sexual abuse cases. Moreover, it had medical specialists in pediatric psychiatrist as well as lawyer-turned-professor at a medial school.

As the commissioned institution was selected, "Seoul Sunflower Center (Children)" opened in June 2004 as the first government-led institution specialized for supporting child victims of sexual violence in Korea. To avoid a potential backlash from the preexisting counseling centers dedicated for supporting child victims of sexual violence, representatives of the local counseling centers and related NGOs were invited to actively participate in the initial stage of its establishment as steering committee members and let them monitor the process and discuss about the division of roles and mutual cooperation with the Seoul Sunflower Center (Children) thereby creating the future synergy.⁶⁾

6) "One-stop Service System," Innovation in Supports for child and woman victims of sexual violence (Presented by the Ministry of Gender Equality and Family).

Ⅲ. The Operation of Seoul Sunflower Center (Children)

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1. Main Activities⁷⁾

Seoul Sunflower Center (Children), the first institution specialized for child victims of sexual violence opened in June 2004 in collaboration between the Ministry of Gender Equality and Family(MOGEF) and the Yonsei University Health System(YUHS). Until now in 2016, the Yonsei University Health System has been commissioned to operate the Seoul Sunflower Center (Children), and as a one-stop center. It aims to provide an integrated service for sexual violence victims including “medical diagnosis and treatment for external injuries, psychological diagnosis and psychiatric treatment, case interviews, legal supports, counseling for the family members to help effectively support victims under the age of 19⁸⁾ and/or with intellectual disabilities.” Under this aim, Seoul Sunflower Center (Children) implements various activities as described in the table below.

〈Table Ⅲ-1〉 Main Activities of Seoul Sunflower Center (Children)

Main Activities	Details
Providing medical treatment, services and counseling	<ul style="list-style-type: none"> - Emergency procedures for sexual violence victims - Treatment for external injuries according to a type of sexual violence (* including diagnosis on the level of damage and evidence collection) - Priority treatment service for sexual violence victims in terms of mental health and cooperative treatment with nearby hospitals equipped with a pediatric psychiatry department to minimize the stand-by time in case of inevitable situation in the commissioned institution - Counseling and psychiatric treatment for the victim's family - Psychotherapy for sexual violence victims - Providing accompaniment services for sexual violence victims
Providing supports in the investigation	<ul style="list-style-type: none"> - Assisting with the investigation into the victim's case <ul style="list-style-type: none"> • Recording of a victim's statements in the investigation process (if

7) Extracted from the 2016 Sunflower Center Business Guide (The Ministry of Gender Equality and Family, 2016).

8) The subject of support was “less than 13 years old” in 2004, but changed to “less than 19 years old” in 2012, expanding the subject range.

Main Activities	Details
process and other legal services	<ul style="list-style-type: none"> necessary) • Building cooperation with experts in forensic medicine to secure evidence - Assisting with the legal procedures for sexual violence victims • Legal counseling and filing of lawsuit and accusation - Other services for legal supports
Operating counseling and emergency rescue systems	<ul style="list-style-type: none"> - Developing and operating the emergency relief system with Women's Emergency Hotline 1366, specialized institutions for children's protection, the National Police Agency, etc.
Operating expert groups' network to support victims	<ul style="list-style-type: none"> - The expert pool includes medical experts such as pediatric psychiatrists, gynecologist, child psychologists, social welfare scholars, lawyers, clinical psychologists, counseling experts for sexual violence, etc. - Collecting comprehensive and integrated facts and data on various cases
Building a network for the cooperation to protect victims	<ul style="list-style-type: none"> - Building a network among institutions for counseling, protection, etc. to improve the protection of the victims - Building a network and a database of information and resources at local community level
Other activities	<ul style="list-style-type: none"> - Case studies, education and campaigns to prevent the sexual violence against children and adolescents - Promotion to improve the information access of the center <ul style="list-style-type: none"> * PR activities targeting current and potential child victims and their parents - Creating its own steering committee including external experts to provide advices on major issues related to the center's operation

2. Main Actors and Their Roles

Main actors that are involved in the operation of the Seoul Sunflower Center (Children) include the Ministry of Gender Equality and Family, Seoul Metropolitan City, and the Yonsei University Health System (as a commissioned operating institution). Each actor's role⁹⁾ is described in <Table III-2>.

9) Please refer to the "2016 Sunflower Center Business Guide" (The Ministry of Gender Equality and Family, 2016).

Ⅲ. The Operation of Seoul Sunflower Center (Children) ••• 21

〈Table Ⅲ-2〉 Division of Roles of the Main Actors

Actor	Roles
Ministry of Gender Equality and Family	<ul style="list-style-type: none"> - Legislating and modifying the laws related to supporting sexual violence victims, including domestic violence, prostitution, etc. - Establishing directions for the operation of Sunflower Centers across the nation - Establishing plans and providing supports to install Sunflower Centers all over the country - Providing funds and evaluating the budgets used by Sunflower Centers across the country - Managing and directing the computerization of the standard administrative system - Supervising the Sunflower Centers across the nation and providing guidance - Conducting evaluations on all the Sunflower Centers across the nation¹⁰⁾
Seoul Metropolitan City Government (Municipal Governments)	<ul style="list-style-type: none"> - Building a link between central government and the Seoul Sunflower Center (Children) - Approving and executing project plans for the Seoul Sunflower Center (Children) - Supervising and directing the operation of the Seoul Sunflower Center (Children) - Human resource management of the employees of Seoul Sunflower Center (Children): President, Director, Deputy Director, etc. - Distributing and balancing the budget and submitting a report on the performance and budget use of the Seoul Sunflower Center (Children)
Yonsei University Health System	<ul style="list-style-type: none"> - Computerization and guidance on the standard administrative system - Commissioned to operate the Seoul Sunflower Center (Children) - Providing medical supports for victims on a constant alert - Guiding and supervising the implementation of projects by the Seoul Sunflower Center (Children) - Human resource management of the Seoul Sunflower Center (Children) employees
Seoul Sunflower Center (Children)	<ul style="list-style-type: none"> - Establishing and executing the operational plans on the center - Implementing counseling and medical support systems for victims and their guardians - Providing services for the investigation and the legal aid for victims - Organizing expert groups for the support for the victims - Building a network among related institutions and experts to protect and support victims - Human resource management including recruiting and hiring employees - Actual use of the standard administrative system - Operating other related projects requested by the Minister of Gender Equality and Family

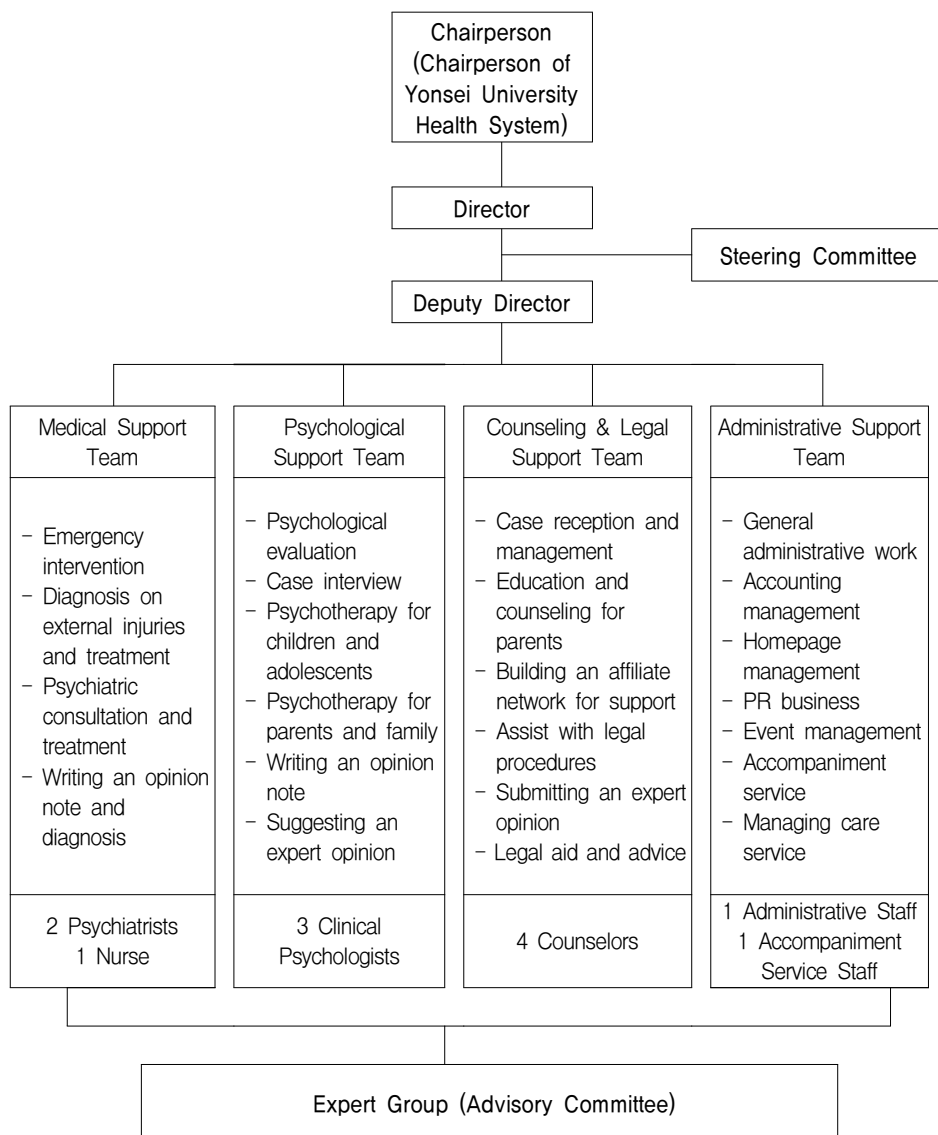
3. Organizational Structure and Division of Roles

A. Organizational structure

The Seoul Sunflower Center (Children) is comprised of president, director, deputy director and four teams (medical support team, psychological support team, counseling and legal support team, and administrative support team). The president of the Yonsei University Health System also holds an additional position as the chairperson of the Seoul Sunflower Center (Children). The part-time director and full-time deputy director are in charge of the overall operation of the center. If the director works part-time, the deputy director is to be in charge of overall operation of the center on behalf of the director. Various teams are organized according to service sectors and they are to cooperate swiftly and systematically with each other in the process of supporting the victims. The organization chart of Seoul Sunflower Center (Children) is in [Figure III-1]; and the total number of employees in 2016 is 15 persons. The current status of employees is described in <Table III-3>.

10) The evaluation on the integrated center is implemented every three years based on the article 25 of *Sexual Violence Prevention and Victims Protection Act* which stipulates the evaluation of the integrated support center including counseling offices and protection facilities, and the article 12 of its Enforcement Regulations which stipulates the standard and methods of evaluation.

Ⅲ. The Operation of Seoul Sunflower Center (Children) ●●● 23



[Figure Ⅲ-1] Organization Chart of Seoul Sunflower Center (Children)

〈Table III-3〉 Current Status of Seoul Sunflower Center (Children)'s Employees (2016)

(Unit: person)							
Total	Chairperson	Director	Deputy Director	Psychiatrists	Nurse	Clinical Psychologists	Counselors
15	1	1	1	2	1	3	4
							Administrative staff
							1
							Accompaniment service staff
							1

B. The tasks of employees¹¹⁾

• Chairperson

The chairperson's position is taken by the head of the commissioned institution. The chairperson of the center is in charge of overall operation of the center. His/her role includes the overall supervision and direction of project implementation, education and supervision of employees, summons for the steering committee in case of urgent issues, and carrying out other tasks for the operation of the center.

• Director

The Ministry of Gender Equality and Family sets qualification requirements for the director and the requirements are as follows: He or she should have more than three years of experience either as a specialist in pediatrics, pediatric psychiatry or gynecology and obstetrics, or as a lawyer with expertise in relevant areas. The director is in charge of administration of employees, budget, inventory management, cooperation between hospitals and related government organizations, and other jobs to assist the chairperson of the center. If the director is working part time, a deputy director who works full time should be appointed. The part-time director is to go to work twice a week and work for more than eight hours a week at least. In the case of the Seoul Sunflower Center (Children), a full-time director was hired through an open competitive employment process when the center first opened in 2004. However, since 2009, a specialist of the pediatric psychiatrist department in the Yonsei University Health System, which is the commissioned institution, has worked part-time as a Director to keep a close relation with the commissioned institution.

11) All the employees should not be minors and not have reasons for disqualification according to article 33 of the public servant law. All the manpower should submit the criminal history information record upon joining the center.

• Deputy director

Qualifications required for a deputy director are as follows: Majoring in social welfare studies, psychology, pedology, women's studies, forensic nursing, etc., one should have more than four years of working experience after attaining a Bachelor's degree or an equivalent educational qualification, or two years of working experience after attaining a Masters' degree or other higher educational qualifications from educational institution recognized by the *Higher Education Act* or approved by the Ministry of Education; as a medical specialist with a medical doctor's degree in pediatrics, child psychiatry or gynecology, one should have more than three years of clinical experience in the relevant sector; or as a licensed lawyer, one should have more than three years of working experience in the relevant sector. The deputy director's role is to assist the director and manage the overall operation of the center including supervising employees, budget, inventory management, etc. and play a role as an acting director in case of director's absence.

• Psychiatrists

Psychiatrists work part time in the center and are affiliated to the commissioned hospital. They are in charge of providing diagnosis and treatment for victims visiting the center, issuing medical notes, collecting evidence, providing an advice on the center's medical supports, and testifying in a court.

• Nurse

A nurse has to hold a license after attaining a bachelor's degree with more than two years of working experience or hold a degree in nursing from a vocational college and have more than three years of working experience. One has to stay in the center and mainly engages in medical consultation and supports for the victims and their family. She assists doctors' emergency

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treatment, treatment of external injuries, and evidence collection, and collects the evidence of sexual violence with an emergency. When children and adolescent victims visit the hospital for a medical treatment, a nurse also accompanies the victims to take care of them during the treatment process.

• Clinical psychologists

It is stipulated that a clinical psychologist should major in (pediatric) psychology and graduate from a university recognized by the *Higher Education Act* or an equivalent educational institution approved by the Ministry of Education. One needs to have either more than one year of training and obtain a license after attaining a Master's degree in (pediatric) psychology, or have more than one year of training after attaining a Bachelor's degree in (pediatric) psychology and more than two years of working experience in a related institution. Clinical psychologists mainly engages in professional counseling for child victims and intellectually disabled victims, a psychological evaluation of child victims and their parents, case interviews, and psychotherapy.

• Counselors

To work as a counselor in the Seoul Sunflower Center (Children), it is required to complete a training course in an educational institution specialized for counselling for the victims of sexual violence or hold a degree in a higher education institution recognized by the *Higher Education Act* or other equivalent education institutions approved by the Ministry of Education. In case of Master's degree holders, they are required to have more than one year of working experience as a counselor specialized for counselling victims of sexual violence or more than two years of working experience as a counselor in general to work as a counselor in the center. In case of Bachelor's degree holders, they are required to have more than two years of working experience as a counselor

specialized for counselling victims of sexual violence to work as a counselor. Those with a Bachelor's degree and more than three years of working experience as a counselor in general can be articulated to the center, and they are required to take a training course to be a counselor specialized for sexual violence during the training period. Counselors are to provide counseling for victim's family, family education and counseling; to build a network and liaise with related institutions to support victims; and to assist legal procedures, etc.

• Administrative staff

An administrative staff is required to have a degree at college level or upper level, and to be able to handle budget and accounting tasks. One has to take care of all the general administration, including budgeting and accounting and inventory management, document management, management of operational results, etc. The administrative staff is also in charge of campaign activities for the prevention of sexual violence and various events in the center.

• Staff dedicated for the accompaniment service

A staff dedicated for the accompaniment service has to take a training course to be a counselor specialized for sexual violence along with a college degree. One is in full charge of accompaniment service for the victims as well as management, education and supervision of volunteer groups named 'Sunflower Supporters'.

C. Steering committee

The steering committee is run based on the 'Operating Regulations of Sunflower Center (Children)' established by the Ministry of Gender Equality and Family. According to the regulations, the steering committee is comprised of 10 to 20 members, including a chairman and an assistant administrator. The

Ⅲ. The Operation of Seoul Sunflower Center (Children) ••• 29

chairman of the steering committee is either elected by the steering committee member or taken by the chairperson of the center can be the chairman. The Deputy Director of the center is to play a role as an assistant administrator of the steering committee. The members are to be recommended by the chairperson of the center, mayors, governors, or local police agencies. The term in office for a member is two years from the day he or she was commissioned, and one is allowed to serve two consecutive terms. Politicians, political party members, shop owners or employees under the police surveillance, and people who are indicted of criminal cases are not allowed to join the committee.

The role of the steering committee is to discuss ways to strengthen the cooperation among the related institutions and how to expand medical supports for victims, and work out business plans and achievement goals. Also, the committee provides advices on center's key activities, it deliberates and makes decisions on agenda to invigorate the center. However, the key issues such as naming a center, hiring and controlling employees, reviewing a project proposal for a commission or a support are excluded from their discussion. Also, the members are not allowed to be involved in matters with no direct relation to the tasks of the center or the cases under investigation. The regulations also stipulates that members are not allowed to get involved in hiring employees of the center. The steering committee is asked to hold a regular meeting once a year, and a special meeting can be called upon the request of the chairman or by the request of one third of its members.

D. Expert group (advisory committee)

The expert group is comprised of medical specialists such as pediatric psychiatrists, gynecologists, child psychologists, scholars majoring in social welfare, lawyers, clinical psychologists, sexual counseling experts, etc. The group engages in comprehensive fact-finding and analysis on cases. It also plays

the role of counseling and collecting the resources to support sexual violence victims.

4. Budget

The operation of the Seoul Sunflower Center (Children) is fully funded by the government. Its annual budget planning is submitted to the Ministry of Gender Equality & Family via the Seoul Metropolitan Government to ask for an approval from the Minister for its execution. The budget for the center covers operating costs, costs for the accompaniment service, extra expenses for victims, funds for care service, and medical and nursing expenses. They are annually distributed and executed based on the approved budget bill. Of those costs, the medical and nursing expenses are also partly supported by local governments.

A. Operating cost

An operating cost consists of personnel expenses, expenditures for maintenance, project budgets, costs for facilities, miscellaneous expenditures, and reserve funds, and each item of expenditures are as described in detail in the table below.

〈Table III-4〉 Detailed Contents of Budget¹²⁾

Items	Contents
Personnel expenses	• Salaries for full-time employees, various allowances (overtime and holiday allowances), costs for employees' social insurance, retirement fee, and other welfare costs
Expenditures for	General costs for office inventory, printings and making booklets and PR materials

12) Extracted from the 2016 Sunflower Center Business Guide (The Ministry of Gender Equality and Family)

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Items	Contents
maintenance	<ul style="list-style-type: none"> • Taxes and public utility charges: public fees, various insurance fees, etc. • Honorariums for steering committee members who participate in meetings • Expenses for meetings such as a reception, a banquet cost, and other meetings • Travel expenses: Domestic trips for outside duty
Project budgets	Expenses for running promotion and education projects, etc.
Costs for facilities	Building and extension costs, renovation costs, equipment purchasing fees, repair costs, etc.
Miscellaneous expenditures	Compensation money, lawsuit expenses, etc.
Reserve funds	Unpredictable and inevitable expenditures

B. The cost for the accompaniment service and extra expenses for victims

Since 2014, costs for accompaniment service and extra expenses for victims have been additionally provided to strengthen supports for sexual violence victims. The accompaniment service is for the victims who have difficulties in receiving various services (counselings, psychotherapy, legal supports, etc.) due to disadvantaged backgrounds such as being a child of a single parent or a couple working together for a living, being raised by grand parents, etc. as well as those who are under the age of 13 or intellectually disabled. The costs for the accompaniment service is used to pay for a full-time staff dedicated for the accompaniment service, assistants (Sunflower Supporters) and other expenses.

The extra expenses for victims are also paid for clothing, foods, transportation fees, and snacks. The accompaniment service cost and extra expenses for victims are executed and controlled separately for the operating costs.

C. Funds for a care service

Apart from the project funds, funds for a care service are separately allocated

to reimburse expenses for the care services used by the victims. The reimbursement can be provided for child victim under the age of 13, a victim's child under the age of 13, and disabled victims(with disability level 1 to 3) in all ages whose family cannot afford to take care of them.

D. Medical and nursing fees

When the physical and psychological treatments for sexual violence victims are needed, the medical fees including treatments, pregnancy tests, abortions of child conceived by a rape, venereal disease tests, psychotherapy, the costs of issuing diagnosis, etc. are all paid by the center. In case that there is no family to take care of a victim during the hospitalization or family members cannot take care of a victim due to their livelihood, nursing fees is also provided. The sexual violence victims, their stem family members, brothers and sisters, spouses and guardians can be beneficiaries. The medical and nursing fees for sexual violence victims are provided by the central and local governments. The ratio of support is different depending on a local government. In the case of Seoul, the central government and the Seoul Metropolitan government pays 50% each respectively.

5. Facilities

Seoul Sunflower Center (Children) is located within 10 minutes by car from the Yonsei University Health System to enable a prompt emergency diagnosis and a smooth medical service for victims at a nearby hospital. The reason that the center is located outside the hospital is because a child victim could suffer from a fear or a repulsion as one feels that he or she is in a hospital.

As the facilities have been used much more than initially expected in 2004, the facilities expanded its size in 2009. As of 2016, the center is about 656.4m²,

Ⅲ. The Operation of Seoul Sunflower Center (Children) ●● 33

and the center is equipped with a waiting room for children, a waiting room for guardians, two counseling rooms, a meeting room, two counseling therapy rooms, an art therapy room, a play therapy room, a testimony recording room, a consulting room, a nursing room, rooms for director and deputy director, a reference room, and an office pantry. As child victims need to feel comfortable when they visit the center, it is decorated with child-friendly colors and items. The waiting room for children is equipped with toys and teaching aids, and books are also displayed at entrance, and counseling rooms and therapy rooms are expanded to accommodate the convenience of children while using the center.



[Figure Ⅲ-2] Interior Facilities of Seoul Sunflower Center (Children)



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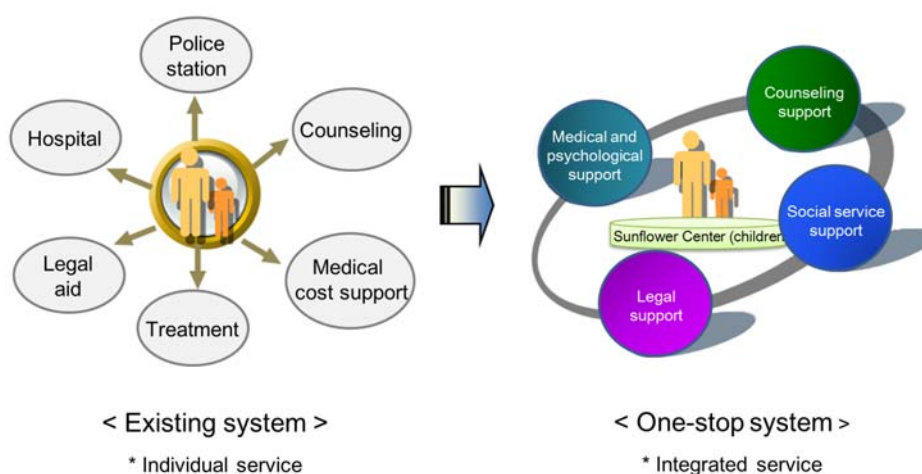
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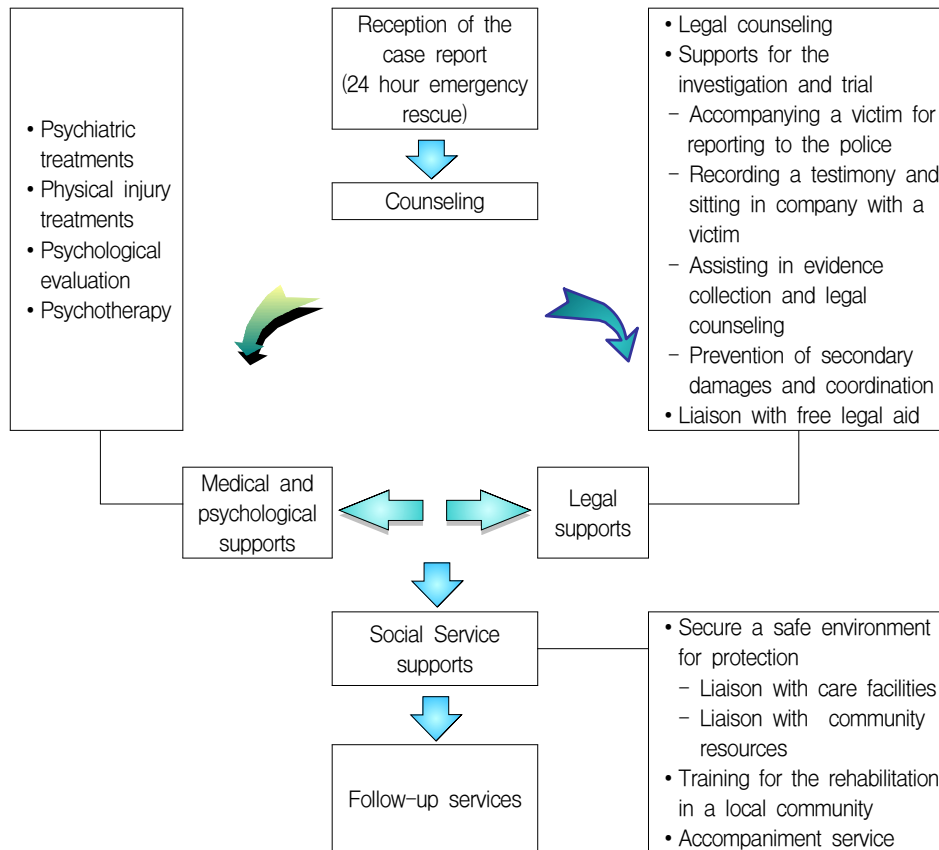
IV. One-Stop Service for Victims at the Seoul Sunflower Center (Children) ●●● 37

The prominent feature of Seoul Sunflower Center (Children) is one-stop service, which provides an integrated support for victims in one place. As the one-stop service means that various sectors' services are provided for victims within one institution, victims can receive various kinds of supports including counseling, medical supports, and legal supports by visiting just one institution. The service system is oriented to victims. As the preexisting support systems were operated by various institutions independently, a victim had to visit various institutions to receive proper supports, which took a long time, and it was difficult to receive organized and systematic supports. Since the Seoul Sunflower Center (Children) introduced a one-stop supports for victims, the support system for victims of sexual violence has changed as shown in [Figure IV-1].



[Figure IV-1] The Change to One-Stop System

As you can see in [Figure IV-2] below, this kind of one-stop service has been realized by an integrated system comprising of counseling supports, medical supports, psychological supports, legal support, and social service supports.



[Figure IV-2] Support System for Victims

The procedure to support victims of sexual violence are as follows: Starting from the counseling and it is followed by consulting with a psychiatrists, psychological evaluation, psychotherapy, legal supports, support for the police investigation, Social service supports, closing, and follow-up services. This procedure can be flexibly modified depending on a case in consultation and discussion with an expert group.

When looking into the overall flow of the service, once the child or adolescent victims of sexual violence or their parents report their cases to the center, the need for an emergency intervention is determined after listening to

IV. One-Stop Service for Victims at the Seoul Sunflower Center (Children) ••• 39

the details of incident by phone counseling. In case an emergency intervention is needed, the cases are classified into a physical, psychological, or environmental emergency. In case that the incident happened within 72 hours, instant physical emergency procedures are required. In the case that a child or adolescent victim feels suicidal or exhibits aggressive behavior due to severe stress, one is guided to visit the center or commissioned hospital immediately. In the case where that a victim's parents show unstable psychological conditions due to post-traumatic stress disorder or a feeling of guilt, they are guided to visit the center immediately for an emergency intervention of counseling. In case that a child or adolescent victim is living with an offender and needs to be separated from him, it should be handled immediately in cooperation with child protection institutions or the shelters for victims of sexual violence.

In cases other than the emergency cases mentioned above, victims are guided to visit the center and take a procedure for reception. A guardian can also visit the center to take a procedure for reception after an interview with a counselor, and during the interview, a child spend time with a Sunflower Supporters (volunteers) or a staff in the waiting room for children. After the interview is finished, both the child and guardian meet with a psychiatrist together. If it is considered that they need to be hospitalized or require trauma therapy after the interviews, the necessary procedures are taken for them to be hospitalized or receive treatments in a commissioned hospital. After a consultation with a doctor, the next step is to make a reservation for psychological evaluation. On the appointed day, the child and guardian visit the center again for psychological evaluation, and the case interview is conducted by an expert coupled with the psychological evaluation.

After the psychological evaluation and case interview, the case is discussed through a weekly meeting to comprehensively discuss the case, and various specialists, including a director and deputy director participate in the discussion and make a decision for the future direction of support based on the results of

the interview, psychiatric consultation, gynecological consultation, and psychological evaluation. Not only physical and psychological treatments for the child victims but also treatments for the guardian and family (if necessary) are discussed along with the future direction of supports for the investigation and legal process, and social service supports to establish a plan for more detailed and systematic interventions. The verification of a report, a victim's ability for testimony, the severity of symptoms, the necessity and types of treatments and other issues are discussed and evaluated in the weekly meeting.

Based on the results of the meeting, a psychiatrist explains about a child's mental state and future plans for treatments to a guardian or a parent, and provides education for parents to help them to cope with the child's problems. In cases where sexual violence or the aftereffects are not so severe, the case can be closed after the center provides education for the parents and guide them to contact the center when they need some help in the future.

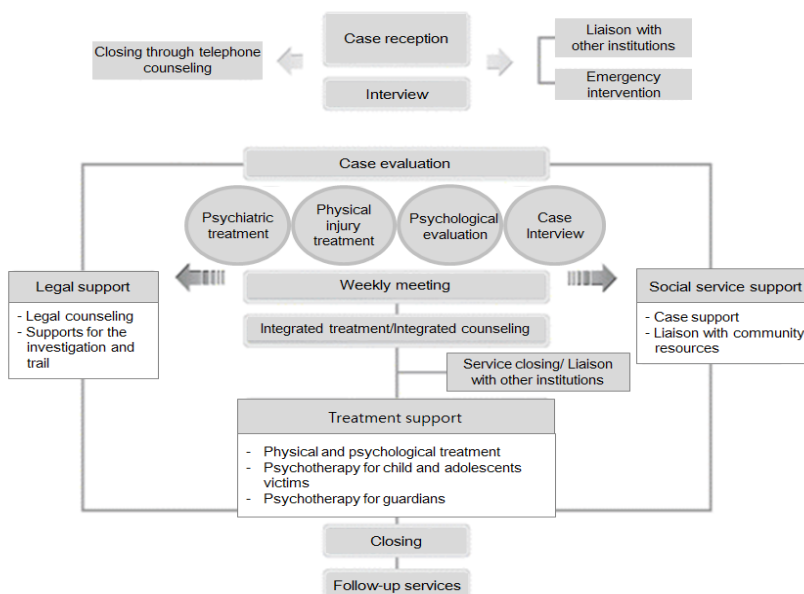
The psychotherapy for child and adolescent victims is carried out to decrease the aftereffects of the sexual violence and resolve the emotional difficulties in the process of taking care of the sexual violence damage. If the parents are undergoing severe aftereffects due to the child's damage, the psychotherapy for parents is also conducted.

Whether to close psychotherapy is determined based on guidelines, and whether to close a treatment is also decided in discussion with the child and adolescent victims, and their parents. In the case of closing, the overall treatment and legal supports are evaluated and the closing plan is discussed in the weekly meeting of the center. Whether to close a treatment is decided after reviewing support processes comprehensively at the time of terminating the treatment and legal supports, and social service supports. The inner and external resources that a victim has including one's strengths, weaknesses, etc. are reviewed and necessary resources are discussed and connected to prevent the recurrence. Also, the future direction of the case management will be discussed.

IV. One-Stop Service for Victims at the Seoul Sunflower Center (Children) ●●● 41

From the reception and interview to the closing of a case, a case manager monitors the evaluation, treatments, legal supports to cope with the environment and needs of victims and their parents through the continuous case management checking the progress in achieving the objectives of the supports. After completing the service, the case manager keeps monitoring the case through continuous telephone counseling. In case that a child or adolescent victim has difficulties in adjusting to daily life due to the aftereffects, the case manager guides him or her to visit the center.

The service flow of one-stop system is summarized in the following [Figure IV-3].



[Figure IV-3] A Flow of Supports for Victims of Sexual Violence

Details on the supports for the victims are described in the following sections.

1. Counseling Supports

The counseling supports consist of initial telephone counseling, an initial face-to-face counseling, and counseling and education for parents. As for the initial telephone counseling, most calls are about suspected cases of sexual violence. Counseling services are provided for everyone who visits the center. In the course of an initial interview, the degree of damage, how to get to know about the case, requests for services, the social and economic resources and environments are investigated. Afterwards available services and supports, and the process of lawsuit and legal procedures are explained. The counseling and education for the parents covers counseling for an emergency intervention and emotional stability of parents, and education on how to deal with the case and cope with their children's problems, etc.

In case that it is found that it is not a sexual violence case or the aftereffects of sexual violence are minor after the initial counseling, the case is closed after educating the parents and they are also guided to contact the center in case that they find a help needed in the future. At this point, the education for parents covers accurate information on a sexual violence, proper parenting practices for child victims, some behaviors that they should not do, therapeutic sex education, and the education for the prevention of a recurrence.

2. Medical Supports

The objective of medical supports by the Seoul Sunflower Center (Children) is to reduce the pain and suffering of child and adolescent victims and their guardians by ensuring a speedy medical support through a closely linked system with the Yonsei University Health System, the commissioned operating institution. The medical support is classified into a psychiatric treatment and a physical injury treatment.

A. Psychiatric treatments

All the children and adolescents who are registered in the Seoul Sunflower Center (Children) are to be evaluated about their psychological and physical aftereffects through a pediatric psychiatry consultation. To grasp the medical statement of victims in terms of mental health and verify whether the case is a sexual violence, a psychiatric consultation is carried out on the day of initial interview. At this time, the diagnosis process is kept for the legal evidence and the collection of the objective data.¹³⁾ In case that more comprehensive evaluation about the possibility of sexual violence and aftereffects is needed for treatments and legal supports, a reservation for the psychological evaluation is made. Also, depending on the severity of damage, the hospitalization and the prescription of medication are available for victims who suffer from aftereffects including insomnia, anxiety, reproduction of damage, nightmares, etc. which can cause inconveniences or disabilities for daily life.

B. Physical injury treatments

In cases where a child and adolescent victim is likely to have external injuries, the center contacts the departments of gynecology, emergency medicine, urology, proctological surgery, pediatrics, etc. in the commissioned hospital to let them know when the victim visits their departments. The center's nurse accompanies the victim and assist the consultation process starting with the registration. Through the treatment of external injuries, the hospital collects evidence and issues a necessary medical certificate, doctor's note, etc. for legal procedures.

The nurse provides some emotional supports and education to redress the

13) Since the statute of limitations on sexual violence against children under the age of 13 was abolished on 7th of November, 2011, preserving the secured evidence and data has become more important.

worries and fears about the treatment for the child and adolescent victims, and their guardians. Also, the nurse facilitates smooth communication between the medical team and children and adolescents to gain accurate information and diagnosis.

As for the gynecology consultation, the nurse explains the process to children and adolescent victims, and their guardians. After getting the in-advance agreement from the victims, the nurse can perform an ocular inspection with a medical doctor in charge¹⁴⁾. Afterwards she proceeds with necessary procedures such as taking photos to secure evidences. The presence of spermatozoa, venereal disease, and other infections should be checked by collecting vaginal secretion. If a victim is mature enough to have a period, the nurse explains about the possibility of pregnancy to the victim and her guardians, and takes proper actions to prevent pregnancy. The medical team uses a pregnancy test kit and provide emergency contraceptive pills for the victim. In the case of pregnancy, the proper information is provided to the guardian. Based on the test results, the treatment for external injuries of children and adolescent victims are carried out, and the blood test is conducted for six to nine months, which is the incubation period of venereal diseases.

3. Psychological Supports

A. Psychological evaluation

The psychological evaluation is conducted to evaluate psychological aftereffects and damages. Through the objective evaluation on the psychological state of children and adolescents, we can get information on the level of damage and aftereffects. Also, the possibility of actual sexual violence is

14) Checking if there are any laceration wounds in external genitals, flares, damage of hymen, bleeding, etc.

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verified by integrating the results of psychological evaluation and the doctor's consultation results. The psychological evaluation is conducted by a clinical psychological expert and a clinical counselor supervised by the clinical psychological expert.

The psychological evaluation is divided into the evaluation for children and adolescent victims and the evaluation for guardians. The evaluation for children and adolescent victims is carried out through a comprehensive psychological test named "full-battery" encompassing tests on intelligence, emotion, and character, and a diagnostic interview named "K-SADS-PL". The evaluation for children and adolescents covers the current mental state of children and adolescent victims and their level of adaptability, the relation between the current mental state of children and adolescent victims and the sexual violence incident, their personalities and their adjustment levels prior to the sexual violence incident, psychological diagnosis and treatment suggestions, and emotional responses by the major guardians about the case and their coping behaviors, and some components can be added or excluded if necessary.

During the evaluation, the fact that they are children and adolescents who experienced traumatic circumstances should be fully considered; we have to cope with their emotional responses carefully. In the process of evaluation, if children and adolescents are showing symptoms of trauma such as recurrence, dissociation and fear, the evaluation should be stopped and victims should be provided emergency treatment service. After that, the evaluation could be continued. If there are no special situations, the guardian should be separated from the victim. The evaluator has to carry out face-to-face interview for evaluation. After the evaluation, the evaluator has to meet with the guardian separately. If the children and adolescents express strong anxiety and resist to be separated from guardians, the guardians are allowed to sit together with the victim. However, the evaluator has to inform the guardian that the subject of evaluation is the child or adolescent and the guardian should not interfere

during the test.

During the psychological evaluation, the interview on the traumatic event should be carried out because this is very important to check the credibility of testimony by children and adolescents. It is also very important in checking emotional and behavioral responses of children and adolescents about the case.

The psychological evaluation for guardians include the report by guardians on the psychological state of children and adolescents, and the evaluation about the psychological pain or difficulties faced by the guardians named routine battery (MMPI-2, SCT, BDI, STAI, FACT, PSI, and Stress Coping). The guardian's self-report is also submitted on the day of psychological evaluation. After conducting the psychological evaluation, an interview on the case and the development capabilities of children and adolescents and diagnosis evaluation (K-SADS-PL) are implemented.

B. Psychotherapy

The basic objective of psychotherapy for children and adolescents, parents, and families is to relieve the aftereffects of sexual violence and emotional difficulties in the process; change the negative recognition on sex; and improve the capacity for the self-protection to improve psychological and social adjustment. The center provides psychotherapy for child and adolescent victims, including cognitive behavior therapy, play therapy, counseling, and art therapy.

There are various approaches to the treatments, ranging from a structured trauma-oriented treatment and an unstructured treatment to education to prevent the recurrence of sexual violence and therapeutic sex education. In the initial stage of psychotherapy, its objective has to be established, and the treatment process should be explained to the children and adolescents, and their parents.

The aftereffects of sexual violence and the related symptoms should be checked and the closure standards, based on which the likelihood of the

IV. One-Stop Service for Victims at the Seoul Sunflower Center (Children) ••• 47

recovery is evaluated, should be also designed. Psychotherapy is to be provided after settling the severe inconvenience or disabilities through medical treatments such as gynecology treatments, psychiatric treatments, medication, and hospitalization. In the initial stage of treatment, the planned treatment approach should be explained to the parents as a form of parental education. In case that victims' parents or family undergo severe psychological aftereffects, if necessary, an individual psychotherapy for parents or family is carried out in the middle of psychotherapy for the victims.

Psychotherapy is to be conducted by the psychiatrists, clinical psychology experts, clinical psychologists, clinical counselors, and psychotherapists, etc. The Psychotherapists are asked to complete professional education or training programs, and they also make efforts to further develop their expertise in psychotherapy by holding case meetings and taking a supervision regularly. The standard for the case closing is based on the agreement by children and adolescents, parents, and therapists on how much the victim is recovered from the aftereffects of sexual violence compared to what was reported during the initial interview.

Besides the aftereffects of sexual violence, in case that there are some adaptation problems for child and adolescent victims, problems between parents and children, or some congenital issues, a self-paid treatment is recommended after completing the center's treatment. If the psychological difficulties for parents have existed before the incidence of sexual violence and they are found to be chronic, the self-paid treatment in an external institution is recommended.

In case that a treatment is needed for children and adolescents but it is not possible for their guardians to accompany them or their parents live too far away to visit the center and thus they want to stop the treatment, the victims can be transferred to a nearby children's hospital. If they are transferred to a new hospital, a staff in center in charge of the victim explains to the affiliated

institution about the center, the transferred child or adolescent's mental state, and details about the transfer. Also, they discuss about the transfer procedures and method with the institution to transfer the victims.

4. Supports for Investigation and Legal Process

Supports for the investigation and legal process are provided to protect the child and adolescent victims of sexual violence in the process of legal procedures. It provides necessary legal counseling and advices for investigation and trial process, and the overall legal supports in securing evidence, assisting recording a testimony, submitting document data, etc.

A. Legal counseling

Legal counseling is provided for the victims independent from the processes taken in the center. In case that parents of a victim decide to file a lawsuit or are considering about the lawsuit, they are provided with the information on the process of the lawsuit and legal advices. If specialized legal counseling is needed, the police, an advisory lawyer, a public defender, etc. will be introduced to them by the center.

B. Supports for the investigation

In case that opinions from experts or expert institutions are required in the process of the investigation, the medical note or comprehensive evaluation opinion needs to be submitted. If the victim is treated at the commissioned hospital, the center helps the victims take a medical note from a specialist or a medical certificate to be submitted as a legal evidence.

As for the sexual violence victims under the age of 19 or with psychiatric disabilities, the testimony and investigation processes are obliged to be recorded. Thus, the victims do not have to visit the police and court repeatedly for testimony, and testimony is also recorded during the trial process.

When the physical evidence of the child sexual violence victim is absent and the testimony of a child is the main evidence, it is very important for an interviewer to have a deep understanding about the child's development, child's language, memory, suggestibility, and the aftereffects of sexual violence, legal knowledge, and specialized interview skills (Lee, 2014).

In the case of a child victim under the age of 13, a person of confidential relationship with the victim is required to accompany the victim.¹⁵⁾ Also, the reason for the testimony recording has to be explained and the agreement should be gained. If the child is under the age of 13 and he or she has some difficulties in communication or expressing his or her opinions, assistance for the testimony can be requested by the district attorney or policemen, a legal guardian or a lawyer of the victim.¹⁶⁾ The testimony assistant can interview the victim and submit his or her opinion about the necessity of a helper to the investigation institution. Also, a testimony assistant can participate in the investigation process and submit his or her opinion about the communication or expression abilities, and characteristic of the victim to the investigation institution or court.

15) Confidential Relationship System (the article 34 of Act on Special Cases Concerning the Punishment, etc. of Sexual Crimes, the article 28 of Act on the Protection of Children and Juveniles against Sexual Abuse, the article 163-2 and article 221 of the Criminal Procedures Act).

16) Testimony Helper System (the article 36 of Act on Special Cases Concerning the Punishment, etc. of Sexual Crimes).

C. Trial supports

A trial assistant monitors the trial process and accompanies the guardian in the court if the guardian requests for some emotional supports. In the court, if there's a request from a witness, the staff attends the court and testifies. The necessary documents or evidence data for the trial process will be submitted. Inevitably, if the children and adolescents or parents are to attend as witnesses, the center provides emotional supports by preparation training for the court testimony to minimize their psychological burden. In addition, if necessary, trial-related documents such as a petition or additional interviews with the investigators and legal institutions are made available.

If a victim is under the age of 13 or has some problem in recognizing things or decision-making due to physical or mental disabilities, experts can provide a diagnosis on the mental and psychological state of the victim and opinions on the contents of testimony through a so-called "expert opinion check system"¹⁷⁾.

5. Social Service Supports

A. Liaison with other institutions

For the protection and recovery and the follow-up services for child and adolescent victims and their family, the local community resources are to be provided. Local community centers, expert counseling institutions, shelters and care facilities, investigation institutions and nursing facilities, and specialized institutions for children's protection are also available. As for a victim of sexual violence committed by relatives, where the offender cannot be separated from the children and adolescents, the non-offending parents and victims should be

17) The article 33 of Act on Special Cases Concerning the Punishment, etc. of Sexual Crimes (checking the opinions of expert).

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transferred to an shelter where they can be separated from the offender and protected. Also, if the sexual violence was inflicted by a teacher, classmates, seniors or juniors in the school and the victim does not want to attend the school anymore, or there are some worries of continuous sexual violence, the center will contact the school or teacher to take necessary measures such as a secret transfer to other school. If there is too much spare time for the victim to be alone after school and there are concerns about recurrence or maladjustment, the center will connect the victim to the social welfare facilities in the community such as a local children's center.

B. Training for the adaptation in local community

After recovering from a damage, victims are provided with various cultural experiences such as watching art performance, trips to the museum, etc. to help their adaptation in the peer groups. Moreover, family-based cultural experience camp is provided for the families who suffered from sexual violence damage and lack the cultural activity experiences to let them feel emotional stability through a variety of cultural experiences.

C. Accompaniment service

Victims of sexual violence under the age of 13, with intellectual disabilities, or with difficulties in visiting the center can be provided with the accompaniment service for the overall support processes (counseling, psychotherapy, medical services, investigations, legal supports, social service supports, etc.). In case that an adolescent victim in the age of 13 to 19 is deemed to need an accompaniment service, the center makes a decision after an internal discussion. The accompaniment service is tailored to various needs: Volunteers named Sunflower Supporters can accompany a victim; vehicles can be used for the service; and some treatments can be done by visiting. The



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Sunflower Supporter receive more than 8 hours of separate training. In the case of Seoul Sunflower Center (Children), a full-time employee for accompaniment service is also allocated to manage the overall accompaniment service.

V. Conclusion

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1. Changes after Establishment of the Seoul Sunflower Center (Children)

A. Integrated support center for sexual violence victims in Korea

The integrated support center for sexual violence victims in Korea supports victims to cope with emergency situations and have physical and psychological recovery through an integrated service including counseling, medical service, psychotherapy, investigation and legal support, etc. The integrated support center has its legal basis based on the *Special Law on Sexual Violence* legislated in 1994, which has been revised into the *Act on Special Cases Concerning the Punishment, etc. of Sexual Crimes* (hereinafter called “Sexual Violence Punishment Act”) and the *Act on the Prevention of Sexual Assault and Protection, etc. of Victims Thereof* (hereinafter called “Sexual Violence Prevention Act”). Thus, it is based on the article 18 of the *Sexual Violence Prevention Act*, and the article states as follows:

Article 18 of Sexual Violence Prevention Act (Establishment and Operation of Integrated Support Center for Victims)

- (1) The State and local governments may establish and operate integrated support centers for the victims of sexual assault (referred to as “integrated support centers hereafter”) to comprehensively perform affairs relating to the counseling and treatment of sexual assault victims and the provision of remedies for such victims.
- (2) The State and local governments may allow the institutions or organizations prescribed by Presidential Decree to establish and operate integrated support centers.
- (3) The number of counselors and other staff members to be placed at each integrated support center and other necessary matters shall be prescribed by Ordinance of the Ministry of Gender Equality and Family.¹⁸⁾

18) The National Law Information Center: www.law.go.kr

The Seoul Sunflower Center (Children), the first integrated support center for child victims in Korea, opened in June 2004. In 2005, another type of integrated center, called the One-stop Support Center for Women and School Violence Victims (hereinafter called “One-Stop Support Center”) was established in the Police Hospital under the Seoul Police Agency in Seoul. While the Seoul Sunflower Center (Children) is an integrated support center for child victims of sexual violence under the age of 13¹⁹⁾, the One-stop Support Center is an integrated support center for the victims of sexual violence, domestic violence victims, sex trade, and school violence without age limit. The Seoul Sunflower Center (Children) focuses more on “psychological supports” with various services including counseling, medical supports, and legal supports. On the other hand, One-stop Support Center more focuses on ‘investigation support’ with various services including counseling, medical support, and legal support.

In 2009, 8 centers similar to Seoul Sunflower Center (Children) were operating across the country; likewise, 15 One-Stop Support Centers were operating across the nation. At that time, the government composed the ‘Promotion Team for Revising the Support Delivery System for Women Victims of Violence’ to improve the effectiveness of integrated support center.

Later in September, a panel discussion was held to revise the support system. As a result, the Sunflower Center (Children) and the One-Stop Support Center in the same area were integrated with a new name, “Sunflower Center for Women & Children.” In 2010, the first integrated the Sunflower Center for Women & Children was established in Busan, and three more centers were established in Seoul, Gangwon Yeongdong area, and Jeonnam area.

In 2010, as the number of integrated support centers increased, “Korea Support Center for Women & Child Victims of Violence” (herein after called “Korea Support Center”) was established to support each center through research and education. The Korea Support Center plays a role as a hub

19) The target of the support was expanded to those under the age of 19 in 2012.

institution for integrated support centers for the victims of sexual violence, and focuses on education to strengthen expertise, promotion activities, program development and operation, liaison between local centers and NGOs, and cooperation on specialized projects. Also, the systematic evaluation in each sector and surveys on users' satisfaction on the integrated support centers are carried out every three years.²⁰⁾

Since 2014, the Seoul Sunflower Center (Children) expanded the targets of support from the victims under the age of 13 and the intellectually disabled to not only children but also adolescents under the age of 19 and the intellectually disabled.

In 2014, the Social Security Committee supervised by the Prime Minister decided to merge the existing integrated support centers including the Sunflower Children Center ²¹⁾, the One-Stop Support Center, and the Sunflower Women & Children Center as “Sunflower Center.” Therefore, the Sunflower Children Center changed to the Sunflower Center (Children), while other types of integrated support centers also changed their names as “Sunflower Center” with their service areas attached to their names — For example, the Seoul Sunflower Center (Children) signifies a Sunflower Center (Children) in “Seoul.”

Victims of school violence who used to be supported by the one-stop support center are now supported by WEE center under the Ministry of Education. The numbers of integrated support centers (Sunflower Center) in operation are all 36 in 2016: 8 centers for children, 16 emergency support type centers, and 12 integrated type of centers (see <Table V-1>).

20) Please refer to the homepage (www.womannchild.or.kr) of Korea Support Center for Women & Child Victims of Violence.

21) In 2014, the name of Sunflower Center (Children) was “Sunflower Children Center.”

〈Table V-1〉 Comparison of Integrated Support Centers (Sunflower Center)

Classification	Sunflower Center (Children)	Sunflower Center (Emergency Support Type)	Sunflower Center (Integrated Type)
Target	Child and adolescent victims under the age of 19 or intellectually disabled victims of sexual violence	Victims of sexual violence, domestic violence and prostitution	Victims of sexual violence, domestic violence and prostitution
Working type	09:00 ~ 18:00 * On duty work at home after work	24 hours for 365 days	24 hours for 365 days
Policemen	–	Dispatch a policewoman	Dispatch a policewoman
Location and scale	About 331 m ² excluding the hospital	About 66~99 m ² Located in a hospital	About 331 m ² Located in a hospital
Major tasks	Counseling, psychological supports, legal supports, medical supports	supports for the investigation and legal support, counseling, medical support	Investigation support, legal support, counseling, medical support, psychological support
Advantages	Continuous case management, specialized psychotherapy	Emergency supports for victims, supports for the investigation	Integrated support
Number of centers	8	16	12

B. Reporting rates of sexual violence crimes

In general, the rate of unreported crimes tend to be high for sexual violence crimes. Especially, the rate of unreported crimes is higher in the countries where the protection system is relatively insufficient and honor is taken seriously like South Korea (Jeong, 2013). On the contrary, it can be predicted that a society equipped with a good protection system for victims and the appropriate awareness on the sexual violence crime shows high reporting rates.

In 2003, the facilities to support victims of sexual violence in Korea were far from enough, and there was no organized system for the victims. In addition,

there was no smooth liaison with other institutions. Thus, if a victim wishes to receive necessary treatments or services, one has to visit a hospital, police station, and counseling institution by herself. The feminists and various groups including the counselling centers for the victims of sexual violence continuously raised the problems, and finally, as the sexual violence cases became social issues, a social consensus was formed. Finally in 2004, the Seoul Sunflower Center (Children) were established and other integrated support centers for sexual violence victims were established thereafter.

As a result, the reporting rate of sex crimes in Korea has increased by 196% in the last 10 years (Police Science Institute, 2014), and compared with the population increase rate which was 5%, this is a meaningful achievement. There are various reasons for this, including the revision of the *Special Act on Sexual Violence*, which strengthened the punishment, improves social awareness, etc. However, considering the fact that a society equipped with systematic protection facilities tends to have a high reporting rate, the establishment of integrated support centers could have contributed to the increase in the reporting rate, and it means that the protection system for the victims of sexual violence has improved with the establishment of integrated support centers.

2. Impacts of the One-Stop Service

The prominent feature of integrated support centers for victims of sexual violence is one-stop service. The one-stop service was introduced in Korea for the first time. In the past, a victim had to visit various institutions for counseling, temporary protection, medical supports and treatments, legal aids, investigations, etc. Actual counseling and treatment services were very limited, and in addition, they were highly unstable and fragmented. However, one-stop service provides an integrated service, including investigation supports,

counseling, medical supports, and legal aids for victims within one center. As a result, victims can receive a stable treatment in the shortest period, minimize the secondary damage in the process of investigation and trial, and secure the evidence.

Since the Seoul Sunflower Center (Children) opened in 2004, the number of total cases is 6,237, and the number of services for victims is 49,455 in total as of 2013. Among the child and adolescent victims of sexual violence, 21 services per victim were provided. Among those services, counseling service accounts for 34.2%, supports for the investigation and legal supports 14.1%, medical supports 11.3% and social service support 3.1% (Seoul Sunflower Center (Children), 2014). If the Seoul Sunflower Center (Children) were not equipped with one-stop service, each victim could not be provided with various services in many sectors.

In addition, according to the collaborative research by a professor of Public Administration Department at the Korean National Police University and a pediatric psychiatrist on the evaluation of Seoul Sunflower Center (Children), the center plays a leading role in a good social service model, which has a systematic service contract with the private expert institution (Pyo & Shin, 2009). In the past, some sexual violence cases against children which were not even possible to indict but now there are various winning cases enabled by the Seoul Sunflower Center (Children)'s legal/investigation supports. Due to the influence of the center, improved awareness of medical sector, which used to be indifferent to the treatment of sexual violence victims before, has changed in a positive way. Some specialists in the university hospital emphasize the need for treatment of victims through academic activities. Also, the center plays the role of strengthening close links among related institutions and fostering expertise in related areas.

3. Suggestions

The integrated support centers for the victims of sexual violence including the Seoul Sunflower Center (Children) are now in place and operation in Korea. Therefore, it is obvious that a more speedy, systematic, and convenient services are being provided compared to the past before establishing the centers. So far many interested parties from various countries have visited the Seoul Sunflower Center (Children) for benchmarking and interviews.

Although it was the first, experimental and innovative model in Korea, it has a stable operation system since its establishment. When looking into the reasons and the process of establishing a center, some success factors can be drawn as follows.

First of all, the purpose of establishment and basis of promotion are naturally drawn upon a social consensus, and thus the institution can satisfy the social needs of the time. Also, collecting opinions from various experts from government institutions and many other sectors and in-depth research on the existing overseas organizations and institutions for benchmarking contributed to the reduction of trial and errors. Coupled with this, it was a government-led institution, which enables the center to form a close network with related institutions and secure a stable budget.

However, it is also true that the center has problems and limitations. After the Seoul Sunflower Center (Children) opened, other integrated support centers were additionally established all over the country. Therefore, in order to increase the effectiveness of operation and reduce the confusion for users, the integration of the centers without limiting the service targets (children or adults) is now underway. It is pointed out by some experts and staffs that this could degenerate from the original purpose, which was promoted as an institution specialized for child victims of sexual violence. In addition, most integrated support centers are suffering from continuous shortage of human resources, and

are having difficulties in securing human resources with expertise such as clinical psychologists.

This could deteriorate the quality of support service in the end. Each sector's employee should be hired by applying strict eligibility conditions to improve service quality and keep expertise. Moreover, it is urgent to expand trainings to foster experts in the long term and improve working conditions. Especially, when the sexual violence causes not just a physical damage but also a severe mental damage, psychological supports are very important, but the shortage of manpower in this area is creating challenges.

Considering these problems, the following things have to be considered from the preparation stage to establish a one-stop service center similar to the Seoul Sunflower Center (Children). First, from the preparation stage and the first step to establish just one center, long-term and macroscopic views are needed. If it is anticipated that one center cannot meet all the needs across the country and thus ultimately additional centers need to be established, how many centers will be needed; how much manpower is required; and how to foster the experts for continuous provision of manpower need to be considered from the initial stage.

Second, the integrated support center should cooperate closely with various institutions. Thus, the division of roles and authorities among related institutions have to be discussed deeply in advance to enable a sustainable and balanced cooperation. The balanced systems based on close cooperation among the related institutions should be constructed from the initial stage to prevent confusion among users and employees and collapse of the center's basis in case of change of the policies or operational guidelines.

Third, the quality evaluation and development plans should be established to provide quality service in a sustainable manner. It is not important to check how many services were provided, but the most important thing is how to provide proper and in-time services for victims. To provide a quality service for the victim's swift and efficient recovery, a long-term plan and insight for an

effective prevention activities and education projects are needed. Also, it should be ensured that the support system can flexibly cope with various social changes such as changes in the type of crimes and victims. In addition, securing manpower with expertise is the most important condition for quality service. Constructing a long-term education system to foster experts and focusing on strengthening the capacity of employees are very important.

There are still many challenges to support sexual violence victims in Korea. However, the integrated support centers in Korea, since their establishment, have played their roles so fully that they are always short of manpower compared with the demand and many victims of sexual violence have received services they need. It is sincerely hoped that this kind of integrated support centers expanded to many other countries around the world so that anybody can ask for help and get the help in any situation.



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