Optimus Study: A cross-national research initiative on protecting children and youth.

Synthesis
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Masthead

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1. Foreword

Irene Intebi, Child Psychiatrist and Clinical Psychologist
ISPCAN President
Buenos Aires, July 2011

“No country can measure its progress towards the elimination of violence against children without reliable data.”

The publication of data that provides the opportunity to estimate the magnitude of child sexual abuse and of child maltreatment is always considered an excellent piece of news for those working in the child protection field, especially data from countries or regions that do not have reliable statistics on the problem.

The publication of the Optimus Study Synthesis 2011 represents exciting news in many senses. Besides providing useful information about the results in China and Switzerland, it describes ways in which the public and scientific understanding of child sexual abuse can be improved. It gives the readers an idea of how the science and methodology involved in the epidemiology of sexual abuse can be better developed. Plus it describes a concrete strategy for the use of the data and how the findings can be used to promote awareness and effective mobilization to prevent and intervene in the problem of sexual abuse.

Time and again I feel overwhelmed by the figures that show how many people – children and adults – have been victims of child sexual abuse (and of child maltreatment), and I wonder what would happen if, instead of child sexual abuse, we were dealing with another public health problem that affected the same number of people as child sexual abuse does.

Would data be so scarce and would we be unable to compare different countries and regions? Would the public be unaware of the problem? Would we lack information on the “disease” characteristics and on the ways to prevent or treat it? Would we ignore what to do when the “disease” was either suspected or detected? Would the health sector lack specific training on how to prevent, detect and intervene? Would practitioners learn what to do on a case-by-case basis? Would service providers and policymakers lack interest in learning about (and improving) the ways in which “patients” respond to intervention resources? Would governments look the other way and neglect the development of policies?

In my opinion, the answers to these questions would be “no” even in the worst of economies and even if governments lacked financial resources. The international community would almost certainly be a part of the efforts to solve that hypothetical public health problem and help prevent its dissemination.

I always wonder why things are so different when we deal with child maltreatment and child sexual abuse. Why are policymakers not interested in systematic epidemiologic studies for use in the planning and in the improvement of child protection networks? Why do researchers from many countries find it so difficult to use equivalent methodologies to reach comparable results that would enable conclusions to be drawn despite
different cultural contexts and facilitate cross-cultural learning? Why do societies believe that child sexual abuse (and child maltreatment) is something that happens elsewhere but not “here”?

Without reliable data in their hands, many decision- and policymakers tend to view child maltreatment and child sexual abuse as something exotic, alien to their culture. Practitioners, frontline workers and social science researchers know that, unfortunately, that is far from the truth. We know that family background, socioeconomic conditions and social instability can contribute to the increase of child maltreatment, and we also know that child maltreatment and child sexual abuse happen in every culture and frequently are not recognized as major problems.

The effect of this lack of recognition and the absence of accurate and comprehensive data contributes to hindering the development and the evaluation of successful strategies to address these serious problems (Pinheiro, 2006).

When we consider child maltreatment not only as a children’s rights violation but as a public health problem with immediate and long-term health consequences and decide to intervene with a public health approach, we need to design interdisciplinary, science-based and collective action strategies to move from problems to solutions. The first key step to those strategies is defining the problem and uncovering as much basic knowledge as possible about all its aspects by systematically collecting data on its magnitude, scope, characteristics and consequences at local, national and international levels (Krug et al., 2002).

In 1999, David Finkelhor defined what was needed to advance an agenda for eliminating child maltreatment:

“First, we need good epidemiological data to see the location and source of the child abuse problem, and also to be able to track and monitor its response to our efforts.”

In my opinion, the Optimus Study represents an important contribution to this first key step that will help move governments and countries from recognizing the problems to formulating solutions.

The Optimus Study offers a unique opportunity to move in a coordinated direction, to start creating the national and cross-national strategies and networks to address the problem from a holistic perspective. It works towards bringing attention to the magnitude and the consequences of child sexual abuse by raising public and professional awareness. It contributes to explaining the characteristics of child sexual abuse in a specific country and to allowing the scientifically-based development of prevention and intervention strategies. It can also be very useful in assisting with the design of child protection policies and service provision planning.
What makes the Optimus Study unique are its innovative aspects: a) the use of true general population surveys of young people themselves; b) the large-scale study of agencies and their exposure to cases of sexual abuse in an attempt to characterize the nature of the response system to sexual abuse in the selected countries, identify the types of cases that were coming to professionals’ attention, and determine what is being done with such cases; and c) the translation of the information generated by the population and agency surveys to policymakers in order to produce improvements in public awareness as well as changes in policies and in intervention and prevention systems.

Finally, I would like to thank and congratulate the authors, the research teams and the UBS Optimus Foundation for their invaluable efforts to improve children’s lives worldwide.

References:


1. Executive summary

The Optimus Study is a multi-country initiative on child sexual victimization in the context of other forms of maltreatment and aims to provide much-needed evidence on the risks and protective factors for children. Research will be conducted in four different countries and its goal is to reduce incidences of and improve services for victimized children by applying the best social science research methods available to create an evidence-base in order to influence policy, practice and funding.

The Optimus Study has developed a research model that integrates standardized population-based survey methods to determine rates and context of abuse in the population as well as risk and protective factors with surveys that determine the number of cases brought to the attention of officials and the procedures that are in place to handle cases. Taken together, the data provide insight into the effectiveness of the official responses to sexual victimization in children and youth and a framework to advance the field by making sure that those in charge of decision-making and services have access to the information, and that the implications of the survey results create optimal leverage to ultimately reduce the incidence of child sexual abuse and optimize the service response.

The project incorporates a multi-step approach with the ultimate aim of reducing the incidence of child sexual victimization and improving delivery of services for children. In the first cycle of the project, the scope and nature of the problem is assessed and the structure and processes of the service system is evaluated. The second cycle then aims to build momentum with key stakeholders to implement remedies arising from the implications of the survey results through advocacy and coalition building. The third cycle will assess changes in the scope of the problem and evaluate changes to structures and processes of the service system.

To date, successful surveys have been conducted in Switzerland and China, which draw attention to the magnitude of the problem and highlight priorities in regards to moving the field forward and improving the lives of children. Studies in both countries confirmed considerable levels of child sexual victimization and significant consequences of these experiences on different levels. Risk factors, which are unique to each respective country, are presented and provide a potential basis for effective prevention and intervention. Interestingly, in both locations, a high number of unreported cases was detected.

As an additional component of this publication, a comprehensive analysis of lessons learned is presented which include the need for some adaptations to the questionnaires, inclusion of specific expertise for each of the project parts and earlier involvement of the stakeholders.

These lessons learned will be included when the Optimus Study continues to be active in Switzerland and China, and during the planned expansion to Africa and Latin America in 2012.

On a more global level, this publication describes the efforts undertaken by the Optimus Study to contribute to improving the methodology of such surveys and contributing to a global evidence-base for child victimization to effectively guide prevention and intervention efforts.
2. Introduction

Epidemiological studies of social and medical problems can serve several important functions.

First, they can bring attention to the problem by raising public and professional awareness about its scope.

Second, they can greatly assist policy planning by identifying target populations that are at greater risk.

Third, they can contribute to explaining the nature and source of the problem, which is an important element in developing prevention and intervention strategies.

Epidemiological studies of sexual abuse go back to the 1970s and have been widely credited with drawing attention to a problem that had until that time been generally ignored and thought to be uncommon. This new epidemiology was made possible by three crucial societal developments (Finkelhor, 1984).

First, social science had improved its methodology for gathering information about highly sensitive topics.

Second, a new openness about sexual problems and behavior made it easier to research and discuss such topics.

Third, a new set of professionals trained to deal with such problems provided justification for undertaking such studies by both creating an audience and crafting public policy options that would be informed by the results.

Important conclusions
Some very important conclusions came out of the early epidemiological studies on sexual abuse. One was that very large proportions of the general population reported having experienced sexual abuse in childhood. Another was that most of the perpetrators in these incidents were family members or acquaintances of the victims and not strangers, as most people had previously believed. Finally, it was found that few of the victims had ever disclosed their victimization to the authorities, and many victims had not disclosed it to anyone at all.

Not long after the initial studies in the United States, epidemiological studies began to be conducted in other countries as well. In most cases, they were undertaken primarily to promote public awareness and policy interest in child sexual abuse. But as an increasing number of these studies were completed, scientists became interested in the possibility of seeing if it was possible to identify socio-cultural differences in the patterns in sexual abuse rates and discovering whether these differences might cast light on causes of abuse and suggest possible prevention strategies.

Four published works have assembled and compared epidemiological studies from different areas of the world. Finkelhor (1994) in the early 1990s was able to identify 19 countries with studies of adult populations and simply concluded that in every country where studies had been done, a substantial portion of the adult populations reported a history of sexual abuse. Pereda et al. (2009) updated these results with 39 more recent...
studies from 21 different countries. Andrews et al. (2004), as part of a WHO report, assembled 179 population studies from 14 different world regions and estimated a total rate of contact sexual abuse of 3.7% for males and 13.2% for females. They drew many tentative conclusions, including that the rates were perhaps somewhat lower in Europe than in North America. Tonia et al. (2011) identified 55 studies of children under the age of 18 in 24 countries conducted from 2002–2009, resulting in estimates that 6% of males and 13% of females had experienced contact sexual abuse.

**Challenges and limitations**

These studies have highlighted the challenges in making valid cross-national comparisons. But it is clear that sexual abuse was present in every region and country studied. It has not, however, been possible so far to draw conclusions about cultural features that might be associated with higher or lower rates of abuse or differing patterns of abuse in one country compared with another.

Until recently, the existing literature of international epidemiology has suffered from a number of limitations. Most of the data came from student or university surveys and few constituted true general population surveys. The studies used a variety of instruments and definitions, making them hard to compare. Most of the surveys were of adults reflecting on their childhoods, which tended to mean that they did not necessarily reflect the experience of the current cohort of children. Almost no epidemiology tried to link the population epidemiology with knowledge about cases that were actually coming to professional attention.

**Advancing international epidemiology**

One of the goals of the Optimus Study is to advance the field of international epidemiology by trying to move national epidemiologic studies in a more systematic direction. That would include using more systematic and equivalent methodologies, using true general population surveys of young people themselves, and linking the studies more directly to policy interests. Examples of other such international epidemiology efforts include the Health Behavior in School-Aged Children analysis of bullying, which used data from youth population surveys in 25 countries (Molcho, et al., 2009); the EU Kids Online study of Internet safety, which used data from population surveys of 9 to 16-year-olds in 25 European countries (Livingstone, Haddon, Gorzig & Olafsson, 2011); and the International Self-Reported Delinquency Study, which used surveys in three Anglo-Saxon, five Northwest European and three Southern European countries (Junger-Tas, Marshall & Ribeaud, 2003).
3. Optimus Study

The Optimus Study is an international initiative on child sexual victimization in the context of other forms of maltreatment and aims to provide much-needed evidence on the risks and protective factors for children and youth. Its goal is to reduce incidences of and improve services for victimized children by applying the best social science research methods available to create an evidence-base in order to influence policy, practice and funding.

Facilitating change
The Optimus Study’s overarching goal is to reduce the number of cases of child sexual abuse and to improve available support in the area of child protection.

The specific objectives of the project are:
• Deliver an evidence-base for effective prevention, intervention and policy-making
• Foster political commitment for the issue by national governments taking ownership and advocate for improved policy and practice based on the results
• Foster further funding by creating synergies with other projects/donors/organizations
• Contribute to the understanding of intercultural variations in the prevalence and dynamics of this phenomenon in order to improve the understanding of cross-cultural risk and protective factors as well as consequences for victimization. This information may support the development of effective prevention and intervention that are sensitive to the local context.
• Improve the science and methodology involved in the epidemiology of CSA

To reach these aims, the Optimus Study has adopted an approach that entails a commitment to work in select countries for several years through multiple project cycles:

In the first cycle, scientific data are collected by means of a survey of children in school or at home and a survey of organizations involved in child protection. The surveys are designed to acquire an in-depth view of the extent, consequences, number of unreported cases, and services available in the area of child sexual abuse. To increase awareness of the problem among policymakers, the public, and service providers, the survey results are analyzed and disseminated to relevant stakeholder groups.

The aim of the second cycle is to facilitate change by supporting efforts to use the data generated in the development of new policies and effective programs. In addition to catalyzing such awareness and action, the Optimus Study will commission independent, evidence-based monitoring of developments in policy, practice and awareness in order to record and evaluate their effectiveness.

In the third cycle, a new survey of children and child protection organizations will be carried out to determine whether and how the situation has changed. The monitoring carried out in the second cycle will provide valuable insight into what changes in the environment might have contributed to these changes and enhance understanding of the overall context of child protection in Switzerland.

The evidence-based approach, the participative involvement of stakeholders from all areas of child protection, the promotion of new partnerships with funders and service providers, and the scientific monitoring of change should combine to produce significant, sustainable improvement of child protection in the participating countries.
Impact Model

Optimus Study Objective:
To reduce incidence of child sexual victimization and improve delivery of services for children.

Stage 1:
Data Collection and Analysis (Yr 1–3)
– Assess scope and nature of problem in select countries
– Evaluate structures and processes for service systems

Stage 2:
Planning and Implementation through Advocacy (Yr 4–6)
– Identify key problems and obstacles
– Develop action plan to overcome obstacles
– Implement action plan (advocacy)

Stage 3:
Data Collection and Analysis (Yr 7–9)
– Assess changes in scope of problem in same countries
– Evaluate changes to structures and processes for service systems

The implementation of the Optimus Study involved strategically choosing countries in which to conduct the project. Switzerland, the UBS Optimus Foundation’s headquarter, and China, representing Asia as a fast rising and changing society, were chosen for the first cycle, and one African and one Latin American country will be added in the future.

As child sexual abuse is a highly contextual issue, it’s important, if we want to have an impact globally, to assess this issue in a number of different contexts and on a number of different continents.

A cross-national initiative on child protection
In these selected countries, the Optimus Study sought to promote two kinds of data collection relevant to the overall goals: first, a national population survey of youth to reveal the underlying prevalence of sexual abuse in the general population of children; and second, a large study of agencies to determine how many sexual abuse cases – and what kinds of cases, if any – were coming to professional attention and the response to these cases. This design corresponds with recommendations made by the World Health Organization in their guide: “Preventing child maltreatment: a guide to taking action and generating evidence” (WHO, 2006).
### Summary

The population surveys target youth from age 15–17 to determine their previous-year and lifetime experience with child sexual abuse – in the context of other forms of maltreatment – and to determine risk and protective factors.

### 3.1 Population survey

There were several reasons for choosing a national population survey of sexual abuse as one cornerstone of the Optimus Study strategy. General population surveys are a key tool of epidemiology and are considered the most accurate measure of the prevalence and distribution of a problem. They typically reveal a scope of the problem larger than that seen by agencies and professionals, and shed light on which biases and selection factors may influence the types of cases that do or do not come to professional attention. Population surveys have also been crucial in mobilizing attention to sexual abuse in many countries. In addition, the Optimus Study believes it will be able to capitalize on an increasing number of such studies internationally to leverage and augment the influence of its findings.

*Thus, a key goal of the study was “to estimate annual incidence and lifetime prevalence for a recent child/youth cohort for a representative sample of children in the entire country in a way that will allow for international comparison among multiple sites.”*

### Creating comparable surveys

Several decisions about the common design of this population survey were made in the early stages of the Optimus Study in consultation with its scientific advisors.

**First**, a decision was made to ensure that all Optimus Study sites gather information from at least one common age group of the general population. The determination was made that this common age group should be youth aged 15–17. This population segment is at the end of childhood and would be able to provide information about a nearly full course of childhood experience. In most countries, this segment also possesses the kind of cognitive ability and social autonomy to allow them to be interviewed independently. It was more likely that parents and authorities would agree to allow youth of this age to be surveyed. This group is also young enough that they have not yet begun to disperse geographically and can typically be found in schools or households in proximity to their families. In countries with universal school attendance, data collection may be possible exclusively in school environments, but combinations of school and household environments might be required in other countries.

**A second** decision was to use a common questionnaire and to report some common categories of data from this questionnaire. The research advisory board recommended the Juvenile Victimization Questionnaire (Finkelhor, Hamby, Ormrod & Turner, 2005) and its questions about sexual victimization. The board developed a glossary of definitions and determined that reports should be made about sexual abuse in the following three categories: non-contact sexual abuse, contact sexual abuse, and sexual abuse involving penetration.

The Optimus Study also promotes three additional elements to the process of national knowledge generation about CSA, information that is obtainable primarily through the population survey.
**CSA in the context of other forms of abuse**

Investigators were encouraged to research how CSA is connected to other forms of abuse and victimization during childhood. Research has widely found CSA to be connected to other forms of abuse and victimization, including physical abuse and neglect by caregivers, exposure to family violence and peer aggression (Finkelhor, Ormrod & Turner, 2007). Policymakers are urged not to neglect these other forms of victimization when responding to victims of CSA and in efforts to promote children’s safety. The Optimus Study deems it important for investigators to raise awareness about CSA in the context of awareness about other forms of frequently co-occurring childhood victimization. In addition, many of the international epidemiological studies about CSA are parts of studies of a large spectrum of children’s exposure to abuse and violence, and the research advisory board urged the Optimus Study to stay within this convention as much as possible.

**Background factors**

Investigators were encouraged to gather information to allow the identification of various background factors – social, demographic, cultural, developmental and familial – that appear to be associated with higher risk for CSA. In some other studies, for example, features such as single-parent families, disabilities and lower socio-economic status have been found to elevate a child’s level of risk. Such features can be of great help in identifying groups of children toward whom special prevention efforts and case disclosure efforts should be directed. Such knowledge can also help expose causal factors in the occurrence of CSA that can then be translated into targets for intervention. For instance, if being in a single-parent family is found to be a risk factor, it encourages consideration of whether factors such as compromised supervision are important in creating vulnerability to CSA. Finally, the background factors can be of crucial importance for understanding causes of international and regional variation. If it is found that rates are higher in one country or region than in another, it may be that the elevated presence of some risk factor in that area (more poverty or economic stress, for example) is a potential explanation.

**Consequences of cases**

Third, investigators were encouraged to gather information about some of the likely consequences for or impact on children of exposure to CSA. These would appear as indicators of children’s adjustment, mental health and involvement in other problematic conditions. Studies have found, for example, that children with CSA histories are more likely to suffer from depression and anxiety, to use drugs and alcohol, and to engage in delinquent behavior. Such information in a study has several valuable uses. First, it provides the general public and policymakers further evidence of the importance of the problem of CSA. If it contributes to mental health morbidity and other social problems, policymakers are likely to be more concerned. Second, this information provides additional guides for identification of victims. If CSA victims are more likely to be depressed or delinquent, then a place to look for CSA victims is among the ranks of those who are depressed or delinquent. Finally, such information provides additional targets for intervention. To the extent that CSA is understood to be connected to depression or delinquency, for example, professionals have a better sense of the kinds of treatment goals they might wish to establish with victims of CSA.
3.2 Agency survey

The second component of the Optimus Study was to survey specialized agencies involved in the prevention and treatment of child abuse in each selected country. Agencies surveyed included specialized NGO’s, hospitals, criminal justice and police department as well as tutelary (custody) services. This component had a number of purposes. One was to determine the number of sexual abuse cases coming to the attention of officials and professionals, particularly compared to the number of cases that the population survey would reveal as likely occurring in the population at large. This kind of contrast has been effective in various countries in emphasizing the amount of additional work that officials and agencies need to be doing to protect and treat children who are not currently being protected.

Another goal for the agency survey was to characterize the nature of the response system to sexual abuse in the selected country. The study would identify the types of cases that were coming to professionals’ attention and what was being done with such cases. This would highlight which agencies were most involved with the problem, as well as which were not but perhaps should be. It would also show whether some kinds of cases were more or less likely to receive professional attention (for example, cases involving family members are typically underreported). These kinds of findings often have a dramatic influence on a country’s response to sexual abuse. They can spur agencies and professional groups to pay more attention because their inattention to the problem has been exposed. They can also encourage more collaboration among agencies.

Agency surveys of the type envisioned under the Optimus Study strategy are also very useful for tracking how awareness of and responses to the problem of CSA are changing as a result of education and public awareness. The underlying population rates (reflected by the population survey) tend to change slowly even in response to aggressive prevention efforts, but when agencies and professionals decide to focus on the problem, the number of cases coming to official attention can rise dramatically in a short period of time. This increase in the number of cases can be one important indicator that public policy is changing. A goal of the Optimus Study is to encourage countries to establish systems for counting the number of cases that are coming to official and professional attention on an annual (or at least regular) basis.
“An effort to assess the annual incidence of new cases coming to the attention of authorities, including, to the extent possible, police, child protection agencies, educational authorities, medical and public health officials. This portion of the study may include the compilation and aggregation of data that are already collected by agencies and local authorities. It may also include the initiation of new data collection by certain agencies or authorities, or efforts to survey such agencies and authorities. Efforts need to be made to clearly specify the jurisdictions encompassed by these estimates, the detailed inclusion criteria of cases and the specification of known or presumed gaps in coverage either in terms of geographical area or groups of children with other known characteristics.”

Source: Excerpt from the original call for proposal

**Recommendations for the agency surveys**

To facilitate the agency survey and also to make such efforts internationally comparable, the Optimus Study research advisory board recommended several features to be included in the agency study. One was that the focus be on counting and describing cases coming to agency and professional attention during the period of a single year. Another was that agencies and professionals be provided with a common definition of child sexual abuse and a glossary of characteristics to use with each case that was to be recorded. Investigators were encouraged to follow the examples of the National Incidence Study of Child Abuse and Neglect in the U.S. (Sedlak & Broadhurst, 1996) and the Canadian National Incidence Study of Child Abuse and Neglect (Trocme et al., 2005).

### 3.3 Knowledge translation

An additional objective of the Optimus Study is to ensure that the information generated by the population and agency surveys is translated into public awareness, policy changes, and intervention and prevention. Several features of the study design should help to facilitate this translation. **First**, studies that provide national prevalence estimates about a problem of considerable intrinsic concern such as sexual abuse usually generate considerable attention from the news media. **Second**, the contrast between the agency study and the population survey typically highlights a large discrepancy and alerts policymakers and practitioners to the need to identify additional vulnerable children. **Third**, the agency study in particular should also highlight patterns of inattention and ignorance that often motivate policymakers and practitioners to correct them.

With knowledge translation in mind, the Optimus Study also tries to select national partners who have the requisite skills and stature to bring the findings into public and policy discussions and to influence official decision-making. The national partners will be involved in planning public events and forums as well as writing targeted articles to bring the findings to the attention of local practitioners and policymakers.
Consistent with its larger strategy, the Optimus Study in Switzerland consisted of two data collection methods. First, a school-based survey was conducted among adolescents across the nation. Second, an agency study investigated how many child sexual abuse cases came to the attention of professional service providers and how these cases were processed. The following sections provide an overview of selected results from both studies.

4.1. Population survey

In order to better understand scope and circumstances of abuse in Switzerland, a school-based, computer-aided school survey was conducted to collect relevant information from students.

Method

Sampling was based on the Swiss Federal Statistical Office’s list of all public schools and classes in Switzerland. The target population included all students who attended the 9th grade in August 2009 in public schools in Switzerland, including those in special needs classes. A stratified target sample was drawn. Stratification was based on geographic regions and the sampling units were the 26 cantons. Based on the school size, a Probability Proportion to Size (PPS) cluster sampling approach was used to draw schools and classes. The resulting sample consisted of 8,000 students in 459 classes and in 178 schools. Forty-nine classes within 30 schools refused to participate. Within the participating schools, a total of 63 students refused to participate. An additional 537 students were absent on the day of the data collection. After careful consistency checks, a total of 77 questionnaires were removed from the analyses. The final number of questionnaires included in the analyses is 6,749.

Two instruments were used to ask about sexual victimization experiences. The first instrument was based on the Juvenile Victimization Questionnaire (JVQ) developed by Hamby et al. (2004). The JVQ contains 34 victimization items within five domains: conventional crimes, child maltreatment, peer and sibling victimization, sexual victimization, and witnessing of victimization (Hamby et al., 2004). The second instrument was self-developed by the project team and contained 15 additional items (the Sexual Abuse and Victimization Questionnaire-SAVQ). Additionally, the questionnaire included, among others, the strengths and difficulties questionnaire by Goodman (2001).
Results

The data suggest that 14.6% of adolescents experience at least one contact sexual victimization in their life. Consistent with other findings, this study suggests that girls are at greater risk of victimization than boys. Lifetime prevalence rates of contact victimization are 21.7% for female respondents and 8.1% for male respondents. A total of 3.7% of respondents experienced attempted or completed penetration. Non-contact victimization was more frequent than contact victimization. 29.4% of all respondents had experienced some type of non-contact victimization. Again, female respondents were more likely to be victimized (39.7%) than male respondents (19.9%).

Table: Lifetime prevalence of sexual victimization

<table>
<thead>
<tr>
<th></th>
<th>Males % [CI]</th>
<th>Females % [CI]</th>
<th>Total % [CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact victimization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>penetration</td>
<td>1.1% [0.7–1.5]</td>
<td>6.5% [5.6–7.4]</td>
<td>3.7% [3.2–4.2]</td>
</tr>
<tr>
<td>- Attempted penetration</td>
<td>0.7% [0.4–1.0]</td>
<td>4.6% [3.8–5.4]</td>
<td>2.5% [2.1–3.0]</td>
</tr>
<tr>
<td>- Completed penetration</td>
<td>0.5% [0.3–0.8]</td>
<td>2.6% [2.1–3.1]</td>
<td>1.5% [1.2–1.8]</td>
</tr>
<tr>
<td>Non-contact victimization</td>
<td>19.9% [18.3–21.4]</td>
<td>39.7% [37.0–42.5]</td>
<td>29.4% [27.7–31.1]</td>
</tr>
<tr>
<td>- Exhibitionism</td>
<td>4.5% [3.4–5.6]</td>
<td>8.9% [7.7–10.1]</td>
<td>6.6% [5.8–7.5]</td>
</tr>
<tr>
<td>- Exposure to acts</td>
<td>3.0% [2.3–3.6]</td>
<td>3.4% [2.8–4.0]</td>
<td>3.2% [2.7–3.6]</td>
</tr>
<tr>
<td>- Exposure of self</td>
<td>1.8% [1.3–2.2]</td>
<td>4.4% [3.6–5.1]</td>
<td>3.0% [2.6–3.4]</td>
</tr>
<tr>
<td>- Cyber victimization</td>
<td>9.5% [8.1–10.8]</td>
<td>27.7% [25.0–30.4]</td>
<td>18.2% [16.4–20.0]</td>
</tr>
</tbody>
</table>

Note: Provisional results based on unweighted data

One remarkable finding of the study relates to the victim-offender relationship. The study found that most victimizations reported at age 15 were committed by peers. Comparatively, members of the family play a relatively limited role. About 10% of the contact victimizations reported by female respondents had been committed by family members and relatives; for male respondents the proportion was even smaller at about 6%. In contrast, the most prevalent groups of perpetrators were dates or (ex-)partners and other close acquaintances of the victim. When interpreting this finding one should bear in mind that most recollected victimizations occurred during adolescence (i.e. after age 12). In contrast, victimizations during childhood, when family members may play a bigger role, were possibly only partly recollected.

The pattern differs somewhat for non-contact victimizations. Here the most important category of perpetrators were ‘strangers’, who were involved in 69% of female non-contact victimizations and in 38% of male non-contact victimizations.
### Table: Relationship between victim and offender, for contact and non-contact victimization

<table>
<thead>
<tr>
<th>Offender was...</th>
<th>Contact victimization</th>
<th>Non-contact victimization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Stranger</td>
<td>22.7%</td>
<td>20.3%</td>
</tr>
<tr>
<td>(Ex-)Partner/Date</td>
<td>50.0%</td>
<td>38.9%</td>
</tr>
<tr>
<td>Someone well known</td>
<td>34.8%</td>
<td>40.9%</td>
</tr>
<tr>
<td>Someone not well known</td>
<td>13.1%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Brother</td>
<td>1.8%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Step-/Foster brother</td>
<td>–</td>
<td>0.4%</td>
</tr>
<tr>
<td>Sister</td>
<td>0.4%</td>
<td>–</td>
</tr>
<tr>
<td>Step-/Foster sister</td>
<td>0.4%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Father</td>
<td>0.4%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Stepfather</td>
<td>–</td>
<td>1.3%</td>
</tr>
<tr>
<td>Mother</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Stepmother</td>
<td>0.7%</td>
<td>–</td>
</tr>
<tr>
<td>Other male relative</td>
<td>1.1%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Other female relative</td>
<td>0.7%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>12.1%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Reading example: of all males who reported contact victimization, 23% reported that at least one of these victimizations was committed by a stranger.

Note: provisional results based on unweighted data; columns do not add up to 100%, because one victim can report multiple victimizations and multiple offenders.

### 4.2. Agency survey

For the agency survey, a map of organizations responsible for child protection in Switzerland was created. Cases coming to the attention to these agencies were then tracked and recorded during a defined period of time.

#### Background

The institutional provision of child protection services in Switzerland is structured according to the political principles of federalism and subsidiarity (Häfeli, 2005). Based on these principles, services are divided between municipalities, states (cantons) and the Swiss Confederation, with a pronounced diversity of agencies and organizations, amplified by linguistic and cultural differences. Private agencies also play an important role. In an effort to classify the complexity of agencies concerned with child protection in Switzerland, Häfeli (2005) suggested the following areas: i) “tutelary child protection,” ii) penal authorities and iii) voluntary services and specialized organizations.
Method
For the agency survey, the first step comprised the creation of a sampling frame of Swiss agencies involved in child protection. This group is comprised of some 2,800 institutions and agencies, including agencies of tutelary child protection, social services, child protection teams and a great variety of private and semi-public agencies dealing with the needs of children and adolescents. Based on a multilevel sampling strategy, 1,335 agencies were included in the study. Included agencies were asked to report all cases of child abuse and maltreatment, neglect and child sexual abuse reported to the agencies from March 1 to August 31, 2010. Data collection was carried out with an online questionnaire, based on the American NIS4 Study (Fourth National Incidence Study of Child Abuse and Neglect). Twenty-six percent of the agencies (N = 350) participated in the survey. A total of 2,259 valid questionnaires were completed. Among these, 911 cases included child sexual abuse. The remaining cases related to other types of child victimization, including non-sexual physical abuse and child neglect.

Results
Data obtained from the study were used to estimate national annual prevalence rates based on a weighting procedure. Findings suggest a nationwide total of about 3,900 cases of CSA abuse are reported to some specialized agency each year. This corresponds to a rate of 2.69 per 1,000 children below the age of 18. Female children are at a substantially greater risk (4.36 per 1,000) than male children (1.11 per 1,000). The estimated rate of CSA with penetration is 0.72 per 1,000.

The largest number of child abuse cases was reported by voluntary child protection agencies (71.4% of cases). Criminal justice agencies reported 24.3% of cases, while 4.2% of cases were reported by tutelary child protection agencies.

The study revealed that cases involving young adolescents are more likely to be referred to child abuse agencies than any other age group: 49.5% of all cases related to young adolescents (aged 12–17), while 19.3% relate to the age group of 0–5 years and 30.9% to 6–11-year-olds.

Agencies were also asked to assess the level of confidence with which they believe that sexual abuse was substantiated. In the vast majority of cases, it was assumed to be either ‘substantiated’ (41.1%) or ‘probable’ (37.7%).

The study examined the perpetrators as well as victims of sexual abuse. It found important differences in the victim-perpetrator relationship across different age groups. Among pre-school children (0–5 years), fathers were by far the most frequently mentioned perpetrators (weighted N = 308). Among school-aged children, fathers remain the most frequent category of perpetrators (weighted N = 287), but peers account for nearly as many cases (weighted N = 214). Among adolescent victims, peers are by far the most prevalent category of alleged perpetrators.

The study also examined the impact of the abuse on the victims. A considerable proportion of the victims suffered serious physical or mental consequences: Overall, 21.7% of male victims and 30.6% of female victims were estimated to have suffered ‘serious’ consequences on a 5-level Likert scale. In contrast, 10.5% of male victims and 19.7% of female victims were reported to have suffered ‘no harm.’
Finally, the study examined how agencies processed the cases known to them. Results suggest that in 92.4% of all cases the agencies initiated some kind of services. Services were usually initiated within that institution (50.0%) or in collaboration with some other agency (25.4%). The most frequently mentioned services initiated by the responding agency included reporting to the police (28.0%), psychological support for the victim (22.1%), referral to a victim counseling agency (21.1%), psycho-social consultation of family members (15.6%) and legal advice (13.9%). In 12% of the cases the tutelary child protection service was informed. The majority of cases involved several agencies. In only 7.6% of all cases was no other agency involved, while in 34% of cases three or more different agencies were involved.

4.3. Conclusion

First, the findings showed that the patterns of sexual victimization – and the perpetrators – change as children grow older. This has implications for prevention and intervention policy. For pre-school children most prevention efforts should focus on the family, where cases of child sexual abuse are likely to be associated with other types of neglect or physical abuse. This suggests that family-focused prevention projects might be effective in the prevention of sexual victimization, although to our knowledge no evidence currently exists that such programs prevent sexual victimization. As the range of children’s activities expands, a sizeable proportion of cases involve peers or strangers. Young perpetrators of sexual violence share many important characteristics with adolescent perpetrators of violent, coercive or abusive acts more generally. This suggests that policies aimed at reducing sexually coercive acts amongst peers should be integrated into a wider policy of violence and bullying prevention.

Second, risky lifestyles were related to a higher risk of sexual victimization. It follows that prevention initiatives that focus on delinquency may not only have consequences for the levels of delinquency, but may also prevent victimization of the same individuals. Prevention initiatives could also aim to make out-of-home activities safer, for example by offering specialized activities or through situational crime prevention in places where youths gather and go out. Furthermore, results suggest that tighter control of alcohol sales and distribution may decrease sexual violence. Third, those who experienced child maltreatment have an increased likelihood of sexual victimization, and sexual victimization incidents were often not isolated events. Such cycles of repeat victimization may be broken by adequate interventions for known victims, for example through the use of psychological treatment in combination with situational prevention measures. Also, initiatives that aim at increasing disclosure rates, such as programs through (school) social workers, are needed. The finding that friends and parents are those most frequently confided in has important implications for prevention. These groups may be crucial targets for information campaigns that provide information about how best to react, how to support the victim and whom to contact for further advice.

Finally, those of non-Swiss nationality had a higher risk of victimization than those of Swiss nationality. Although it is currently unclear what the precise mechanism behind this relationship is, we suggest that cultural norms and values regarding male sexual entitlement, masculinity, gender stereotypes and patriarchal culture can play a role. Projects targeting such norms and values in, for example, school children may be promising in decreasing rates of sexual violence.

To our knowledge, there are currently very few adequately evaluated initiatives aimed at sexual violence prevention. Thus, future evaluation studies are highly desirable.
5. Summary of Optimus Study China  Edward Ko Ling Chan

Child victimization accompanied by injury has imposed a heavy burden on health services in China. Efforts to recognize it as a public health problem, however, have been hampered by the absence of reliable estimates of the prevalence of the different types of victimization. Although the Chinese government has become more open to conducting domestic violence research, it still has not developed to the level where child maltreatment can be understood and treated as a social problem. More research on child abuse is necessary to provide a clearer understanding of the situation so that the Chinese government can formulate proper responses.

5.1 Population surveys

This study sought to determine the lifetime and preceding-year prevalence of child victimization and how it relates to intimate partner violence, elder abuse, and in-law conflict within the participant’s family.

Method
The study used a combination of a household-based survey and a school-based survey to gather information about child victimization in China. The household-based survey was conducted on parents of children aged 17 years or younger as well as children from 15–17 years of age. The school-based survey, on the other hand, was conducted on students from 15–17 years of age.

The study used a multi-stage sampling procedure to identify eligible participants in Hong Kong and communes in 5 cities in mainland China: Shanghai, Shenzhen, Tianjin, Wuhan and Xi’an. The five mainland cities share similar characteristics in terms of social, economic, political and cultural development, which are quite different from Hong Kong, a British colony until sovereignty was returned to China in 1997. A multi-stage stratified sampling procedure was adopted to identify eligible participants in Hong Kong. In order to achieve a representative sample, surveys were conducted in homes and schools.

Selecting survey subjects
Face-to-face interviews were conducted with 8,945 Chinese parents of children younger than 18 years of age, an overall response rate of 76.8%. When the eligible household sampled by the multistage stratified procedure included a child aged 15–17 years, the child was selected to participate. If there was more than one eligible child, the child participant whose birthday was most recent was selected. A total of 3,321 children aged 15–17 years of age were successfully interviewed. All of the children selected whose parents granted consent for their being interviewed participated in this study. Their parents were also interviewed using a separate parent questionnaire. In the school-based survey, we used a two-stage stratified procedure to identify eligible student participants. First, about 150 schools from the mainland cities and Hong Kong were randomly sampled. Next, eligible students, aged 15–17 years, were randomly sampled. A total of 18,341 students from 15–17 years of age were successfully interviewed, an overall response rate of 76.5% at school level and 95.8% at individual level.

Summary
Data were collected in multiple contexts (school: 18,000 youths aged 15–17; homes: 9,000 parents and 3,300 youths aged 15–17). 8% reported sexual victimization in their lifetime in the school survey.
The institutional review board of the University of Hong Kong and the Hospital Authority Hong Kong West Cluster provided ethical approval for the whole study. The local institutional review board in each mainland city provided approval for the study at that site.

**Results**

The school survey appeared to be least subjected to underreporting and therefore the most valid source of data collection. School students reported lifetime prevalence rates of 8% for child sexual victimization and 71.7% for child victimization. Gender differences did exist, with more boys (9.3%) than girls (6.6%) reporting an experience of sexual victimization. This contrasts with the more common finding that girls are more likely than boys to be sexually victimized. The finding that boys are more likely to experience sexual victimization, however, was not limited to the present study. Similar gender differences have been revealed in past studies (Madu & Peltzer, 2000; Yen et al., 2008; Luo et al., 2008; Choo et al., 2011). Understanding more about the underlying causes for this gender distribution is important for planning intervention and prevention programs. Additional studies are being conducted to better analyze these results. Apart from gender, children who had a father with lower levels of education were more likely to report victimization, as were those who reported parental depression.

<table>
<thead>
<tr>
<th></th>
<th>Males % [CI]</th>
<th>Females % [CI]</th>
<th>Total % [CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any sexual victimization</td>
<td>9.3% (8.7–9.9)</td>
<td>6.6% (6.0–7.1)</td>
<td>8.0% (7.6–8.4)</td>
</tr>
<tr>
<td>Non-contact victimization</td>
<td>8.1% (7.6–8.7)</td>
<td>5.4% (4.9–5.8)</td>
<td>6.8% (6.5–7.2)</td>
</tr>
<tr>
<td>Contact victimization without penetration</td>
<td>5% (4.5–5.4)</td>
<td>3.4% (3.0–3.8)</td>
<td>4.2% (4.0–4.5)</td>
</tr>
<tr>
<td>Contact victimization with penetration</td>
<td>5.5% (5.1–6.0)</td>
<td>3.2% (2.8–3.5)</td>
<td>4.4% (4.1–4.7)</td>
</tr>
</tbody>
</table>

After adjusting for socio-demographic factors, it became clear that interpersonal violence, elder abuse and in-law conflict in the year preceding the study were associated with the likelihood of preceding-year child victimization.
5.2 Agency study

The agency study provided an annual estimate of incidence known to the authorities and has become a baseline for tracking changes in the CSA count and the structure of the response system. It is also a baseline for comparisons between regions and grounds for informing policies. The survey covered agencies such as police departments, hospitals and non-governmental organizations (NGOs) offering services to both victims and perpetrators of CSA.

**Background**

The purposes of the survey was to estimate the current incidence, severity and demographic distribution of reported cases of CSA in Hong Kong and the 5 provinces in mainland China, including Shanghai, Tianjin, Xi’an, Wuhan and Shenzhen. The Study also gathered information on the number of ongoing and new cases handled by these agencies over a one-year reference period, the nature of CSA reported, profiles of victims and perpetrators, and services provided during this time-frame.

**Method**

As the CSA incidence data were available in Hong Kong, the agency study was conducted differently in Hong Kong than in mainland China.

The agency survey in mainland China used the same sample of provinces employed for the population study. The target population of the study was the set of children under 18 years of age who were sexually abused during the study period, including all who were reported to child protection service agencies, if any, and accepted for investigation by agencies such as police, teachers, social workers, nurses, doctors to and child care providers.

In Hong Kong, data from the Child Protection Registry was accessed and the following was conducted: 1) secondary data analysis and 2) documentation of the process of handling CSA in Hong Kong.

**Results**

There may be a limit to the degree to which we can generalize based on the agency survey findings in mainland China. Very few cases were reported and the reliability of findings is unclear, so no specific results are reported. No formal reporting system on child abuse, sexual violence or even domestic violence in mainland China could be identified. Access to data from criminal justice system was denied. As a result, the findings may not be suitable for comparing the prevalence and incident rates of CSA between population and agency surveys. The findings from Hong Kong were more reliable. The prevalence rate of CSA from the school survey conducted in Hong Kong was 96 per 1,000. Using statistics from the Child Protection Registry (CPR) in Hong Kong, the incident rate of CSA was about 0.28 per 1,000. The great difference between the two base rates reflects the fact that in Hong Kong only about 0.3% of the CSA incidents are reported to the social services, education or criminal justice systems.
5.3 Conclusion

The findings show that child victimization is prevalent in China. Despite this, there is still limited recognition and acceptance of the existence of this problem. The lack of a formal definition and the underuse of coding systems, such as the International Classification of Diseases (ICD-10; World Health Organization, 2004), for child abuse in healthcare settings, have been major barriers to successful interventions for victims. Routine screening is uncommon in most hospitals in mainland China, including even those dedicated to children.

This study provides an estimate of the rates of various forms of child victimization, which aids in making an accurate estimate of medical, mental health and social costs. Reliable estimates of such prevalence rates may facilitate better allocation of healthcare and mental health resources. In addition, the data reveal strong associations between previous experience with the three main types of family violence and the likelihood of child victimization. Multidisciplinary collaboration between health professionals and non-governmental organizations should be undertaken so as to provide better-integrated prevention programs with the capacity to address the multiple forms of violence within the same nuclear family.

Hong Kong has developed very different practices in the screening and identification of child maltreatment cases. A multidisciplinary case conference is held once a case of suspected child maltreatment is identified by a social worker or medical professional. Hong Kong has modeled this system on the practices of the WHO and Western societies. It would likely be a highly useful model for the development of the health system in mainland China.

Training practitioners and formalizing the procedures for identifying child victimization, as well as establishing an official database of cases for the use of frontline professionals, may be effective first steps toward addressing the problem in mainland China. Given the strong association between child victimization and other family violence, screening for the latter when there are child victims may be a useful means of detecting multiple types of violence and hence of reducing re-victimization.
6. Cross-national comparisons

Ultimately, the Optimus Study is intended to promote and facilitate cross-national comparisons on the epidemiology of CSA.

The objective is to contribute to the understanding of intercultural variations in the prevalence and dynamics of this phenomenon in order to better understand the cross-cultural risk and protective factors as well as consequences for victimization. This information will support the development of effective prevention and intervention that are sensitive to the local context.

Such comparisons will be promoted in part simply by growing the number of studies that are available to include in the comparison, funded by the Optimus effort.

One key to cross-national comparisons is to gather epidemiological information using identical or equivalent instruments and equivalent definitions. The field of CSA epidemiology is, unfortunately, one in which many instruments and a variety of definitions have been used in the past, making comparisons difficult. One lesson from the Optimus Study so far is that local researchers have been able to incorporate and translate into local languages identical questions (from the Juvenile Victimization Questionnaire) that could be the basis for comparison. The local teams have, in some instances, added additional items that responded to local requirements, but have left the common items intact.

The Optimus Study also prepared a set of common definitions, utilizing the common questionnaire elements, so that teams could estimate rates that were comparable between studies. To a large extent, the teams have been able to apply these definitions. One problem, however, that has been identified is that reporting rates of CSA that include penetration requires researchers to ask a very explicit question about such penetration. This question is particularly sensitive and embarrassing in some socio-cultural contexts, and not all researchers have been comfortable including it.

Challenges in employing similar methodologies

Another element to cross-national comparisons is utilizing similar or equivalent methodologies. In part, this involves surveying the same groups with the same characteristics about events occurring in the same timeframe. The Optimus Study focus on youth in the 15–17-year-old developmental period has been well received, and teams have been able to implement this standard. It is quite clear, however, that different national research groups will have to use different recruitment strategies and interview methodologies. In some countries, all 15–17-year-old youth are in school and can be accessed there, while in other countries some are at home or in the work force. In some countries, all 15–17-year-olds are literate and can fill out questionnaires, but that is not universally the case. Experience thus far suggests that school-based surveys have advantages over household surveys.

One of the important unknown factors in CSA epidemiology is the question of whether young people can and will candidly divulge such experiences in survey conditions. There is a strong possibility that differences in epidemiological findings may reflect cultural factors around disclosure rather than true differences in occurrence. So far, the Optimus Study does suggest that cultural factors in disclosure comfort may be an important obstacle to true comparative epidemiology. Certain features of the findings from the
Chinese study-results from the household survey compared to studies conducted with adults – do suggest that considerable percentages of the youth population there may be reluctant to disclose information. More research is needed on this issue and on steps that might be taken to mitigate biases stemming from this problem in China and in other countries.

Comparing rates of reporting to authorities
In addition to international comparisons among population surveys, the Optimus Study is also interested in the degree to which international comparisons can be made about the rates at which CSA comes to the attention of agencies and public authorities. Ultimately, in the same way that official crime rates are compared among countries, official CSA rates could be compared as well. One obstacle to this goal is that many countries have underdeveloped systems for the reporting or investigation of CSA cases. So far, the Optimus Study – particularly from the work done in China – confirms that in some locales the level of reporting or investigation of CSA cases is so low that no reliable rate of agency-known cases could be reported. It may be very premature to expect that official rates of CSA could be compared among any but the few countries with the most well-developed identification and reporting systems.
7. Lessons learned in the first cycle

A number of challenges were identified before and during the first cycle of the project, and choices were made about how to deal with them. The implications of these lessons learned will be carried over into the second cycle of the Optimus Study.

Terminology and operational definition

Challenge: There is a lack of consensus over terminology or a common operational definition for child sexual abuse, which makes comparisons between studies difficult.

Approach and findings: A glossary for terminology and an operational definition were developed to use as a basis for all teams and as a guide to core measures to be used to assess victimization in order to maximize comparability between studies.

Conclusion: A glossary will be revised and expanded for future studies to ensure consistency in terminology and operational definitions.

Population survey

Challenge: Different geographic contexts may require different survey methodologies in order to ensure both that the data are valid and that the data are representative for the specific population. This may present challenges for the requirement of data comparability. In addition, appropriate terminology or ways of addressing or phrasing issues may differ culturally.

Approach and findings: A pilot study was conducted in China to compare school and household survey methodology. The pilot study showed that the school survey was a more valid way of collecting data due to suspected underreporting in the household survey.

Conclusions: The school survey was chosen as a core methodology to ensure comparability between studies. However, household surveys can also be conducted as in China, to ensure that data is representative, as not all children in the respective age group may attend school.

Agency survey

Challenge: As service structures can vary widely between countries, it may not be possible to apply the same methodology to assess the number of cases officially reported to authorities, particularly if there are no such services in place.

Approach and findings: Methodology needs to be adjusted to the existing reporting system (federalist system in Switzerland vs. centralized system in Hong Kong vs. non-existing formal reporting system in mainland China).

Conclusion: Comparison between countries regarding service delivery may have to be limited to the description of service systems available.
**Qualitative data collection**

**Challenge:** Interviews with victims can provide valuable insight into the dynamics of cases.

**Approach and findings:** Significant methodological and recruitment issues were encountered when attempting to interview victims directly, to the point that it threatened the feasibility of the study and validity of the data.

**Conclusions:** Feasible models for approaching larger samples of victims to include in research need to be tested. Also, specific hypotheses must be formulated prior to the study to provide a guide for the creation of questions.

**Parent survey**

**Challenge:** Inclusion of parents in the survey can provide information on the abuse of children below interview age and allow access to valuable contextual information.

**Approach and findings:** Parents were included as a cohort in the studies. However, they showed a low response rate (Switzerland) and a much lower reporting rate (China) that threatened the validity of data.

**Conclusion:** The parent survey may be a valuable source for contextual information, but may not be a methodologically sound approach to collecting information on child and youth victimization.

**Comparing studies across countries**

**Challenge:** There is a lack of understanding regarding cross-national variation of child sexual abuse.

**Approach and findings:** Studies in different countries applied the same core methodology, allowing for comparability but at the same time identifying both cultural and socio-economic determinants of risk factors and consequences of child abuse.

**Conclusion:** Comparing studies across countries will help distinguish whether differences in prevalence rates are due to methodology, cultural reporting bias or true differences in the occurrence of abuse. Over time this will also enable the creation of intervention and prevention programs that are more sensitive to the specific cultural context.

**Selection of countries**

**Challenge:** Because the severity of the problem of child sexual abuse is being recognized, an increasing number of studies are being conducted globally. Duplication of effort should be avoided.

**Approach and findings:** It is important to include those countries for which information on the magnitude and scope of the problem remains unknown.

**Conclusion:** The choice of countries to be surveyed shall be needs-based (meaning those with limited or no data) and based on the systematic analysis of established criteria in order to assure sufficient added value and potential for leverage on a national and international level (prevention readiness). Increased coordination between key stakeholders will help avoid duplication of efforts and maximize the impact of scarce resources.
**Project duration**

**Challenges:** Research usually generates many new questions and hypotheses that require follow-up research or activities.

**Approach and findings:** The Optimus Study has a funding period of 10 years and studies are being conducted in consecutive cycles, each building on the results of the previous ones to maximize impact and to track changes over time. The studies presented here mark the first cycle of the project.

**Conclusions:** A long-term project such as the Optimus Study requires a dynamic and flexible approach, enabling changes following research findings.

**Ethical issues**

**Challenge:** There are a number of issues that researchers face when conducting studies on sexual abuse with children and youth. Ethics committees may be sceptical when it comes to approving research on violence against children, due to the sensitive nature of the topic and the potentially vulnerable subjects, to the point where it threatens the feasibility of the study.

**Approach and findings:** The review of research by ethics committees is necessary in order to avoid harming potentially vulnerable subjects in a sensitive topic area. However, scant research evidence exists to guide ethical recommendations for researchers and review committees.

**Conclusion:** It may be wise to include ethics committee approval as a feasibility threshold. Furthermore, developing ethics guidelines for violence research and generating evidence regarding the impact of violence research on children and youth is a priority in order to better guide researchers and review boards.

**Archiving of data**

**Challenge:** Data from the different studies must be stored safely and confidentially while still allowing for maximum use of the data for secondary analysis and for comparisons across studies.

**Approach and findings:** All Optimus Study data will be stored at a professional data archive (FORS, University of Lausanne, Switzerland) to ensure confidentiality of sensitive data.

**Conclusions:** Safe storage and accessibility to data will provide an opportunity to maximize its use for secondary analysis and comparisons over time and between nations in the future. The first data sets will be open for secondary analysis in January of 2014.

**Collaborative, international effort**

**Challenge:** This project represents a collaborative effort between many different entities, including researcher, funding agency and expert committee.

**Approach and findings:** Defining roles and establishing mutual expectations at the outset of the project are crucial in order to communicate effectively and efficiently and maximize use of available expertise.

**Conclusions:** All entities need to bring to the project a collaborative spirit to achieve the best possible results. The funding agency needs to make funds available for the different players to convene throughout the process to further align design, work on cross-national analyses and develop relationships.
Project set-up

Challenge: No best practices exist for long-term, international projects aiming to compare official data to epidemiological data.

Approach and findings: A committee of internationally renowned experts was established to provide consultation and guidance for the study as well as conduct peer reviews to ensure high-quality social science methodology.

Conclusion: While internationally renowned experts are essential to guide and validate the process, it is essential to include strong local expertise. For instance, household surveys would be difficult to conduct in Switzerland and inside knowledge on how to best communicate results on such a sensitive topic is essential in China.

Gap between theory and practice

Challenge: Research results are often primarily made available to the research community through scientific publications and often do not reach those making policy and practitioner-oriented decisions.

Approach and findings: This project provides an evidence base for stakeholders in policy and practice and will communicate results in a way specifically targeted for this group. It is an opportunity to systematically report on a sensitive topic, point out problematic areas and hopefully start a dialogue.

Conclusions: Researchers need to be actively interested and engaged in knowledge translation. If possible, researchers should collaborate with professionals experienced in this field. Furthermore, the funding agency should earmark certain resources specifically to address bridging the gap between research, practice and policy. To improve knowledge translation and influence positive change, stakeholders in policy and practice should be involved in the design of the study.
8. Conclusions and Next Steps

The Optimus Study has conducted successful surveys for cycle 1 in Switzerland and China in order to accomplish the initial objective of describing the scope and magnitude of the problem and to describe the service system in those countries. Valid data have been collected in order to understand the prevalence of child sexual abuse, the context in which incidences happen, risk and protective factors as well as a range of consequences that are linked to the experience of CSA. Furthermore, an overview of the service system provided for child abuse in the relevant countries has been established and – where possible given the nature of the service system - cases known to authorities were compiled. This allowed for comparison between the situation found in the population with the cases the specialized agencies get to see and helps to identify potential gaps in the service system.

The findings from the studies are providing a solid evidence-base and comprehensive advocacy efforts are now aiming to build coalition and momentum with stakeholders and policy-makers to further improve the services for affected children and optimize the system to reflect the situation found in the population. Furthermore, awareness shall be created to mobilize efforts to develop, implement and scale up effective prevention measures to reduce incidence of child sexual abuse. Stakeholders from policy and practice will be involved in developing corresponding action plans to leverage the data in an optimal manner and contribute to the improvement of the lives of affected children. The issue of preventing child abuse and optimal response to those children affected shall be moved up in terms of priority on the political agenda and funding allocated to the cause by a variety of sources.

In a third cycle, the Optimus Study will conduct another comprehensive survey to assess the changes in the scope of the problem in the same countries and evaluate changes to structures and processes for service systems.

Furthermore, the Optimus Study continues to be engaged in efforts to reduce incidence and improve service systems globally through the promotion of the importance of population-based surveys as effective tools to raise awareness and commitment. The Optimus Study also takes on convening experts to improving the methodology of surveys in order to improve the validity of data and maximize implications for evidence-based prevention and intervention. Furthermore the Optimus Study engages in efforts to improve cross-national comparability of data in order to build a basis of understanding regarding determinants of risk and protective factors as well as consequences of victimization in order to develop effective prevention and intervention programs sensitive to the local context.
9. References


The UBS Optimus Foundation – A shared commitment to the well-being of children in need

The UBS Optimus Foundation is a charitable grant-making foundation established by UBS in 1999. It is dedicated to the well-being of children in need around the world through education, protection and health.

These three elements are the critical factors in a child’s life. They give children the chance to lead an independent adult life and to become active members of society who can help to positively influence future generations.

The foundation has been active worldwide in the protection of children for many years. It pursues innovative projects to achieve maximum leverage. It focuses on subjects that attract little or no financing from other quarters. With the Optimus Study, a widely lamented gap shall be closed – because only when scientifically collected data on the occurrence of sexual violence against children are available can the impact of prevention and intervention projects be appraised in the future.

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More information and contacts

For more information about the Optimus Study and to download this report as well as the full reports for the individual countries go to www.optimusstudy.org.

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