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Child Sexual Abuse Revisited: A Population-Based Cross-Sectional Study Among Swiss Adolescents

Meichun Mohler-Kuo, Sc.D. [a,*], Markus A. Landolt, Ph.D. [b], Thomas Maier, M.D. [c], Ursula Meidert, M.S. [a], Verena Schönbucher, Ph.D. [d], and Ulrich Schnyder, M.D. [d]

[a] *Institute of Social and Preventive Medicine, University of Zurich, Zurich, Switzerland*
[b] *Department of Psychosomatics and Psychiatry, University Children's Hospital Zurich, Zurich, Switzerland*
[c] *Psychiatric Services of the Canton of St. Gallen-North, Wil, Switzerland*
[d] *Department of Psychiatry and Psychotherapy, University Hospital Zurich, Zurich, Switzerland*

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A B S T R A C T

Purpose: Child sexual abuse (CSA) is one of the most serious public health problems among children and adolescents, owing to its widespread prevalence and serious health consequences. The present study aimed to assess the prevalence of, and characteristics and circumstances associated with, CSA.

Methods: An epidemiological survey was conducted on a nationally representative sample of 6,787 ninth-grade students (15.5 ± .66 years of age) in Switzerland. Self-reported computer-assisted questionnaires were administered between September 2009 and May 2010. Various forms of sexual victimization were assessed using the newly developed Child Sexual Abuse Questionnaire.

Results: Overall, 40.2% and 17.2% of girls and boys, respectively, reported having experienced at least one type of CSA event. Lifetime prevalence rates were 35.1% and 14.9%, respectively, for CSA without physical contact, 14.9% and 4.8% for CSA with physical contact without penetration, and 2.5% and .6% for CSA with penetration among girls and boys. The most frequently experienced event was sexual harassment via the Internet. More than half of female victims and more than 70% of male victims reported having been abused by juvenile perpetrators. Depending on the specific event, only 44.4%–58.4% of female victims and 5.8%–38% of male victims disclosed CSA, mostly to peers.

Conclusions: The present study confirms the widespread prevalence of CSA. The high prevalence of CSA via the Internet and the frequent reports of juvenile perpetrators suggest emerging trends in CSA. Low disclosure rates, especially among male victims, and reluctance to disclose events to family members and officials may impede timely intervention.

IMPLICATIONS AND CONTRIBUTION

The prevalence of more severe forms of childhood sexual abuse might be stable over time, but both childhood sexual abuse without physical contact via the Internet or text messaging and the number of juvenile perpetrators appear to have increased dramatically. These emerging trends warrant interventions at the family, school, and government levels.

Child sexual abuse (CSA) is one of the most serious public health problems among children and adolescents owing to its widespread international prevalence [1–4] and well-documented negative health consequences [5,6]. In particular, previous studies have shown that both contact and noncontact CSA is associated with increased risks of later mental and physical health problems and risk-taking behaviors [7–9].

Over the past 3 decades, the prevalence of CSA, as estimated in various epidemiological studies in different countries and populations, has varied considerably. In a recently published review of 39 studies in 21 countries, CSA prevalence ranged from 0% to 53% among females and 0% to 60% among males [2]. In another recently published global meta-analysis incorporating 65 articles from 22 countries, 19.7% of women and 7.9% of men

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* Address correspondence to: Meichun Mohler-Kuo, Sc.D., Institute of Social and Preventive Medicine, University of Zurich, Hirschengraben 84, 8001 Zürich, Switzerland.
E-mail address: meichun.mohler-kuo@uzh.ch (M. Mohler-Kuo).

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had experienced CSA before age 18 years [3]. The wide range of CSA prevalence could be attributed to several methodological issues that include different definitions of CSA, measurement issues, and geographic and sample characteristics [1,2,4,10,11]. There is no consensus among researchers as to what defines CSA. Some use the age difference between the perpetrator and victim, whereas others set specific age cutoffs for victims [11–14]. Still others only consider abuse that involves actual physical contact, and others incorporate a broader range, from noncontact abuse through penetration [11]. Likewise, to date, no consensus CSA screening instrument exists. For example, some studies used multiple questions with behavior-specific experiences (e.g., "Has anyone ever placed his penis in your mouth against your will?") instead of broad-labeling terms such as "rape" (e.g., "Have you ever been raped?") [15–17] to minimize the rate of false-negative or false-positive results from respondents' subjective perception or interpretation. Other methodological variations have included different numbers of questionnaire items [4,18], different contexts for questions asked [15], and different means of data collection [2,11]. Furthermore, the size, geographic location, and demographic characteristics of the sample, as well as the sampling method, also could affect prevalence rates [3,4,11].

Despite Finkelhor's [1] call for additional comparative research of CSA internationally, the methodological problems of past CSA research continue to render such comparisons of CSA prevalence difficult [2–4]. To overcome this, CSA studies of large nationally representative samples and multiple behavior-specific questions are needed.

To date, there has been no estimate of CSA prevalence in a nationally representative sample in Switzerland, and no comprehensive nationwide data on the incidence of reported cases of CSA in Switzerland have been gathered. In 1994, Halpérin et al. [19] conducted an epidemiological study to assess the prevalence of CSA and characteristics associated with CSA in the Geneva area of Switzerland. The present study, with a similar sample and age group and types of questions, aimed to assess the prevalence of, and characteristics and circumstances associated with, CSA in a nationally representative sample of adolescents in Switzerland using a newly developed instrument consisting of multiple behavior-specific questions.

Methods

Participants

The present epidemiological study on adolescent victimization included a nationally representative sample of ninth-grade students in Switzerland. Participants were 13–20 years of age (mean ± standard deviation, 15.5 ± .66 years) in the 2009–2010 school year, with more than 97% of the sample between the ages of 14.0 and 16.9 years. Sampling was stratified according to the seven great regions and 26 cantons of Switzerland. In spring 2009, a sample of 10,092 students was drawn from 560 randomly selected classes and 228 schools using the most updated list from the Swiss Federal Bureau of Statistics. This list is 2 years behind, but includes all public schools (only 6% of Swiss children attend private schools). Students on that list who were in Grade 7 were selected, so they would be in Grade 9 during the 2009–2010 school year. The sampling was stratified by the 26 cantons in Switzerland and probability proportional to size cluster sampling was used to select classes and schools, taking school size into consideration. Before data collection, the study had to be approved by every ethics committee and education department in all 26 cantons; all but one ethics committee and 22 education departments consented to participate, which resulted in the loss of 28 schools and 63 classes from the original sample. In addition, 23 schools (48 classes) refused to participate after being contacted, primarily because of schedule conflicts with other previously scheduled surveys. Altogether, 177 schools with 449 classes participated in the survey, with an estimated loss of 25%–30% of the student sample (the exact number could not be calculated because changes in class size and number of students had occurred between the 2007–2008 and 2009–2010 school years). According to Swiss law, parental consent was not required for participation in this school survey owing to the age of the participants (≥14.0 years).

Student absences on the day of the survey (537) and refusals (63) yielded 6,841 completed questionnaires. Of these, 15 questionnaires were lost because of computer-related problems and 39 were deemed invalid. Ultimately, 6,787 questionnaires were analyzed.

Procedures

After we obtained approval from ethics committees and education departments, we sent a letter inviting selected schools to participate in the survey. If the school did not respond within 2 weeks, a follow-up phone call was made. Research assistants (RAs) were trained to conduct the survey from September 2009 to May 2010. All RAs were informed about confidentiality and data protection issues, and signed a confidentiality agreement. The survey was voluntary and anonymous, lasted roughly 60–75 minutes, and was conducted using a self-reported computer-assisted questionnaire on a laptop. The questionnaire included detailed information on sexual victimization, other forms of victimization, physical and mental health, social and demographic characteristics, and potential CSA risk factors, and had been translated into all three official languages of Switzerland (German, French, and Italian) using standard translation and back-translation procedures [20]. Two RAs were paired to bring laptops to the schools. Before the survey started, the RAs provided a short introduction to the study and informed students about their rights to choose not to participate in the study and not to answer any question with which they felt uncomfortable. After the survey was completed, every student received a list of institutions that provide help and counseling services. More details of the study design and procedures have been reported elsewhere [21].

Measures

Because of the lack of a widely accepted and validated measure to assess all types of CSA, we developed a new questionnaire, the Child Sexual Abuse Questionnaire (CSAQ), taking into consideration previous literature in the field [19,22]. The authors selected items for the CSAQ, which were reviewed by professionals working with sexually abused children (e.g., clinicians, social workers, and police). In addition, all items were tested in a pilot study with 120 adolescents in a pilot study. The CSAQ contains 15 questions to assess various forms of CSA (see Appendix A, which is available in the online edition of this article). The first eight questions were categorized as "CSA without physical contact," with yes/no response options; the remaining seven questions were categorized as "CSA with physical contact," and had three response options ("No," "Yes, someone tried but she or he did not