

Lucerne University of Applied Sciences and Arts – School of Social Work

CAN surveillance in Switzerland: current policies and practices

Country Profile

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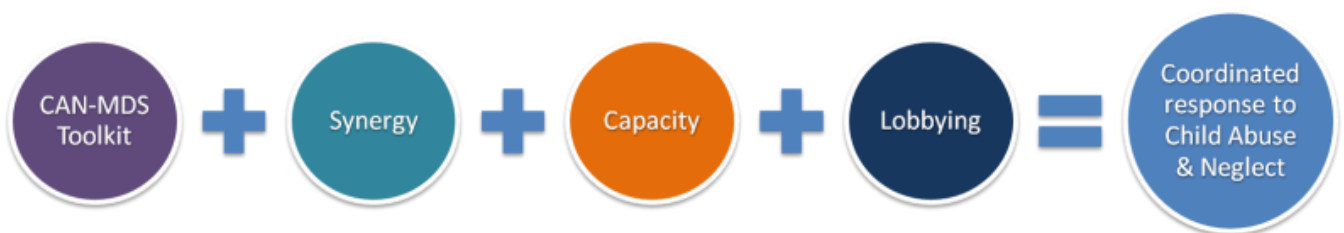
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“Coordinated Response to Child Abuse & Neglect via Minimum Data Set” [JUST/2012/DAP/AG/3250]

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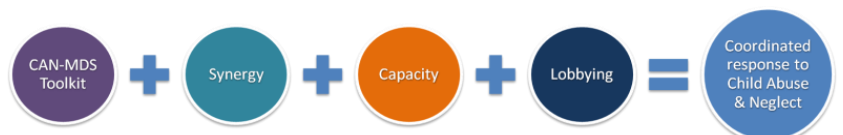
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1 – The rationale for a CAN-MDS in Switzerland

According to the UN Convention on the Rights of the Child, public and private social welfare institutions are obliged to work in the best interest of the child which includes preventing and protecting children from maltreatment. In Switzerland, a multitude of agencies strives towards this goal. Services in Swiss child protection are structured according to the political principles of federalism and subsidiarity which aim at organizing service systems on the cantonal (provincial) level and providing services on the lowest political level (cf. Häfeli, 2005). The 26 cantonal variations of organizing child protection result in a pronounced diversity of agencies and organizations, amplified by linguistic and cultural differences. Furthermore, private agencies play an important role. Although all agencies in the Swiss child protection system collect data on reported cases, there is a lack of uniformity and data sharing: The data sets and variables covered are hardly comparable, definitions vary considerably and information on the maltreatment event is often not covered. Switzerland shares this lack on maltreatment data with other continental European countries (Jud et al., 2013). Their system might be labelled family service-oriented including a primary focus on the services provided and less attention on investigating the maltreatment (Gilbert, 1997, 2012).

The Optimus Study Switzerland is an effort to counter the lack of agency data on child maltreatment in Switzerland. So far, the first phase of the project is the only nationwide study in Switzerland focusing on the magnitude of child sexual victimization in both a population and an agency survey (Averdijk, Müller-Johnson, & Eisner, 2011). The current second phase moves beyond sexual victimization to include all types of child maltreatment. It embraces a knowledge mobilization approach to maximize agencies' commitment of data sharing for a third cycle with a second wave of data collection. One way to improve participation in an area with scarce resources is to minimize the work of collecting data. As the Optimus Study shares a lot of common with CAN-MDS, the Swiss team is glad to be invited as an associate partner.

A note on terminology. Although CAN-MDS uses the term of child abuse and neglect to describe adverse childhood experiences inflicted by proxies, we generally prefer the term child maltreatment to refer to any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008). However, in this manuscript CAN and child maltreatment are used interchangeably.

1.1 - Aims & Objectives of developing a CAN-MDS at national and cantonal (provincial) level

The Daphne III programme, part of the General Programme “Fundamental Rights and Justice” aims to contribute to the protection of children, young people and women against all forms of violence and to attain a high level of health protection, well-being and social cohesion.

The Project “*Coordinated Response to Child Abuse and Neglect via Minimum Data Sets*”, co-funded by the EC under the Daphne III Programme, aims to contribute to the protection of maltreated children and children at risk and to improve child protection services by creating the scientific basis, necessary tools and synergies for establishing national child abuse and neglect (CAN) monitoring systems using minimum data sets (MDS). Such systems are expected to provide comprehensive, reliable and comparable case-based information at national level for children who have used child protection services or had a legal response to child maltreatment. The data that will comprise the CAN-MDS could be used in multiple ways: for development of annual country profiles indicating current needs for services in the field, exploration of the relationship between specific factors and types of child maltreatment and as a point of reference indicating the priorities arising at local, national and international levels (benchmarking). Moreover, it could support development of CAN National Surveillance Mechanisms / improvement of the available mechanisms (*according to country specifics*). Lastly, CAN-MDS data could be used as a baseline for services and interventions' effectiveness evaluation, identification of good practices and for planning future policies and legislation.

The need for working towards the development of such national systems derives from the current situation in the European countries where child maltreatment case-based data are derived from a variety of intersectoral sources and follow up of victims at local and national level is not sufficiently coordinated among the involved services. Specifically, the main barriers for effective child maltreatment monitoring concern a) the lack of common operational definitions, b) the lack of common registering practices and c) the use of a variety of methods and tools for data collection and sharing among stakeholders.

The establishment of a CAN registration mechanism via MDS at national level could be part of the routine administrative process in all child protection agencies and the MDS could be uploaded in a single database operating via a restricted-access on-line network. National child protection services that would initially join these MDS collection/sharing of information would also be expanded to include more services.

To this end, a Toolkit will be developed consisting of the necessary protocols, tools, a short-training module and a Guide for potential operators of a CAN-MDS system, namely professionals who will be in charge of collecting and registering data. Partners serve as national "focal points" who have undertaken the initiative to create and train their national "core" groups of operators (social/health/other professionals working in the field of child protection or with child victims) as well as to promote the Policy Manual for the establishment of national CAN-MDS systems.

Specific objectives of the project are:

- Development of the methodology for defining a minimum data set on child abuse and neglect (CAN-MDS)
- Mapping of national child protection-related services, case-based follow up and CAN monitoring mechanisms
- Development of a CAN-MDS Toolkit and evaluation of its quality
- Formation of national core groups of professionals-potential operators of CAN-MDS based on the stakeholders contacted in the Optimus Study, cycle 2.
- Creation of a Policy and Procedures Manual addressing policy makers and other related stakeholders towards the establishment of national CAN-MDS and adaptation of the Manual according to country specifics
- Conduction of a variety of dissemination and lobbying activities for the adoption of CAN-MDS in participating countries

For lobbying towards a uniform systematic registry and monitoring of abused children at local and national levels (also facilitating international comparisons), a *Policy & Procedures Manual* including ready-to-use tools is going to be created addressing policy makers and other related stakeholders.

1.2 – Ethical Considerations

A major ethical issue is handling sensitive private data, to guarantee anonymity, even for victims living in small rural communities and especially so for minority groups. Anonymous data sharing also avoids mandated reporting to public child protection or penal authorities. To estimate the number of victims entering the child protection system, however, researchers need to identify multiple entries in the same or different agencies and unduplicate these cases. Fortunately, there are near-perfect methods to identify individuals without breaching anonymity: E.g., the first phase of the Optimus Study used a combination of the following features to identify duplicates in the data set including (1) second letter of the child's first name, (2) third letter of the child's last name, (3) day and year (but not month) of the child's birth, (4) child's gender, and (5) canton and the last two letters of the postal code of the child's place of residence (Maier, Mohler-Kuo, Landolt, Schnyder, & Jud, 2013).

Other ethical issues are covered in sections below.

2 - Country Profile

2.1 - *How well known is the CAN problem in the country?*

This chapter focuses on knowledge of child maltreatment in Switzerland derived from population surveys followed by a short review on the awareness level of the CAN problem in politics and the media. Research on agency response to child maltreatment will be covered in the subsequent chapter.

Magnitude of the problem. The population survey of Optimus Study Cycle 1 is the only nationwide study on the prevalence of child sexual victimization in Switzerland (Averdijk et al., 2011). Research on the prevalence of other types of child maltreatment is lacking. The Optimus population survey (Mohler-Kuo et al., 2013) was conducted in the school year 2009-2010 among a nationally representative sample of ninth-grade students (mean age 15.5 years). The stratified random sample contained 10,092 students. Loss in participation resulted from lacking consent of 4 out of 26 cantonal (provincial) education departments, student absences on the day of the survey, refusals and invalid questionnaires (Mohler-Kuo et al., 2013). Ultimately, 6,787 questionnaires were analyzed. Results display that 22% of girls and 8% of boys reported at least one incident of contact victimization (Averdijk et al., 2011). Furthermore, 40% of girls and 20% of boys indicated having experienced some type of non-contact victimization (e.g., verbal harassment, cyber victimization). The large discrepancy between the genders has also been found by other Swiss studies (Jud, Lips, & Landolt, 2010; Schönbucher et al., 2011). Perpetrators, on the other hand, were predominantly male (Averdijk et al., 2011). The Optimus population survey further revealed a high proportion of acts committed by peers, 15% among pre-school victims, 39% among adolescent victims (Averdijk et al., 2011).

Besides female gender the Optimus population survey identified other factors increasing the odds of contact or non-contact child sexual victimization by around half or more (Averdijk et al., 2011): much time spent on the internet, alcohol or drugs consumption, harsh parenting, and inter-parental violence. The odds more than doubled in the presence of other types of child maltreatment. This suggests that sexual victimization often happens within a broader framework of coercive and violent behaviour.

Costs and consequences. In the Optimus population survey, only few respondents (3.8%) received psychological or psychiatric treatment (Averdijk et al., 2011). However, sexually victimized adolescents show both more internalizing and externalizing symptoms than non-victims as measured by the Strengths and Difficulties Questionnaire (Goodman & Scott, 1999). In a hospital sample, Jud and colleagues (Jud, Landolt, Tatalias, Lach, & Lips, 2012) that self-reported health-related quality of life (HRQoL) in maltreated children above the age of six years was significantly impaired compared to matched controls. Contrary to the children's self-assessment, the primary caregiver reports of their children's HRQoL were not. The discrepancy may point to a lack of parental attunement to children's experiences and beliefs (Upton, Lawford, & Eiser, 2008) and, in turn, might also contribute to current and future risk of maltreatment (Pianta, Egeland, & Erickson, 1989).

To date, there are no studies on the costs of child maltreatment in Switzerland. However, relying on international research literature (Fang, Brown, Florence, & Mercy, 2012), we assume that the economic burden originating from child maltreatment in Switzerland is substantial.

Politics and media. Although this has never been analyzed empirically, child maltreatment seems to be a relatively frequent issue on the political agenda and in the media. The federal parliament deals regularly with child protection-related issues as monitored by the Child Rights Network Switzerland (Child Rights Network Switzerland, 2013a). Media coverage on severe cases of child maltreatment or child protection

scandals is usually extensive. Recent cases include a father selling his son for sexual acts (e.g., NZZ Online, 2013) and the infanticide of medically neglected boy with a hydrocephalus (Tages-Anzeiger Online, 2014). Studies have shown that media coverage impacts the public debate and political agenda setting (Davidson, 2008; Fegert, Ziegenhain, & Fangerau, 2010). These findings from other European countries likely apply to Switzerland as well and might even be propelled by the direct democracy and the instrument of popular initiatives. Currently, the parliament discusses a popular initiative that calls for a life-long occupational ban for convicted paedophiles (Child Rights Network Switzerland, 2013a).

2.2 – Critical review of the available data

This chapter covers available data on agency response to child maltreatment. Compared to other countries, Switzerland has a particularly complex child protection system with a pronounced diversity of agencies (Maier et al., 2013). This originates from the aforementioned principles of federalism and subsidiarity amplified by linguistic and cultural differences. Furthermore, private agencies 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: 1) public child protection, 2) penal authorities, and 3) voluntary services and specialized organizations. While every agency collects data on its cases, there is a huge lack of uniformity and data sharing. The following sections introduce each sector of the child protection system along with the few examples of multi-site data sets on children at risk.

Public child protection. The Swiss Civil Code guarantees to protect children who are endangered in their physical, mental or social development. Public child protection has its legal base in family law, more specifically in the part on tutelary law which regulates restrictions of individual freedom of action for protection purposes – be it the protection of adults or children (Jud, Perrig-Chiello, & Voll, 2011). It is divided into two types of organizations: The child protection authority enacts child protection orders and mandates the child and youth services to support a child and its family. Some child protection authorities are constituted as courts, others take the form of administrative authorities (Wider, 2013).

The national Association of Child and Adult Protection Authorities annually collects the newly enacted and ongoing child protection orders (e.g., Konferenz der Kantone für Kindes- und Erwachsenenschutz (KOKES), 2011, 2012). Unfortunately, this data set does not yet cover information on the types of child maltreatment associated with child protection orders. According to Estermann (2013) data collection in the 1990s and early 2000s has often been incomplete or inaccurate. Therefore he concludes a massive underestimation of the actual number of cases until 2003 and random fluctuations in later years (Estermann, 2013). Since 2013, in accordance with the new legislation on child and adult protection (cf. Häfeli, 2013), there is a new reporting system in place including voluntary reporting of reasons leading to a child protection order. However, the categories lack a definition and many authorities are reluctant to report, especially authorities in the French-speaking part of Switzerland.

Penal authorities. Penal authorities handling cases of child sexual victimization include the police forces, the criminal courts and the agencies of prosecution, with specialized juvenile courts and juvenile prosecution organizations to enforce juvenile criminal law. Several of the federally organized police corps have specialized child protection teams. To hold perpetrators criminally liable, these institutions have to investigate and substantiate the allegation. According to the 'Victim of Crimes Act' ("Bundesgesetz über die Hilfe an Opfer

von Straftaten (Opferhilfegesetz, OHG)," March 23, 2007), penal authorities are required to forward the contact information of victims of criminal offences to agencies providing aid. These agencies then have the obligation to contact the victim and offer help and counseling free of charge. Some of the public social services and many voluntary services in the following section are recognized by the cantons as victim aid agencies.

In 2010, the Federal Office of Statistics (Bundesamt für Statistik [BFS], 2010) introduced the annual report of Police Criminal Statistics, a uniform data collection on registered offenses throughout Switzerland. Out of the 6,321 sexual offenses in 2010 (BFS, 2011c), 18% (n = 1,133) were sexual acts with children (StGB Art. 187). The offenses were related to 1,050 victims (BFS, 2011a). Among offenders, 137 were below the age of 18 years and 548 were adult offenders (BFS, 2011d). Besides data on the frequency of offenses, the Federal Office of Statistics (BFS, 2011b) also counts the frequency of counseling by victim aid organizations. In 14% (n = 3,976) of cases in 2009, counseling was offered to sexually victimized children (BFS, 2011b). Furthermore, the Federal Office of Statistics annually collects data on counselling by victim aid organizations (BFS, 2011a). The variables cover the type of offense, demographics of the victim and variables related to counselling. Both data sets are restricted to offenses, and, therefore, generally to severe forms of sexual abuse and physical maltreatment. Further limits include that both data sets record cases and not individuals.

Voluntary services and specialized organizations. Public and private bodies have established specialized agencies supporting children affected by sexual abuse, maltreatment or neglect, including interdisciplinary child protection teams. Since the first child protection team was established at the University Children's Hospital Zurich in 1969, child protection teams have been established in 20 out of 36 Swiss children's hospitals or departments (Jud et al., 2010), and many cantons have established regional or cantonal child protection teams. The teams bring together professionals with different backgrounds, e.g., psychiatrists, psychologists, social workers, paediatricians or law professionals, to evaluate a case. Beside those public or semi-public agencies, there are different private agencies specialized in child maltreatment or, even more specifically, sexual victimization. These specialized private agencies are mainly located in the urban centres. There is a great variety of other private and semi-public agencies dealing with the needs of children and adolescents.

Child protection teams at hospitals are another source for nationwide data on child maltreatment (e.g., Wopmann, 2011). They annually collect a few variables related to their caseload of allegedly maltreated children. An advantage compared to other data sets is their collection of data on the type of maltreatment. However, there are also some caveats: The data set is restricted to one specific type of agency and it shows a low although improving participation rate.

Data sets covering multiple types of agencies. Besides a population survey, the Optimus Study also included an agency survey on victims of child sexual abuse (Maier et al., 2013). Based on publicly available information, official data sources from cantonal and federal authorities and previous studies (Jud, 2008b), a total of 2,354 agencies were identified in the three sectors mentioned previously. Out of these, a stratified random sample of 1,267 agencies was drawn and contacted. The 350 participating agencies (27.6%) collected a total of 911 newly reported cases for a period of 6 months (March 2010–August 2010). Weighted estimates indicate that 2.68 children per 1,000 children in the population are reported to agencies based on an alleged incident of child sexual abuse (Maier et al., 2013). Comparable to findings in the population survey, the number of female victims and peer perpetrators was elevated (Averdijk et al., 2011; Maier et al., 2013; Mohler-Kuo et al., 2013). Table 1 displays incidence rates by gender and subtypes of child sexual abuse.

Table 1: Incidence rates by gender and subtype of child sexual abuse for victims reported to agencies in child protection

Type of child sexual abuse	Total per 1,000 children		Male per 1,000 children		Female per 1,000 children	
	Est.	C.I.	Est.	C.I.	Est.	C.I.
Any sexual abuse	2.68	1.45–3.91	1.11	0.59–1.62	4.33	2.27–6.40
Contact abuse with penetration	0.72	0.08–1.36	0.24	0.05–0.43	1.22	0.07–2.37
Contact abuse with penetration	1.16	0.56–1.76	0.59	0.28–0.90	1.77	0.82–2.72
Non-contact abuse	0.45	0.28–0.63	0.25	0.13–0.38	0.67	0.38–0.96
Type of sexual abuse not clear	0.70	0.47–0.92	0.22	0.11–0.33	1.20	0.79–1.61

Note: Adapted from (Maier et al., 2013); estimated rates are based on a sample of 911 sexual abuse-related reports

However, the findings of the Optimus agency survey were limited by a low participation which makes generalizability difficult. Participation was particularly humble in the French- and Italian-speaking parts (Maier et al., 2013). Furthermore, the study does not cover other types of child maltreatment apart from child sexual abuse even though child sexual abuse does not account for a majority of cases in public child protection (e.g., Jud, 2008a).

Summary. Overall, apart from child sexual abuse, there are no nationally representative data on the frequency of agency response to child maltreatment. Even findings for child sexual abuse are limited due to low participation especially in the French- and Italian-speaking parts of Switzerland. The lack of highly representative data on the system of child protection in Switzerland might blur the detection of biases. International literature states the importance of equal chances to receive services in all parts of a nation and the goal of a culturally and religiously sensible child protection system. Kindler (2011) observed that these goals are hardly referred to in the German literature on child protection. In Germany as well as in Switzerland a data-based system perspective is lacking.

3 – Legal Framework

3.1 - Legislation, policies and mandates for reporting and recording of CAN cases in different professional fields

Reporting alleged maltreatment to child protection authorities. Since the reform of the Child and Adult Protection Law, implemented in 2013, the Swiss Civil Code mandates professionals “acting in an official capacity” to report to child protection authorities when a “person needs assistance” (Art. 443). Notwithstanding this requirement, the decision to report still depends on the professional’s discretion. He/she must decide whether the situation is sufficiently serious to be reported and whether it can be adequately addressed by subsidiary services within a reasonable time-frame. Professionals bound by a professional secret – e.g., physicians or psychologists – have to trade off the duty to report against the duty to keep the professional secret (Rosch, 2012). Currently, the Federal Parliament debates whether to extend the mandatory reporting of alleged child maltreatment from professionals “acting in an official capacity” to all professionals working with children (Child Rights Network Switzerland, 2013b).

Reporting alleged maltreatment to penal authorities. On the federal level, there is no mandatory reporting legislation for professionals working with children towards penal authorities when confronted with the alleged maltreatment of a child. However, they are exempt from any professional secret if they want to report a crime against children, e.g. a sexual act with a minor, severe physical violence or gross neglect. Legislation on the cantonal level might be more strict and include mandatory reporting of sexual offenses against children (e.g., “Einführungsgesetz zur Schweizerischen Straf- und Jugendstrafprozessordnung St. Gallen, 962.1”). Once reported, penal authorities have to prosecute crimes against children ex officio.

Recording child maltreatment. Penal authorities have to record the article of the Swiss Criminal Code related to the offense (e.g., Art 187 on sexual acts with minors). For any other professional there is no legislation on recording (alleged) child maltreatment, although different laws regulate how various professionals working with children have to document their work. Even the child protection authorities do not have to record the reason(s) for a child protection order, only the order itself.

3.2 – Legal provisions for administration of sensitive personal data

The Federal Act on Data Protection (Nr. 235.1, German acronym: DSG; e.g. Art. 14), the Ordinance to the Federal Act on Data Protection (Nr. 235.11, German acronym: VDSG, e.g. Art. 3) as well as the Swiss Criminal Code (Nr. 311.0, German acronym: StGB, e.g. Art. 321) all include clauses on the use of personal data and of sensitive personal data. Still, neither of them explicitly contains articles for handling sensitive data in the child or adult protection system; neither does the Swiss Civil Code.

In general, at federal level, sensitive personal data can only be collected on a legal basis (e.g., family law) and not against the will of the affected people. Data files must be registered with the Federal Data Protection and Information Commissioner before their operational use (Art. 3 DSG). Moreover, sensitive personal data can only exceptionally be transferred to other institutions or to other countries (Art. 6 DSG). However, sensitive personal data can be collected for research purposes if the individual cannot be identified (Art. 4 DSG). For particularly sensitive personal data including data on (alleged) child maltreatment one has a duty to provide information on the collection of these data and personality profiles (Art. 14 DSG). This is certainly the case with child abuse cases. Changes need the individual’s informed consent. Some cantons have more restrictive legislation.

4 - Brief overview of child maltreatment prevention and child protection

4.1 – Roles and responsibilities

The sectors of the Swiss child protection system according to Häfeli (2005) have already been introduced in section 2.2. Table 2 gives an overview of agencies within these sectors and their functions.

Table 2 Agencies in the Swiss child protection system and their functions

Institution	Function and comments
1) Public child protection	
Child protection authorities	They are responsible for enacting child protection orders. In most cases, they issue a general and unspecified mandate to a social worker appointing him/her assistant to the child. In more severe cases the authorities can withdraw parental care (along with placing the child in out-of-home care) or finally withdraw parental custody by appointing a “tutor” (cf. Jud et al., 2011). The authority is set up as an interdisciplinary team including law professionals and disciplines such as social work, psychology, pedagogy or medicine.
Child and youth services	Field workers in child and youth services are responsible for assessment of children at risk, mandated to support children as guardian ad litem or provide voluntary support to children in need. Some services are only responsible for one of these functions, some for all.
2) Penal authorities (law professionals and police officers)	
Police corps	Some cantons and large cities dispose of police units specialized against child maltreatment.
Agencies of prosecution	Although part of the investigation in criminal cases lies with the police, public prosecutor’s offices have the jurisdiction over the case and have to decide whether there is enough evidence to bring charges.
Criminal courts	The judges at criminal courts are responsible for sentencing offenders.
Juvenile prosecution agencies	Young offenders between ages 10 to 18 years are subject to juvenile criminal law that prioritizes protection and education over punishment. Apart from the age of the offender, juvenile prosecution agencies fulfill the same functions as other agencies of prosecution.
Victim aid organizations	Victims of crimes have a legal right to voluntarily get support free of charge. Note that although these agencies are associated with the Swiss criminal code, through the voluntary support they provide they might also be categorized in the following sector. Indeed, several interdisciplinary child protection teams at hospitals and many specialized private agencies are recognized as victim aid organizations.
3) Voluntary services and specialized organizations	
Hospitals / children’s hospitals	Many child units at hospitals and all children’s hospitals dispose of an interdisciplinary child protection team to assess and intervene in cases of alleged child maltreatment.
Regional or cantonal interdisciplinary child protection teams	Some cantons have installed interdisciplinary teams to provide counseling for professionals on how to best proceed in cases of alleged child maltreatment.
Private agencies specialized against child sexual abuse	There are several privately funded organizations specialized in counselling and supporting sexually abused children and their families, some with quite a heavy caseload.

A note on mental health services and educational institutions. To optimize the process of improving commitment for data sharing, the primary institutional providers in child mental health, which were part of the first cycle of the Optimus Study, are excluded from the present second cycle. Unlike the agencies in the table above, mental health services are lacking a public mandate of child protection or a specialization against child maltreatment. As the process of knowledge mobilization covers a time intensive effort to build up personal and trusted relationship with stakeholders, the research team decided to strengthen the focus on primary institutions of child protection and to exclude mental health services from the Optimus Study.

Secondary analyses of participation in cycle 1 support this decision. Many mental health services did not see themselves as key players in protecting children from child sexual victimization and, therefore, refrained from participation. They regularly stated that child protection groups, victim aid organizations or private agencies specialized against child sexual abuse would fit the topic of the survey much better. Similar considerations led to the exclusion of educational institutions, school psychologists and school social work from the Optimus Study, cycle 2. As we are only an associate partner and base our study on funds by the UBS Optimus Foundation, we refrain from detailing the roles and functions of mental health services and educational institutions.

4.1.1 - Agencies mandated with the recording of child abuse and neglect cases

As detailed in section 3.1, apart from the penal sector there are no agencies mandated with recording child maltreatment. However, several voluntarily collect data on child maltreatment (see also section 2.2). Unfortunately, these data are hardly comparable due to differences in definition and operationalization.

4.2.1 - Creating synergies: *Who could participate in the CAN-MDS? Core and extended national CAN-MDS groups*

As introduced above, the Swiss team works with various stakeholders in the Swiss child protection system to improve commitment for data sharing in a second wave of data collection in the Optimus Study. All these stakeholders are eligible for a core national CAN-MDS group (see Annex for details). Stakeholders in the area of mental health services and education could potentially be invited to an extended national CAN-MDS group. However, due to lack of funds from the CAN-MDS project, we would rather refrain from inviting them.

4.3 – Available infrastructures and resources

Based on the Optimus Study we have already contacted the stakeholders in the Swiss child protection system in an effort of knowledge mobilization. We have asked them about their support and suggestions for a future (nationwide) data collection on child maltreatment. To deepen the understanding of agency data collection on child maltreatment and provide a basis for uniform data collection, each stakeholder is asked to share their data entry interface, definitions and operationalization of variables. However, not every stakeholder or agency does explicitly define or operationalize the variables in their data entry interface or just use open text. Therefore, sometimes even cases of the same institution are not comparable. In addition,

5 - Advocating towards the adoption of a CAN-MDS

The advocating towards the adoption of a CAN-MDS will have to follow the design of the second cycle of the Optimus Study with adapted procedure for the culturally different linguistic regions in Switzerland. Below you find an excerpt from the study proposal. Note that we have advanced in the agenda of the project.

Phases and milestones

Cycle 2 of the Optimus Study Agency Survey will be divided into three parts. In accordance with the overarching goal, the core part will be improving commitment for participation in Cycle 3. This part is accompanied by continuous monitoring of developments in legislation, practice, policy and financing, and an update of the list of agencies in Swiss child protection.

Four steps build on each other to (1) *improve commitment for participation in Cycle 3*. First, in a phase of *preparatory work*, we will individually plan the contact for each stakeholder together with well-known experts in the different areas of child protection. To be credible and to build trust it is crucial to share the same terms and codes, to know the context-specific issues that the stakeholders are grappling with. Therefore, we will compile a stakeholder-specific “glossary” that accounts for the different professional backgrounds and the structurally and/or culturally different local context.

After a thorough preparation, we will enter the phase of *building partnerships*. Contacts will be initiated by meeting each stakeholder individually at his/her own premises. There, we will introduce the aims and processes of cycle 2, discuss motivation to participate and the outcome to be achieved if participating.

We then step into the process of *knowledge translation* from researchers to the stakeholders and – vice versa – from the context-specific knowledge of the stakeholders to the researchers. At regional meetings, representatives of the stakeholders will compare previous data collection efforts by stakeholders to the first wave of data collection by the Agency Survey combined with an input on the experience of data sharing in another European country. Stakeholders will discuss benefits and costs of data sharing for the individual agency, the canton or the Swiss federacy and for the children and families. This phase ends with a joint statement by stakeholders on the importance of data collection, which will be published.

The final step to improve commitment for a second wave of data collection is *improving tools*. A sample of representatives of stakeholders will meet to generate a practice-validated questionnaire for data collection in cycle 3. The practice-validation will work as a quality label to a relevant and credible set of questions.

Accompanying the step-by-step process of improving commitment for data sharing is (2) *monitoring* of developments in legislation, practice, policy and financing in the Swiss child protection system. Apart from following written output, the monitoring will be improved through including expert interviews. To provide a benefit to the stakeholders, the most important development for each field will be summarized and compiled in a biannual report.

As a further, short-term benefit to stakeholders, the project team will (3) *improve the agency list* of institutions in the Swiss child protection system and will provide stakeholders with this list. All entries of this preparatory work for cycle 1 will be checked, and information will be updated. To maximize the benefit of the agency list, data on the location of the agency will be linked with data from Geographical Information Systems, which allows mapping of the agencies. An initial update at the start of cycle 2 will guarantee correctness of contacts with stakeholders. The complete update starts in 2013, after the federal legislation on child

protection and the protection of vulnerable adults has been implemented and public child protection re-structured.

Table 2 shows the phases and milestones. The second cycle of the Optimus Study Agency Survey starts in November 2012 and will end in October 2014. Ideally, the end of cycle 2 will merge into the start of the third cycle of the Optimus Study with a second wave of data collection.

5.1 - Recent and on-going developments

There are several efforts of implementing standardized or even evidence-based tools of risk assessment in Swiss child protection – one will be developed by a team at two schools of social work including the first author of this report. The call for standardized tools of risk assessment is undoubtedly associated with a commitment for improved uniformity of data elements and will therefore likely strengthen the commitment for data sharing.

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Annex

Below you find a list of stakeholders included in the effort of knowledge mobilization in the second cycle of the Optimus Study Switzerland.

Table 3 Stakeholders in the Swiss child protection system

1) Public child protection	
KOKES / COPMA	The Association of Child and Adult Protection Authorities (Konferenz der Kantone für Kindes- und Erwachsenenschutz KOKES) is one of the main bodies monitoring, documenting and promoting policy, legal, professional and practice in public child protection. The committee links the individual child protection authorities, the cantonal and federal governments.
SVBB / ASCP	The Swiss Association of Professional Guardians (Schweizerische Vereinigung der Berufsbeiständinnen und Berufsbeistände) is the counterpart to KOKES on the site of mandated child protection workers. Both associations collaborate closely and alternate annually in organizing national conferences of public child protection.
CLDPAJ	The Latin Association of Child Protection Directors (Conférence romande des chefs de services de protection et d'aide à la jeunesse CLDPAJ) assembles the cantonal administrative directors of child protection in the French- and Italian-speaking cantons. As public child protection is top-down organized in these cantons, this association is of outstanding importance to participation in the Francophone part of Switzerland.
SODK / CDAS / CDOS	The Committee of Cantonal Ministers of Social Affairs (Konferenz der kantonalen Sozialdirektorinnen und Sozialdirektoren SODK) has installed a division for children and youth, which is responsible for coordinating cantonal children and youth services on the federal level. The aim is to promote policy, legal, professional and practice development in the field.
KESB	Child Protection Authorities of big cities in the German-speaking part of Switzerland. Cities to include are Zurich, Basel, Bern, Winterthur, St. Gallen, Lucerne, Biel/Bienne, Lausanne, Geneva, Lugano and Thun.
Kinder- und Jugendhilfe	Child Protection Services of big cities in German-speaking part of Switzerland, e.g. Zurich, Berne, Lucerne, Aarau, Lausanne, etc.
2) Penal authorities (law professionals and police officers)	
KKPKS	The Committee of Chiefs of Cantonal Police Forces (Konferenz der Kantonalen Polizeikommandanten KKPKS) promotes exchange between cantonal police forces and coordinates shared strategic interests.
KSBS / CAPS / CAIS	The Association of Prosecution Authorities of Switzerland (Konferenz der Strafverfolgungsbehörden der Schweiz KSBS) connects the prosecution authorities of the cantonal and federal level and aims at contributing to legislative developments in an early stage.
KKJPD / CCDJP / CDDGP	The Conference of cantonal justice and police directors (Konferenz der Kantonalen Justiz- und Polizeidirektorinnen und –direktoren) includes the cantonal government members who are competent in the areas of justice and police. As an instrument of federalism, the Conference serves the cooperation between the cantons, with the federal government and with other key organizations in the aforementioned policy areas.
SVJ / SSDPM	The Swiss Society on Juvenile Criminal Law (Schweizerische Vereinigung für Jugendstrafrechtspflege SVJ) represents all professions involved in juvenile criminal law. It promotes professional development and exchange between members.
Police units	Police units specialized in cases of child maltreatment are also important stakeholders in the field. They are usually installed in large cities.
3) Voluntary services and specialized organizations	
The section Child Protection of the Swiss Society of Paediatrics	The section Child Protection of the Swiss Society of Paediatrics assembles the hospital child protection teams or units.

SVK-OGH / CSOL-LAVI	The task of the National Committee on the Victim of Crimes Act (Schweizerischen Verbindungsstellen-Konferenz Opferhilfegesetz (SVK-OHG)) is to connect services offering counseling to crime victims with penal authorities and to monitor development within the Victims of Crime Act.
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Large cantonal or regional multidisciplinary child protection groups	There is no national association of cantonal or regional multidisciplinary child protection groups. Therefore, we suggest inviting large agencies in this area to participate in the process of disseminating a CAN-MDS toolkit. Cantons to include are: Aargau, Bern, Geneva, Lucerne, St. Gallen, Vaud, and Zurich.
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Private agencies specialized in child sexual victimization	Some private agencies specialized in CSA are important stakeholders as they handle large caseloads: e.g. Castagna (Zurich), Lantana (Bern).
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4) Other important stakeholders

BSV Bundesamt für Sozialversicherungen	The Federal Office of Social Insurances, section Children and Youth, is responsible for coordinating child protection and children's rights on a federal level.
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BFS Bundesamt für Statistik	The Federal Office of Statistics serves the penal authorities with national annual data collection on registered criminal offenses (Polizeiliche Kriminalstatistik) and on counselling by victim aid organizations (Opferhilfestatistik).
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