



ALBANIA

CASE-BASED SURVEILLANCE STUDY ON VIOLENCE AGAINST CHILDREN



January 2013

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More information on the BECAN Initiative is available on the Internet www.becan.eu or at www.crca.al

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It is the first time that a research in Albania has analysed the way cases of child abuse and neglect have been managed by the system of child protection in the country, by looking into the data and information provided by agencies and organisations from different parts of the country. Although for many researchers the challenge of being the first in a specific area of research is a driving force to achieve sometimes the impossible, yet the lack of baseline data or assessments, reference studies etc within the country, it meant to our research team that they had to approach the issue carefully and look into the data and results from studies in other countries, mainly UK and USA.

“The Case-based Surveillance Study on Violence against Children in Albania” prepared by a strong team of Albanian researchers compiled by the Children’s Human Rights Centre of Albania (CRCA) it’s yet another achievement in the area of scientific research in Albania, a country where most of such studies are funded by private resources. We at CRCA Albania take pride in our dedication to fund child and youth related research thank to the continuous support of our partners and donors. This research is yet another proof of what Albanian researchers can achieve and how their studies can help to improve the lives of children and young people in Albania.

The preparation of this study was funded by FP7 Programme of the European Union as part of the initiative: **“Balkan Epidemiological Study on Child Abuse and Neglect” (BECAN)**, which was initiated by our colleagues at the Institute of Child Health in Athens, Greece. We thank the EU FP7 Programme for funding this important research and acknowledge the considerable professional guidance and assistance provided by our wonderful Greek colleagues at the Institute of Child Health.

I have the great pleasure to thank enormously the team of the researchers that made this study possible, which include: **Altin Hazizaj and Belioza Çoku** for leading the research team and for writing the study; **Dr. Enila Cenko**, for providing professional advice to the team leaders and for editing the study on several occasions and **Asoc. Prof. Dr. Edlira Haxhiymeri** for heading the Ethics Committee of the Research and for providing professional and ethical advice to the team leaders on crucial moments of the study. Finally, I take pride to thank and acknowledge the important contribution of **Erinda Ibrahimllari, Mirgit Vataj and Elvis Gjata** for being such wonderful team assistants and field researchers; **Aida Hida, Amarildo Fecanji, Mersila Ballo and Enida Bogdani** for assisting the team with valuable time and inputs.

A research of this kind would not have been possible without the dedication of agencies and organisations that agreed to let our researchers look into their databases and archives. I thank with great pleasure all Child Protection Units that joined this research, ALO 116 Albania, Arsis and Shelter for Battered Women for providing full access to the information on cases of violence against children reported respectively to each organisation.

Finally, a research in the area of child abuse and neglect can never achieve its aims, which is to inform and bring a change, whether in public policies or legislation to better protect children, to introduce new protocols or practices for health and social professionals working for children, to support evidence-based advocacy actions of civil society or to inspire new researchers to implement new studies in this area. We would support every action that can translate into measures that protect children from violence and that eliminate one of the worst phenomena of humanity that is violence. We ask each of you to do what your heart and mind, your job or profession requires you to do to achieve this mission.

S. Thornton Barkley
President of the Board
CRCA Albania

BECAN case-based surveillance study

The Project “Balkan Epidemiological Study on Child Abuse and Neglect” (B.E.C.A.N.) run from September 2009 until January 2013 in 9 Balkan countries and was co-funded by the EU’s 7th Framework Programme for Research and Innovation (FP7/2007-2013)¹ and the participating partner Organizations. The project’s coordinator was the Institute of Child Health, Department of Mental Health and Social Welfare, Centre for the Study and Prevention of Child Abuse and Neglect (ICH-MHSW), in Athens (Greece), while the national coordinator for Albania was the Children’s Human Rights Centre of Albania (CRCA Albania).

The Case-Based Surveillance Study (CBSS) aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the “iceberg” phenomenon

regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

The situation in Albania

Albania has neither a centralised system of reported CAN cases nor unified databases; instead, cases are reported to a wide range of different agencies and bodies. Previous independent reports during more than a 10 year life-span have continuously reported lack of legislation and policies when it comes to CAN monitoring and provisions of services for children and their families.

Social services and respectively child protection services are new in Albania. As such they are one area of public services that have faced rapid development and transformation. In 2004 the country initiated a wide reform of decentralisations of social services, with the aim to bring them closer to the clients, with community based organisations taking the lead to develop new services. “In recent years, civil society has played an important role in the delivery of new social services to the community. Civil society is assuming a special role in the process of putting into practice the new philosophy of social services.”²

Violence against children in Albania is prevalent in the lives of many children. On one side services such as: education, social services, health, police, justice etc., shall be able to capture

¹ Grant Agreement No: HEALTH-F2-2009-223478.

²Social Inclusion and social protection in Albania Page 49, European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities, September 2008.

and understand cases where CAN is prevalent in the life of child and on the other side, it shall be prepared to offer most effective services that at its final aim should help a child live a life without violence. At the present ALO 116, the Albanian National Child Helpline is the only available national referral service of CAN cases.

In late 2010 Albania approved a new law “On Children’s Rights”, which among many new dispositions requires public agencies across the social service sector at all levels of administrative organisation (Communes, Municipalities and District) to report on CAN incidence. The child protection system is currently being developed and the country does not have either a system of CAN monitoring nor indicators approved.

As the child protection system is not considered a substantive part of the administration of social services, roles and functions among agencies dealing with child child protection and welfare often overlap. The Law on Economic Aid and Social Services requires every Municipality and Commune³ to have some form of social services established. Social administrators are required to identify the cases and take a decision on each of them. Meanwhile, the Law on the Rights of the Child requires every Commune and Municipality across Albania to establish a Child Protection Unit (CPU), in order to assess and evaluate the situation of children at risk. Child Rights Units are established in 12 regions of Albania to assess the implementation of the law and to coordinate the referral of cases, when services are not available across municipalities and communes within the District. A National Agency for Child Protection has also been established to collect data across CPU’s and

CRU’s and provide sections against those perpetrators of the law.

Research Methods

BECAN CBSS constitutes a systematic effort to collect CAN data in Albania from already existing archives and databases of agencies and facilities involved in the handling of CAN cases, such as child protection services, health, judicial and police services and NGOs and at the same time to map the existing surveillance mechanisms. The primary aim of the CBSS was to measure all forms of CAN incidence rate, namely the number of children maltreated in a single year, including substantiated, suspected, and unsubstantiated cases based on already existing CAN surveillance practices from a variety of related agencies in 9 Balkan countries for a specific time period. CAN prevalence concerns the measurement of the number of people maltreated at any time during their childhood.

The data collection was conducted between the years 2010-2011, based on the relevant Protocol, which was designed for the needs of the present study. Research tools were used (extract forms), also created for the purposes of this study and were accompanied by a detailed Manual of Procedures for Researchers, in which all necessary information about the process and the use of tools is minutely reported.

Data were collected during site visits to collaborating organizations, while members of the research team that undertook the extracting of data about existing cases from the files of the agencies were previously involved in relevant training. Based on the Protocol, research tools and appropriate training, apart from Albania, the study was conducted in eight other Balkan countries. A

³ Forms of administrative organization in Albania. A municipality is the authority of local administration in a city/town, while the commune is the authority in a group of villages.

joint Balkan report was also prepared and issued from the leading agency of the BECAN research.

Mapping of agencies working on CAN cases

Albania doesn't have a full map of civil society organisations or public institutions working for children and providing social care and protection. At the time when the BECAN study took place there were neither a national register nor a database available from public institutions or CSO's. As such the team was aware of the difficulties it would face to identify and approach the agencies and organisations providing child protection services to children across Albania.

In total 46 organizations/child services were identified in the 3 geographical areas, North, Central and South of Albania. From these organizations/services 31 fulfilled the eligibility criteria set for the needs of the CBSS in Albania. Out of that 22 eligible agencies were invited to participate in the CBSS, based upon ease of access and availability to answer at the time that data collection was conducted. At the end of this process 7 agencies agreed to provide full access to their archives and databases.

Main findings of CBSS study in Albania

1 **The number of non-accidental injuries against children in Albania shows that violence threatens not only the well-being of children but also their right to life.** Many agencies such as health, law enforcement or social protection do not report on the non-accidental offences against children. This

is an issue that the authorities and researchers haven't given much importance, although it could shed light into crimes committed against children that are reported to law enforcement agencies. In the period of 2010-2011, the National Police Authority of Albania reported more than 300 life-threatening offences against children, while 29 of them resulted in the death of a child. From the data given by the Police Authority it is not known how many perpetrators were parents, siblings, family related individuals, other adults or peers. However data tells us that quite a considerable number of non-accidental offences are carried out every year against children across Albania, whilst child victims receive minimal specialised care and services. CBSS study suggests that there is an urgent need for a detailed cross-sectorial research into this area of criminal justice that affects the life of so many children in Albania.

2 **Albania does not have a mandatory reporting system on violence against children. Given that there are no national guidelines concerning standard data collection on child maltreatment, available information varies significantly among agencies.** At present, we could not identify a single body at a central or local level of governance that deals specifically and directly with issue of data collection, reporting, referral and case management among all agencies that deal with CAN cases. Several structures and institutions from different sectors are involved in the child protection system, including the state social services, the police, the judicial, the education, and the health sector. Out of 46 identified agencies identified by the CBSS study only 7 of them agreed to open their databases and archives

of cases for review. In total 120 cases were reviewed by the research team.

3 **There is uneven distribution of services for victims of child abuse and neglect. Child protection and social services function mainly in the largest urban centres, while children living in rural areas are left with very few possibilities to access them.** CBSS study considered mapping the distribution of services throughout Albania only to find that most of the respondents on the cases of violence against children came from a main urban area, with minor cases coming from some form of rural based social service or child protection agency. There are several factors that affect this uneven distribution, such as lack of funding and capacities to support such services at commune administrative units, low population numbers and traditional values that hinder reporting child abuse and neglect.

4 **The CAN Incidence in Albania demonstrates that only a very small fraction of cases of violence against children are reported.** Compared to the general prevalence and incidence of CAN reported by the Balkan Epidemiological Survey on Child Abuse and Neglect in Albania⁴, the child protection agencies are faced with the most difficult and severe cases of CAN. The research shows that most of the children that access the services have already suffered multiple forms of violence and throughout considerable periods of time. Most of the reported cases are

severe CAN cases - evidence that children access the services mainly when the violence is already aggravated or is demonstrated in some of its worst forms. Consequently, the researchers noted that the services are not able to notice and identify violence at its early stages, but rather seem to be in “waiting” for the next extreme case to be reported. According to the data received from 7 agencies across Albania, we can observe the incidence of CAN among children aged 11, 13 and 16 per 1000 children attending education. The incidence of all forms of CAN as derived from the records of eligible agencies is 1.5 / 1000 overall for children aged 11, 13 and 16 years old. Specifically, for the children aged 11 years old, the incidence is estimated at 1.5 / 1,000 and for children aged 13 and 16 years old at 1.3 and 1.6 / 1,000 respectively.

5 **Almost every form of violence is present in the life of children who report abuse and neglect in public institutions and civil society organisations.** The incidence of physical and psychological violence is more present in the lives of children compared to sexual violence. However girls report a higher rate of sexual violence compared to boys. Out of 28 reported cases of sexual violence, in 75% of them girls were the victims of abuse. Meanwhile when all forms of CAN are grouped and compared together (as per age group), we can see that there are no major differences in the forms of violence that children of all ages experience. Overall the study found that all forms of violence are present in children's and young's peoples' lives and data tells us that children are victims of different forms of violence throughout their childhood.

⁴ Cenko E., Hazizaj A., Haxhiymeri E., Çoku B., *Violence against Children in Albania-Balkan. Epidemiologic Study on Child Abuse and Neglect (B.E.C.A.N)*, 2013, CRCA Albania, Tirana.

6

Children who have dropped out of school or that have education-related problems report higher rates of violence. CBSS study found that most

of the children who report violence are also attending school. From the data we can observe that only a minority of children have not attended school (14.2%) compared to 60 per cent of children that do attend. Meanwhile 24.2% of children have dropped out of school and this is reflected in a slightly higher percentage of boys (27%) compared to girls (21%). This could tell us two things: a) children whose cases are reported to the agencies have a bigger chance to have dropped out of school compared to the national average (approx. 3%) and b) that violence against children has an effect on the overall emotional, psychological and physical health of the child⁵, contributing to the occurrence of maladaptive behaviors, such as dropping out of school. The agencies report that they collect a set of data into the education-related problems faced by children when they are reported as victims of violence. However looking into the reported data we can see that 45 per cent of all the cases have not specified any details about any educational problems of the child. When we look into the 55% of cases, where data has been registered, we observe that only 27 per cent of children do not report education-related problems, while 57 per cent of children do not attend the school regularly. Only a small fraction of children attend specialised education classes, meaning that the majority of children attend regular schools and classes, with only 13 per cent of children reporting a learning disability.

⁵ Felitti V., Anda R., The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare. The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease" Editors: R. Lanius & E. Vermetten. Cambridge University Press, 2009.

7

CBSS study demonstrates that female children victims of violence work at a higher rate than male children. When we observe the age

group of 13 years old we see a considerable difference at the percentage of female children working in domestic unpaid work, compared to boys of the same age. This could correspond with the start of puberty in children and the fact that they are expected by family to take a higher responsibility to help the family and other children. This trend continuous into the next age group of 16 years old, where we again see a higher number of female children working compared to boys.

8

Violence has a considerable influence on the behavioral problems of children. In 90 per cent of the cases the agencies collected various information related to

children's behaviour while only on 10 per cent of them they have not specified the information. When it comes to identified behavioural problems, only 30 per cent of cases show that children did not have any consequences from violence. Overall we can say that a large number of children report problems at home as one of the main behaviour related problems, with almost 31 per cent of children reporting that they have been running away from home. The agencies report that 33 per cent of children explain the behavioural problems as related to their peers. Violent behaviour (30%), problems at school (19%) and criminal involvement (15%) are behaviour-related problems recorded by the agencies. When it comes at the gender differences, 11 years old male children report that 65 per cent of them have problems at home compared to 47 per cent of girls. Violent

behaviour is also reported at a higher rate (43.5%) in boys aged 11 compared to girls (29 % of cases), whereas run-away behaviors are reported at similar rates across all age groups. There is a striking difference in terms of reported inappropriate sexual behaviour between boys and girls, with the latest reporting the highest rate. About 7 per cent of agencies report that children exhibit inappropriate sexual behaviour related to their age, with girls counting for almost 12 per cent, while boys (all age groups) are reported only at the rate of 2 per cent. This difference indicates that girls aged between 11-13-16 years of age have been exposed to a higher degree of sexual violence compared to boys of the same age groups.

9

Most of the children victims of abuse and neglect live with their married parents followed by divorced parents and single parent families respectively.

We observed that every form of abuse is at its peak when parents are married compares to divorced or single parent family status. None of the children reported to the agencies was living with a non-biological family. It is striking to see that sexual violence against children is reported almost at the same rate in the married parents and single parent families, which raises several questions into factors that impact the married and single parent families and their direct influence into violence against children.

10

Poverty, housing inadequacy and financial problems are contributing factors towards violence against children in Albania.

In 56 per cent of cases of child physical abuse agencies reported that children live in inadequate house conditions. The sources of family income are not a major factor but the income itself is. Although in majority of cases parents were reported to work full-time, still their income it was not sufficient to the family needs. Low household income and financial problems in the family are in the majority of cases an important factor in violence against children. Almost 63 per cent of children physical violence cases are reportedly coming from very low to low income families with 60% of agencies reporting that families have financial problems.

11

The larger the number of co-habitants per family the higher is the rate of violence against children.

Data reported on sexual violence against children indicate that some of the family characteristics seem to have a major impact into creating an enabling environment for sexual abuse. Agencies report that at least 96 per cent of children that have suffered from sexual abuse live with 5 or more co-habitants in their household, while less than 50 per cent of children in other forms of abuse report to live under the same conditions. The same children report that they live in the same family household with other relatives (25%) and parent's partner (18%).

12

In all reported cases of violence against children adult males were the main perpetrators of every form of abuse. Cases do not show

major differences between the main perpetrator and the form of violence exercised, with a minor difference in sexual abuse where 80% of all perpetrators are men. Although research suggests that usually mothers exercise more physical discipline, in our reported cases we saw that in 73 per cent of them men were also the main abusers of their children and siblings⁶.

13

The age of the perpetrator is an important factor in violence against children.

This variable can tell us if the abuse is happening among children or from an adult towards a child. CBSS classified the perpetrators in 7 age-groups the oldest being >65 years of age. One of the characteristics observed is that 18 years old and 19-24 years old tend to perpetrate physical and sexual abuse against children at a higher rate compared to other age groups, while psychological abuse and neglect is reported for age groups 25-34 and 35-44 years old.

14

The level of education and unemployment status of adult perpetrators are contributing factors to higher violence against children. CBSS

research found that violence against children expressed in all its forms is strongly related to the education level of the perpetrator. Few cases of

violence against children are related to perpetrators who have graduated from High School (with the exception of sexual violence against children) and University, while at the same time there were no cases of sexual abuse related to perpetrators who hold a university degree. The largest number of cases of violence against children is related to perpetrators, who have not attended school or have attended elementary and secondary education. Analysis of the CBSS cases shows that perpetrators who were not employed counted for almost half of all the forms of child abuse, while only in 1/3 of cases the violence was related to perpetrators who were employed or had a job.

15

Social services are the main institution where the majority of alleged and confirmed cases of violence against children are reported,

followed by police. Data reported from the agencies shows that social services were contacted in more than 80 per cent of alleged cases recorded in the study; followed by police in 34 per cent of cases of physical abuse, education services in 24 per cent of cases and medical/health services in 28 per cent of cases. Only 25 per cent of the cases are reported to the legal services. Even when the violence against children was confirmed, the cases were reported to social services, followed by police and mental/health services. Only 18 per cent of cases of physical violence for example, were reported to legal services, showing a pattern that although violence against children has been confirmed the agencies in more than 82 per cent of cases did not report or follow the cases to the appropriate legal authorities, even when they constituted a criminal

⁶ idem

offence such as sexual violence (21%). This paradigm it's worrisome because cases did not follow the legal channels, which would enable the perpetrators to be sentenced by a court and legal remedies be made available to children victims of violence. The same pattern seems to follow the mental health services, with 7 per cent of cases of sexual violence against children being reported.

16

Although violence against children constitutes a criminal offence very few legal actions are taken by the agencies to

report the perpetrators. As the data were collected for years 2010 and 2011, it reflects the lack of awareness on legal processes and measures to protect children from violence. We observed in 29 per cent of physical violence cases agencies took no legal action, in only 4 per cent of cases of sexual abuse the agencies seek judicial action to remove parents' rights, in 32 per cent of cases judicial action was taken to prosecute the abuser, in 25 per cent of cases agencies used emergency protection procedures or court orders (14%). In majority of cases (68%) the agencies reported to social services and police with no court involvement. It is difficult to assess what steps the social services / police authority took and whether they brought any of the cases to the prosecution, as we had no opportunity to look into police and social services archives. What data tells us so far is that cases of violence against children are reported to social services and from there measures are not taken sufficiently to bring justice to children who have suffered and survived violence against them.

17

Children continue to live in the same family premises even when extreme forms of abuse are reported to have been exercised by a member

of the family. The CBSS study also considered measures that were implemented by the agencies towards the family in order to provide care and protection for the child victim. Data shows that in 43 per cent of cases of sexual abuse the child was left with the family with no further care provided, in 18 per cent of cases the child remained with the family while an intervention plan was implemented, while only in 14 per cent of cases the child was moved away from the family thanks to the cooperation of a family member. The agencies reported that in 50 per cent of cases of sexual abuse there was no out of home placement implemented to protect children, with a higher rate for neglect (62%). In 14 per cent of cases of sexual violence children were put in shelters, with a lower percentage for neglected children being placed in shelters (7%).

18

The majority of cases of violence against children are referred to psychological services. In overall the majority of sexual abuse cases were

referred to psychological services (89%) followed by other child counselling (86%), domestic violence counselling (61%) and other family counselling (68%). When we look into services received by the child we again see the same trend, where psychological services provided assistance in 89 per cent of cases of sexual abuse followed by other child counselling services (79%), while family counselling counted for 64 per cent of cases

and domestic violence counselling in 46 per cent of cases.

19

Prevention of CAN in Albania is neither streamlined among the system of child protection nor to other child-related services.

The education system does identify, register and reports few cases of CAN, while child protection system doesn't provide short and long-term interventions to children and parents alike. The system of social care is focused mainly on providing economic aid and lacks a long-term vision to raise public awareness in the general population on consequences of child abuse and neglect. Other sectors such as education and health also do not implement information and education campaigns on how parents can build healthy relationships with children because they lack the knowledge on CAN. This fact further stresses the importance on establishing, a national mechanisms and database to identify, to report, refer and register CAN cases.

20

Agencies file completeness is achieved at a high degree and information related to child victims, perpetrators and caregivers is collected.

However information get less when detailed data is required on specifics of each case such as history of abuse, previous allegations etc. Only two agencies report to have electronic databases / archives., General information related to the child is collected in the majority of cases such as age and gender (respectively 100% each) while when it comes to the education of the child only 55 per cent of information is collected

and disability is diagnosed only in 82 per cent of cases. The information related to the incident is recorded in majority of cases (above 90%), while when we look into the details of the abuse, we witness that at times there is considerable amount of data "lost" or otherwise not collected from the agencies. The pattern follows all the form of violence against children with the lowest percentage related to nature of injury in physical abuse cases (65%). The information on perpetrator of the violence is collected by agencies in considerable detail, yet we see a variation in rates of data stratification. The agencies collected information on perpetrator such as gender and status of allegations (100% respectively), relationship to the child (100%), while data were not recorded at such high rates for nationality (70%), physical-mental disabilities of the perpetrator (62%). When it comes to register if perpetrators have a history of victimisation/abuse we see that only 27 per cent of files had any records on the issue. The same pattern followed the question if there were any previous similar allegations made towards the perpetrator, with 43 per cent of cases having recorded information. The information gets less persistent and accurate when the data on caregivers relates to their education level (57%), history of substance abuse (67%), previous history of victimisation/abuse (26%), history of CAN allegations (52%) etc. Information is found to be available on the family status (97%), number of co-habitants in the family premises (98%), identity of co-habitants (98%) and in a lesser degree information related to reports on other types of abuse in the family (82%) and other CAN victims (83%).

Albania needs continuous cross-agency case-based surveillance studies that can monitor on how the agencies report and respond

to violence against children. During the preparation of the CBSS Report the team witnessed that research and systematic studies of CAN case-surveillance and its consequences are missing in Albania. The constant recording of information and data into electronic databases could further facilitate the analysis and research, which could lead in the development of new legislation and policies, new services, procedures and protocols that can protect an ever larger number of children that fall victim of abuse and neglect.

Recommendations of the CBSS study

Albania has a long way to go before it can achieve nation-wide and sustainable child protection services. Nonetheless many steps have been taken to improve the situation and if this trend continues within few years a new standardised system of social services and supporting services will be in place. The CBSS research team has the following recommendations:

1. Violence against children is a serious threat to the right to life of every child. Non-accidental injuries against children are offences that have not received the necessary attention from authorities including the Ministry of Interior, Ministry of Health, the General Directorate of Police and the National Agency for Children's Rights (NACR). **The CBSS recommends yearly monitoring of non-accidental injuries against children in Albania by the NACR, which has the authority to collect data from all the ministries and public agencies in the**

country. Priority shall be given to strengthening of reporting from the health and education system, which because of their nature are often in contact with children and thus could detect early forms of abuse and neglect in children. The study of the non-accidental injuries could lead into new policy implications that may require developing new legislation, new structures or protocols for the protection of the right to life of children in Albania.

2. **Albania needs to develop a mandatory reporting system of violence against children. The system needs to introduce new guidelines into referral, case management and new protocols for all practitioners** (social services, child protection agencies, health, police, education, mental health practitioners, NGO staff, creches and

kindergardens). The CBSS research team recommends to the Ministry of Social Welfare and Youth (MoSWY) to take the lead in this process, based upon the results of this study and others, in developing new by-laws and procedures, including the support for the approval of a new law for protection of children from violence. The CBSS study also suggests the development of instruments and standard procedures for the case-evaluation and case management. These procedures should be used in every step of the case management, including continuous monitoring and reporting of the situation of the child and the case itself. Data collection on CAN cases among agencies and service providers shall be made by using a set of core indicators and data required to be collected from all agencies dealing with CAN cases, including the use of standardized instruments to be placed online.

3. The uneven distributon of social services across the country by central and local authorities has been tackled by many reports. The new administrative re-organisation of Albania could be a good starting point for the re-organisation of social services and child protection services across the country. **The CBSS research suggests that it is beneficiary that policy-makers at the level of the MoSWY draft a new strategy on distribution of social services at national and local level, including setting up a new funding scheme with monetary contributions from national and local budgets. In this aspect the CSO's services shall have the opportunity to be funded by the state and local government budgets, while priority shall be given to the introduction of new community and family**

integrated services in every municipality of Albania.

4. Violence against children is not just a personal and family issue. It has negative outcomes for human productivity and economic development of the country. The consequences of violence against children strain psycho-social services, health and education professionals. As such a victim of violence extends the suffering towards the society as a whole. **CBSS study recommends that the Ministry of Education and Sciences, the Ministry of Health, General Administration of Social Services and the NACR work together to implement the model of early detection of violence against children from creches to kindergardens to schools, health clinics and hospitals. This could initiate further public awareness on violence against children that is so much needed in Albania, while also improve the access of children to services and consequently contribute to a better protection of children from violence and abuse. Further to this the study recommends that NACR establish a central data collection system accessible by all agencies and services that work on child protection and provide services for them and their parents. Data must be unified, filled and filed according to specific protocols approved by the highest authority possible.**
5. Children victims of violence display from early on the signs of abuse and neglect, which often can be neglected or all together ignored by professionals across education, health, social services, legal and police sectors, if appropriate information and training is not

provided. **CBSS study recommends that public sectors work jointly with civil society organisations in Albania to develop new training courses, practices and materials tailored to the needs of the professionals. At the same time each Ministry should develop a professional code of conduct protecting children from violence. Priority shall be given to the introduction of such professional rules especially by the Ministry of Education, Ministry of Health, and Ministry of Justice etc.**

6. As it has been often stated in this report, Albania lacks well-developed services for children who survive abuse and violence at home or other premises. Currently the services are very limited in scope and are mainly run by NGO's. **The CBSS study advises that the NACR in consultation with CSO's to develop a new model of services for children victims of abuse and neglect that takes into consideration safety, protection and welfare needs of the child. Such services must be multi-disciplinary and inter-agency coordinated based on standard procedures for each intervention. CBSS recommends that MoSWY supports and strengthen the services of ALO 116 (Albanian National Child Helpline) as one of the main entry points for children reporting violence, while attention shall be given to establishment of community based family services (in health centers and day-care centers), parent behaviour awareness programmes, awareness programmes for children at school etc.**
7. Decision-makers hold a direct responsibility towards protection of children from violence

and development of laws, policies and services that can provide care, protection and redress to the victims. **The study strongly recommends that in order to develop new policies the Ministry of Social Welfare and Youth develops a National Action Plan on Violence against Children that will strengthen the efforts for systematic monitoring and reporting of CAN cases and the accountability of service providers towards the victims.**

8. Justice system plays a fundamental role to provide legal protection and remedies to all victims of abuse and neglect. The fact is that most CAN cases are not reported to the justice system. **The CBSS research suggests that the Magistrates School takes the lead in training and awareness of prosecutors and judges across Albania on the new criminal standards of protection of children from violence. Ministry of Justice shall issue legal recommendations for all professionals in justice system on how to deal with legal cases of violence against children. Meanwhile judges need to set up examples of holding accountable in front of the law parents and public officials that abuse and neglect children from their position of authority or power. Setting examples helps to show to the society that any form of violence against children won't be tolerated and go unsentenced.**
9. Poverty and employment are some of the major factors that influence violence against children. A wide body of research in many countries suggests that the provision of cash handouts for poor and deprived families has a positive impact in the reduction of violence against children. **CBSS research strongly**

recommends an immediate and general overview of the “economical aid” distribution in Albania in order to include violence against children as one of the elements to be taken into consideration in providing support to the caregivers who do not exercise violence against children. Further to this issue, the evaluation of the families shall also review the use of violence against children and spouses / partners as one of the reasons to interrupt money handouts in families that are part of the scheme or who wish to join it.

10. One of the areas that has often been considered as the main reason to why children continue to live with caregiver-perpetrator of abuse is that the Family Code of Albania does not clearly defines to what parental rights and responsibilities are towards the children and when they can be removed. Taking this into consideration, the **CBSS research strongly recommends to the Ministry of Justice to initiative a general overview of the Family Code of Albania, which should result in new amendments in order to include a new chapter or articles related to parental rights and responsibilities towards their children. This should bring the Albanian family legislation in line with other European Union countries and the recommendations of the UN Committee on the Rights of the Child for Albania.**

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LIST OF ACRONYMS

BECAN	Balkan Epidemiological Study on Child Abuse and Neglect
CBSS	Case-Based Surveillance Study
CAN	Child abuse and neglect
CPU	Child Protection Units
COMBI	Communication for Behavioural Impact
CRCA	Children's Human Rights Centre of Albania
CRU	Children's Rights Units
CSO	Civil society organisation
INSTAT	National Institute of Statistics
MoE	Ministry of Education
MoSWY	Ministry of Social Welfare and Youth
NAB	National Advisory Board (of BECAN research in Albania)
NACR	National Agency for Child Rights
NGO	Non-governmental organisation
VAC	Violence against children
UNICEF	United Nations Children's Fund
WP3	Working package 3
WP4	Working package 4

CHAPTER A: INTRODUCTION & BACKGROUND

A.1. The BECAN Project

The Project “Balkan Epidemiological Study on Child Abuse and Neglect” (B.E.C.A.N.) run from September 2009 until January 2013 in 9 Balkan countries and was co-funded by the EU’s 7th Framework Programme for Research and Innovation (FP7/2007-2013)⁷ and the participating partner Organizations. The project’s coordinator was the Institute of Child Health, Department of Mental Health and Social Welfare, Centre for the Study and Prevention of Child Abuse and Neglect (ICH-MHSW), in Athens (Greece), while the national coordinators for each of the participating countries were the following Organizations:

- Children’s Human Rights Centre of Albania (Albania)
- Department of Medical Social Sciences, South-West University “Neofit Rilski” (Bulgaria)
- Faculty of Political Sciences, University of Sarajevo (Bosnia & Herzegovina)
- Department of Social Work, Faculty of Law, University of Zagreb (Croatia)
- University Clinic of Psychiatry, University of Skopje (F.Y.R. of Macedonia)
- Social Work Department, Faculty of Sociology and Social Work, Babes-Bolyai University (Romania)
- Faculty for Special Education and Rehabilitation, University of Belgrade (Serbia)
- Association of Emergency Ambulance Physicians (Turkey)

The project’s evaluation was conducted by Istituto degli Innocenti (Italy) and the project’s external scientific supervision was undertaken by Prof.

Kevin Browne, Head of the W.H.O. Collaborating Centre for Child Care and Protection (United Kingdom) and Chair of Forensic Psychology and Child Health, Institute of Work, Health & Organisations, University of Nottingham.

The BECAN project included the design and realization of an **Epidemiological field survey** and a **Case-Based Surveillance study** in 9 Balkan countries (Albania, Bosnia & Herzegovina, Bulgaria, Croatia, F.Y.R. of Macedonia, Greece, Romania, Serbia and Turkey).

The 9 Epidemiological Surveys that were conducted aimed at investigating the prevalence and incidence of child abuse and neglect (CAN) in representative randomized samples of the general population of pupils attending three grades (the grades attended mainly by children 11, 13 and 16 year-olds). In addition, supplementary surveys were conducted to convenience samples of children that have dropped-out of school in countries where the drop-out rates are high for producing estimates of respectful CAN indicators at national level. Data were collected by two sources, namely by matched pairs of children and their parents, by using two of the ICAST Questionnaires (the ICAST-CH and the ICAST-P) modified for the purposes of the BECAN project.

The Case-Based Surveillance Study (CBSS) aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The

⁷ Grant Agreement No: HEALTH-F2-2009-223478.

collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the “iceberg” phenomenon regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

In addition, in the context of the BECAN Project were built National Networks of agencies (governmental and non-governmental) working in the fields of child protection from the areas of welfare, health, justice, education and public order.

In total, 9 National Networks were developed in the participating countries, having more than 430 agencies-members. Last but not least, a wide range of dissemination activities were conducted which included the organization of National Conferences and one International Conference, scientific papers, announcements to scientific conferences and meetings, publications in press/media, publication of Reports, etc (more information about the project's activities can be found at the project's website: www.becan.eu).

Finally, BECAN aimed to include all aforementioned outcomes in terms of evidence produced, experience gained and networking of resources into comprehensive consolidated reports at national and Balkan level that could facilitate evidence based social policy design and implementation for improving child protection services and overall provisos.

The current Report describes in detail the methodology and the main results of the case-based surveillance study conducted in Albania.

A.2. CBSS in ALBANIA: Background, Aim and Objectives

Research and interventions in CAN despite laborious efforts and undoubted progresses achieved insofar, still face a number of serious shortcomings. First of all, there is still a considerable distance between reported cases and the actual incidence and prevalence of cases of child abuse, the latter remaining quite unclear in a substantial part of the world. This results in serious deficiencies in the epidemiological understanding of the phenomenon, obscuring the picture and, thus, decreasing effectiveness of respectful interventions.

Secondly, there are – even today - disparities in definitions utilized by services and professionals as well as discrepancies in research and monitoring tools used.

Thirdly, due to the very nature of the subject matter, interdisciplinary approaches are necessary (from health, social and legal scientific discourses), implying wide diversities in methodological approaches employed by different disciplines. This is the source of another known problem, namely, the sometimes occurring, incommensurability of health, social and legal processes employed to address a single case of child abuse. Additionally, since at the onset of sensitization of modern societies towards child abuse, the issue was heavily charged, sometimes activist human-rights' approaches are still intergraded with scientific – empirical studies and interventions, creating disputes and yet unresolved conflicts on critical questions about the nature,

incidence and characteristics of the phenomenon (not always dealt within the constraints of required scientific austerity). Finally, on the grounds of all the above, policy and decision makers seem often to be left without vital information in resources prioritizing and procedures harmonizing, resulting in sometimes fragmented interventions, campaigns and networks. Moreover, within the range of the EU, things concerning child abuse seem to face severe troubles towards the targets of harmonization of procedures and health unification. BECAN study aims at tackling all issues mentioned above, facilitating the progress from currently existing condition in all these aspects.

Among the objectives of the BECAN Project were the following:

- A more realistic picture to be revealed concerning the difference between reported and hidden incidence of CAN cases in school-aged children in Balkan countries through the Consortium's access to national databases of identified cases of CAN and the obtaining of epidemiological data.
- Comparable and compatible data on CAN to be delivered, facilitating future research and better understanding of CAN features via the use of common instruments for data collection from all potential data-sources and unified definitions related to CAN issues.

Following up annually at CAN's level will provide a longitudinal view of the problem and thus a better understanding of the effectiveness of intervention and prevention programs, permitting for corrective decisions.

Differences between reported and hidden incidence and prevalence: Even today, throughout the world, there aren't many widely accepted field surveys of a general population's randomly selected sample. Seen from this angle, BECAN study will be a pioneering attempt to map (a) prevalence and incidence of child abuse in a

randomized population sample and (b) observed differences between findings of population-based research and reported cases of abuse. Thus, a more realistic picture will be revealed and the relation between reported and hidden prevalence will be clarified (will be achieved through milestones 2 and 9, and reported in Final Report to EC). Consequently, a number of indicators can be delivered concerning the actual incidence, prevalence and observed socio-demographic and regional differences of child abuse in respect to reported/registered cases (will be achieved through milestones 2, 4 and 9, and reported in Final Report to EC).

BECAN CBSS constitutes a systematic effort to collect CAN data from already existing archives and databases of agencies and facilities involved in the handling of CAN cases, such as child protection services, health, judicial and police services and NGOs and at the same time to map the existing surveillance mechanisms. The primary aim of the CBSS is to measure all forms of CAN incidence rate, namely the number of children maltreated in a single year, including substantiated, suspected, and unsubstantiated cases based on already existing CAN surveillance practices from a variety of related agencies in 9 Balkan countries for a specific time period. CAN prevalence concerns the measurement of the number of people maltreated at any time during their childhood. Given that data collection will target a specific 12-month time period, CAN prevalence estimation is not feasible and therefore is out of the scope of this study.

The second aim of the study is to compare its results with the results of the epidemiological survey; in this manner the opportunity will be provided to test whether the non-systematic recording of CAN cases (reported/ detected) in some of the participating countries and the more

systematic surveillance in some others sufficiently depict the CAN incidence rates. Such a comparison is expected to reveal a more realistic picture concerning the difference between reported and hidden incidence of CAN cases in school-aged children nationally in the nine Balkan countries. Therefore, the results can be used as a "needs assessment" indicator in order to identify potential weaknesses of the existing surveillance mechanisms in each individual country, even for those that have already established a CAN surveillance system.

The conclusions of the CBSS and the results of its comparison with the respective results of the epidemiological survey could be used for the development of a strategic plan in the context of the BECAN project suggesting the establishment of national permanent CAN monitoring systems in countries where no such systems exist or to improve already available systems. Furthermore, these data would operate as a starting point to enable the analysis of fundamental questions about the causes of variation between and within these countries, cultures and ethnic groups. Moreover, identification of the differences between the epidemiological survey and the CBSS results within each country and consequent comparison of these differences among countries could potentially indicate what works better in CAN surveillance and to assess the quality of the already existing CAN surveillance systems in terms of their usefulness, simplicity, flexibility, acceptability, sensitivity, specificity, representativeness, timeliness and resources, given that different methodologies, tools and mechanisms are currently employed for the monitoring of CAN.

Specific objectives

- To identify CAN incidence rates in Albania, namely to quantify the size of the problem based on already existing data in the same geographical areas and for the same time period the epidemiological survey will be conducted in nine Balkan countries.
- To collect data on child maltreatment from a range of sources nationwide in Albania about the characteristics of individual cases including case identity, child-, incident-, perpetrator(s)-, caregiver-, family-, household, previous maltreatment-, agencies involved- and services provided-related information (see also "indicators to be explored"). On the basis of this information we would outline the profile of maltreated children and their families, to identify potential risk factors and characteristics of groups at risk, to explore the severity of CAN in terms of duration and harm/injury and to outline investigation outcomes, including substantiation rates, placement in care, use of child welfare court, and criminal prosecution.
- To collect data related to characteristics of the existing surveillance systems targeting the outline of the current situation in the participating countries concerning CAN-surveillance infrastructures and identify common patterns and differences in the methods and tools used. Towards this objective, data are going to be collected concerning the identity of the agencies keeping CAN-related records, their legal status, the sector they belong to and their mission, their size (number of employees and the number of CAN cases turnover), the people who make the recording and whether

they have received any special training in handling CAN cases, the sources of referrals, whether routine screening is being enforced and implemented and whether these agencies collect statistic data on CAN. Furthermore, data will be collected on characteristics of the records, namely the format of the record (database or archive, electronic or paper), the total time-period covered by the archive/database, whether a specific "CAN recording form" is used, the type of cases that are included in the record and whether further documentation accompanying the record is available in the agencies.

Indicators explored in the context of study:

The indicators that were explored (see Chapter 'Results') targeted:

- to map the characteristics of existing archives/databases and agencies collecting CAN data or recording CAN cases;
- Characteristics of agencies keeping CAN databases/ archives;
- Characteristics of CAN archive/database;
- File completeness concerning the characteristics of the recorded incidents;
- Availability of information to be used for further investigation;
- To measure the extent of CAN (total incidence and incidence per form of CAN and status of substantiation, namely detected and/or reported, substantiated and non-substantiated);
- CAN incidence (in total);
- Incidence per form of CAN;
- To outline risks for CAN related to child, family and household, characteristics of caregiver-perpetrator and agencies that are involved in handling such cases;
- Child-related risks for CAN;
- Family and Household-related risks for CAN;
- Risks related to perpetrator(s)' and caregiver(s)' characteristics;
- Agencies involved, services provided

A.3. Current situation concerning CAN Monitoring System in Albania

A.3.1 Development of child protection services and CAN monitoring system in Albania

Albania is one of the countries with the youngest population in Europe. The results of the 2011 Census put the total population in the country at 2,831,741,⁸ composed of 50.2 per cent male and 49.8% female. The percentage of children up to 14 years old is 26.2, more than 10 percent higher than the 15.7% average of the European Union⁹.

The acknowledgment of child abuse and neglect as problems that need to be studied and addressed is a relatively new phenomenon in Albania. The issue was first posed in the 1990s with the rise of the civil society movement as a result of political changes in the country - due to the country emerging from 45 years of communist dictatorship and international isolation¹⁰. Child abuse and neglect are not new occurrences in the

⁸Albanian Institute of Statistics (INSTAT), "CENSUS 2001 results", Source: <http://www.instat.gov.al/al/figures/statistical-databases.aspx>

⁹ Idem

¹⁰ Haxhiymeri E., Kulluri E., Hazizaj A. Violence against Children in the Family, CRCA Albania 2005.

Albanian society, despite the recent acknowledgment. These phenomena have deep seated roots in the patriarchal traditions characterized by parental authority, adherence to an honor-and-shame system, and customs of hierarchal ordering with the family and the intergenerational family¹¹¹².

The ongoing economic and social changes associated with the transition from the totalitarian regime to a democratic society further contribute to abusive and neglectful attitudes and behaviors toward children. These changes have brought forth a break-down of traditional values and of parental and authority roles. On the one hand, the prevalent patriarchal mentality that characterizes the Albanian family and society in general, leads to authoritarian adult-child relationships where adults seek to retain total control and dominance over children's behavior and inevitably culminating in physical and emotional abuse. On the other side, a newly emerging style of permissive relationships has placed parents and other caregivers in the position where they no longer can influence their children, leaving children outside adult care and control and, thus, leading to potential neglectful practices¹³. In both cases, children are the ones that suffer the consequences.

The culture of violence against children is largely accepted in the Albanian family, school, and society. Several studies confirm this fact and demonstrate that physical and psychological violence are accepted forms of discipline both in the family¹⁴ and at school. The first study on child abuse in Albania shows that violence is so widespread in Albania that the distinction between

upbringing and the use of violence is often blurred in the minds of the respondents¹⁵. Results of the study conferred that only 23.6% of the 643 adults interviewed consider slapping a child as a form of abuse. More recent assessments also provide support to this claim. The study on Violence against Children in Albania of 2006 reported that the overwhelming majority of the adult respondents in their study think that it is alright to use light forms of violence against children such as smacking or pulling of the ear. Another study on parents' beliefs on corporal punishment of children¹⁶ further shows that 76% of the 195 parents and 57% of the 92 teachers interviewed think that it is acceptable to slap children, but only with a few light slaps.

Since the collapse of communist system in 1990, Albania has approved and ratified a considerable number of national and international legal norms for the protection of children. These are the UN Convention on the Rights of the Child; the European Convention on Human Rights and Fundamental Freedoms; The Convention on the Elimination of All Forms of Racial Discrimination; the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment; the Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption; and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

Article 54 of the Albanian Constitution addresses the issue of violence against children specifically and directly, assuring children of their fundamental rights. According to the article, children enjoy the right of special protection by the State; the right to be protected

¹¹ Idem

¹² Harr R. Dhamo M, Domestic violence in Albania: A National population-based survey, INSTAT Albania, Tirana 2009.

¹³ Kamani, Mato & Cangonji, Violence against Children in Schools in Albania, Save the Children in Albania, 2007.

¹⁴ Tamo A. Karaj Dh. Violence against Children in Albania, UNICEF, Tirana 2006.

¹⁵ Kamani, Mato & Cangonji, Violence against Children in Schools in Albania, Save the Children in Albania, 2007

¹⁶ Karaj, T., Parents' Beliefs about Corporal Punishment of Children, Save the Children in Albania, Tirana 2009.

from violence and maltreatment; the right to be protected from exploitation and work that might harm their health or morals, or put their normal development at risk.

Other fundamental national legal instruments such as the Criminal Code, the Family Code, and a number of laws and specific decisions also contain provisions that directly or indirectly affect the observance of children's rights and their protection from different forms of abuse. The Criminal Code amended in 2008 and 2013, punishes "physical or psychological abuse of the child by the person who is obliged to care for him/her" with imprisonment from three months to two years (art. 124b).

Although significant developments have occurred to this extent, Albania is yet to have a proactive child protection system¹⁷. Other studies¹⁸ also suggest that this undeveloped child protection system in Albania is due to: 1) the lack of a unified law on abuse and neglect that deals with all forms of these phenomena in all settings; 2) the fact that professionals working with children have no mandates or specific guidelines on how to report and respond to violence against children.

In late 2010 Albania approved law "On Children's Rights". The article 21 of the Law states: "The child shall be protected from any form of ... (a) physical and psychological violence, (b) corporal punishment and degrading and humiliating treatment...." Article 3(ç) defines "physical violence" as "every attempt to damage or actual physical damage, or injury to the child, including corporal punishment, which are not accidental" Corporal punishment is defined in article 3(f) as: " any form of punishment resorting

to the use of force aimed to cause pain or suffering, even in the slightest extent, by parents, siblings, grandparents, legal representative, relative or any other person legally responsible for the child." In addition, article 26 of the Law states: "No child shall be subjected to torture, punishment, cruel, inhuman or degrading treatment."

The law requires local administrative units of the Government (Communes, Municipalities and District) to report on CAN incidence. The Law also requires every Commune and Municipality across Albania to establish a Child Protection Unit (CPU), in order to assess and evaluate the situation of children at risk. At District level Child Rights Units shall be established (12 in total) to assess the implementation of the law and to coordinate the referral of cases, when services are not available across municipalities and communes within the District. A National Agency for Child Protection has been established to collect data across CPU's and CRU's, develop new policies in the area of child rights and sanction those who break the law (both public and private bodies and individuals).

At present, there is no identified single body at a central or local level of governance that deals specifically and directly with issues of child abuse and neglect. Several structures and institutions from different sectors are involved in the child protection system, including the state social services, the police, the judicial, the education, and the health sector. Non-governmental organizations and the civil society also play an important role in the implementation of the child protection system¹⁹.

The main objective of the social services sector in Albania is to provide social assistance and services to individuals and groups in need

¹⁷ Hamilton C. Malby S. Ross G, Analysis of the Child Protection System in Albania, UNICEF 2007.

¹⁸ Dragoti E. Kusi S., Violence against Children in Albania, UNICEF 2007.

¹⁹ Cenko E, Hazizaj A., Current Situation of Child Abuse and Neglect in Albania, CRCA Albania, Tirana 2010.

due to limited economic, physical, psychological and social circumstances. Child protection concerns are encompassed in this broad objective, since abused and neglected children may be defined as “children in need”. The legislative framework thus places the social services sector as a key actor in the child protection system.

Needs for social services and economic assistance, however, do not necessarily overlap exactly with child protection needs. As such, this sector places less of an emphasis on child protection concerns per se, including identification, assessment, referral mechanisms, and provision of services for cases of violence, abuse, exploitation, and neglect. The sector concentrates mostly on the provision of economic assistance and residential care.

A UNICEF commissioned report in 2010 stated that “Despite increased attention, there is not yet in Albania an inclusive social policy system for children; the existing structures are fragmented, and their scope is limited. Coordination mechanisms for child protection are almost inexistent, while identification and referral bodies are unable to provide adequate social services. Technical expertise is limited vis-à-vis the need for specialized social services, while strategic planning of social policy at the regional and local levels is almost non-existent.”²⁰

The main institutional authority of the social services sector is the Ministry of Social Welfare and Youth (previously Ministry of Labor, Social Affairs and Equal Opportunities). This ministry is responsible for the social protection of groups in need, including children. Key structures within the Ministry that address

child protection include the General Directorate of Social Policies and Directorate of Social Welfare and Integrated Services. The Ministry also hosts the National Agency for Child Protection (NACP), which is the responsible public institution responsible for the implementation of the Law for Children’s Rights in Albania. NACP also provides support and information to the Inter-ministerial Committee on the Rights of the Children, which acts as an advisory body, proposing (but not enacting) policies that relate to children’s rights in Albania.

The intermediary institution between the policy making level of the Ministry of Labour and Social Affairs and the service provision level is State Social Services. The main responsibility of State Social Services is to serve as an inspectorate body, monitoring and supervising the performance of existing services as well as provide staff development opportunities. This body operates via its main headquarters in Tirana and regional offices situated in the 12 regions of Albania. The role of these regional offices is to inspect and control all social services institutions in their area. Given this monitoring role, these offices play only a limited role in specific case referrals of child abuse and neglect.

At the local level of governance there are several structures that play an important role in the child protection system: the post of the Social Administrator, the regional Children’s Rights Units, and the municipal Child Protection Units.

The post of Social Administrator is located within the municipality or commune local government structure, and provides coordination and delivery of the social care. There is a Social Administrator in each municipality or commune,

²⁰ Children’s Social Inclusion Policies and Financing in Albania, UNICEF, Tirana 2010.

with the number of social administrators depending on the size of the population. Social Administrators are responsible, among other functions, for the identification of eligible families and persons and their needs assessments, including cases of child abuse and neglect. However, according to studies, the Social Administrator's role, in practice, is usually limited to the administration of economic assistance and disability entitlement. These authors, more specifically, note that "Although Article 32 of the Law on Social Assistance and Services gives a clear responsibility to Social Administrators to assess the need for social care services, in practice many Social Administrators did not have the time to add this function to their daily routine or simply did not regard assessing children at risk as being within their job description"²¹.

The Children's Rights Units (CRU's) are located in the regional level of governance, which acts as an intermediary governance level between the local and central governments. These units are responsible for several duties including: a) the identification and the referral of cases of the infringement or abuse of children at a regional level; b) the monitoring and the evaluation of the implementation at a regional level of laws and policies related to children's rights; and c) the collaboration other governmental structures or non-governmental organizations that work for children's rights. Practice assessments of these units have yet to be conducted in order to attain a better understanding of how well these structures are functioning.

The Child Protection Units (CPU's) are established within the administrative structure of municipal social services. These units have three

main functions: to assess and monitor the situation of children and families at risk, to coordinate local level protection referral and response, and to conduct identification and multi-disciplinary case management of the most urgent cases. At present, these units operate in over 175 municipalities and communes.

The Child Protection Units fulfill an important gap in the child protection system in Albania given the general lack of services that address this issue. The Child Protection Units to date, however, appear to maintain only weak links with the other Social Administrators of the Municipality leading to a lack of co-ordination with broader social assistance schemes. While the Child Protection Units provide a much needed referral body, and to an extent assessment and services, their role in is not yet institutionalized into the main agency for providing services to children victims of violence. A Report of 2012 pointed out that: "... (there is) inequality in distribution of services across the country and have suggested that CPUs might be the place to start in terms of building capacity by establishing such units in both urban and rural settings. However, while, creating new services (or CPUs) is a good beginning, there is a need to strengthen the existing system through enhancing human capacities and budgeting their activities and services"²².

The roles of the police and the judicial sector are of an essential importance for the child protection system, given that these sectors ensure the implementation of the legislation that criminalizes child abuse and neglect. In addition, the police are often the first point of contact of the victim of abuse. International standards on the treatment of child victims and witness also pose

²¹ Hamilton C. Malby S. Ross G, Analysis of the Child Protection System in Albania, UNICEF 2007, pg 86.

²² "How to Improve Responsiveness of Service Providers in Identifying, Reporting and Referring Cases of Violence against Children", Albanian Center for Economic Research 2012.

that an additional responsibility of the police is to provide the appropriate referrals to the appropriate social care services and to handle the child with the appropriate care (Hamilton et al., 2007).

The General Directorate of the State Police is the highest administrative and technical authority within the Albanian police that reports directly to the Ministry of Interior. The central general directorate of police is located in Tirana, while each of the twelve regions in Albania has a regional police directorate. The General Directorate of the State Police hosts a modest Section for Child Protection, which is designed to protect children from exploitation, abuse and criminal activities, as well as to prevent acts of juvenile delinquency. In order to assist this Section, a specialist responsible for child protection is stationed in all 12 Regional Police Directorates. The General Directorate also contains an Anti-Trafficking Section, which makes referrals of asylum seekers and victims of trafficking (including children) to the shelters for the protection of victims.

At the state level, police structures are involved in the child protection system via the criminal police sections at the police commissariats that are charged with the priority task of discovering, documenting and preventing criminal activity against children and by children. Police sections also play an important role in cases of domestic abuse ensuring the protection of victims, especially minors. In practice, however, the police sector seems to experience difficulty in identifying or referring child victims to social care services or in describing the procedure for referring cases to state social services. The police sector also suffers from a lack of guidance in relation to the treatment of child victims and witnesses, and

very often victim children do not receive the appropriate psychological assistance²³.

The education sector plays an important role in the identification and referral of cases of violence, abuse, and neglect, given that educators work in close contact with children. To date, in Albania, teachers and educators are not adequately trained on how to identify and refer cases of child abuse and neglect. This is due, at least in part, to no real policy or criteria on the identification of violence or abuse in schools that could be used in the course of teacher training. A new law on Pre-university education was approved by the Albanian Parliament in 2012. The law assigns new duties to the Ministry of Education and Educational Authorities to protect children from violence and develop Ethics Committees, where cases of violence within school shall be reported and decisions taken. However very little is known if such committees comprised with teachers, parents and children have been established and are functioning²⁴.

An important step in the consolidation of the child protection system is the introduction of school psychologists. The role of the school psychologist is to identify and respond to social problems in cooperation with teachers and the school director; thus, playing a key role in the identification and referral of cases of violence, abuse, and neglect encountered at school. However several studies have noted that school psychologists not always relevant qualifications and training needed for such a post. They also lack a clear job description and have little access to regular updating training and supervision.

²³ Dragoti E. Kusi S., Violence against Children in Albania, UNICEF 2007.

²⁴ Hazizaj A. Legal framework for the protection of LGBT adolescents from violence and discrimination in the pre-university education system in Albania, Balkan Social Science Review, Volume 2, 2013.

The health sector via primary health care services and hospitals is a key actor in the identification of and response to child protection cases encountered. The law “On Measures against Violence in Family Relations” requires the Ministry of Health to enhance the capacity of health practitioners to provide the adequate medical and psychological assistance to victims of violence, including children. In addition, the law also mentions the duty of doctors and practitioners to record and refer cases of violence. However, practice assessment suggests that health care staff do not work in accordance with a formal child protection policy or referral protocol. A study found that only 11.1 % of the 126 respondents from the health sector reported referring a case of violence against children within the last year. Less than a fifth of these respondents claimed to have supervisory mechanisms to monitor the identification, registration, and referral of cases of violence against children. Thus, neither primary health care staff nor hospital doctors have written criteria to assist them in the identification or classification of child protection issues²⁵.

Health care practitioners also lack the appropriate training to identify cases of violence against children. An assessment into the issue revealed that doctors would use their own medical judgment to identify cases of physical violence or abuse. However, they generally felt less qualified assessing cases of psychological or emotional violence. It should be noted also that the health sector performed the worst in terms of the identification, registration, reporting and referral of cases of violence against children. This assessment indicates an urgent need to provide health care staff with the adequate

training and resources that are needed to participate in the child protection system²⁶.

At present, the majority of cases of child abuse and neglect come to the attention of the child protection system by parent referral. The police, educators and health staff also may identify and report such cases; however, to date the number of these referrals is low. This low level of identification is due to several factors. First, professionals working with children are mandated by law to report cases of serious criminal offenses to the police, but there is no statutory duty to report cases of child abuse and neglect. Second, health care staff and educators are not adequately trained on the identification of child protection cases. Third, the professionals do not work in accordance with a formal child protection policy or referral protocol, and often have a poor understanding of the role of social services and other structures involved in the child protection system. All these factors result in low levels of identification and referral of child abuse and neglect cases.

As it has been constantly point out, in Albania, there is no uniform policy on record keeping for children at risk of abuse and neglect. Such policy should be developed and implemented for all bodies working with children. Moreover, training should be provided to ensure that staff and professionals working with children fully understand the need for accurate and up-to-date record keeping.

Child abuse referrals are not handled by a single identified body, but responsibility for these cases is fragmented. There are a number of bodies that may both identify and receive referrals for child protection purposes, including

²⁵ Dragoti E. Kusi S., Violence against Children in Albania, UNICEF 2007.

²⁶ Cenko E, Hazizaj A., Current Situation of Child Abuse and Neglect in Albania, CRCA Albania, Tirana 2010.

the maternity units of hospitals, Social Administrators, the Child Protection Unit and the regional office of State Social Services at regional level. Non- governmental organizations also may assess and offer services themselves, rather than referring the case to one of the state bodies at municipal or regional level. Different issues arise in the process of referral of child protection cases. First, not all municipalities and communes have a Child Protection Unit. Second, the police sector not always has a clear understanding of the nature of support services that might be suitable and made available for child victims. Third, the social services sector operates no clear mechanism for emergency or comprehensive multi-disciplinary assessment of a child at risk. Fourth, there are no emergency powers for the immediate removal of a child by the police or social services departments in the municipality or commune.

It should also be noted that the bodies undertaking an assessment of a child at risk of abuse lack a common assessment framework. This lack of assessment also makes care planning difficult. In practice, The Child Protection Units work with NGOs and professionals concerned with the child, and discuss the appropriate services to be provided

to the child. However, there is no formal process of care planning and review by either the Child Protection Units or other state bodies involved in child protection.

UNICEF and the Children's Human Rights Centre of Albania (CRCA) in 2009 undertook an important initiative – the establishment of the Albanian National Child Helpline – ALO 116. ALO 116 is a national service that aims to assist children via phone counselling and referral services to other governmental and non-governmental organizations. The helpline has reported that since June 2009 they have received more than 500 thousand phone calls from children across Albania, becoming a strong cross-link between children and protection services.

In general it can be stated that the system identifies the CAN prevalence and incidence although it doesn't report effectively. The unbalanced distribution of Child Protection Units and social services, either government or NGO based services, it provides children in larger urban areas with more opportunities to be placed under protection compared to children living in rural areas, where extremely few child protection are effectively established and functioning.

A.3.2 Non-accidental injuries of children in Albania

One of the areas that the study looked into was non-accidental offences against children. From the first publication of a report on non-accidental injuries in children²⁷, researchers and practitioners have understood the value of continuous monitoring of child abuse cases. Non-accidental injury (NAI) is a common condition in children and carries a significant morbidity and

mortality... Non-accidental injuries in children (physical abuse or battering) include injuries that result from deliberate actions against the child or failure to prevent injury occurring to the child²⁸.

As Albania doesn't have a mandatory reporting system on violence against children, many

²⁷ I Kempe CH, Silverman FN, Steele BF, Droegemueller W, Silver HK. The battered child syndrome. JAMA 1962;181:17-24.

²⁸ Thomas A. Nonaccidental Injury in Children. Forensic Science and Medicine, 2000, pp 117-134.

agencies such as health, law enforcement or social protection do not report on the non-accidental offences against children. This is an issue that the authorities and researchers haven't given much importance, although it could shed light into crimes committed against children that are reported to law enforcement agencies. The National Police Authority in Albania is one of the few institutions that collect data on non-accidental offences committed against children in Albania. Data provided below include years 2010-2011.

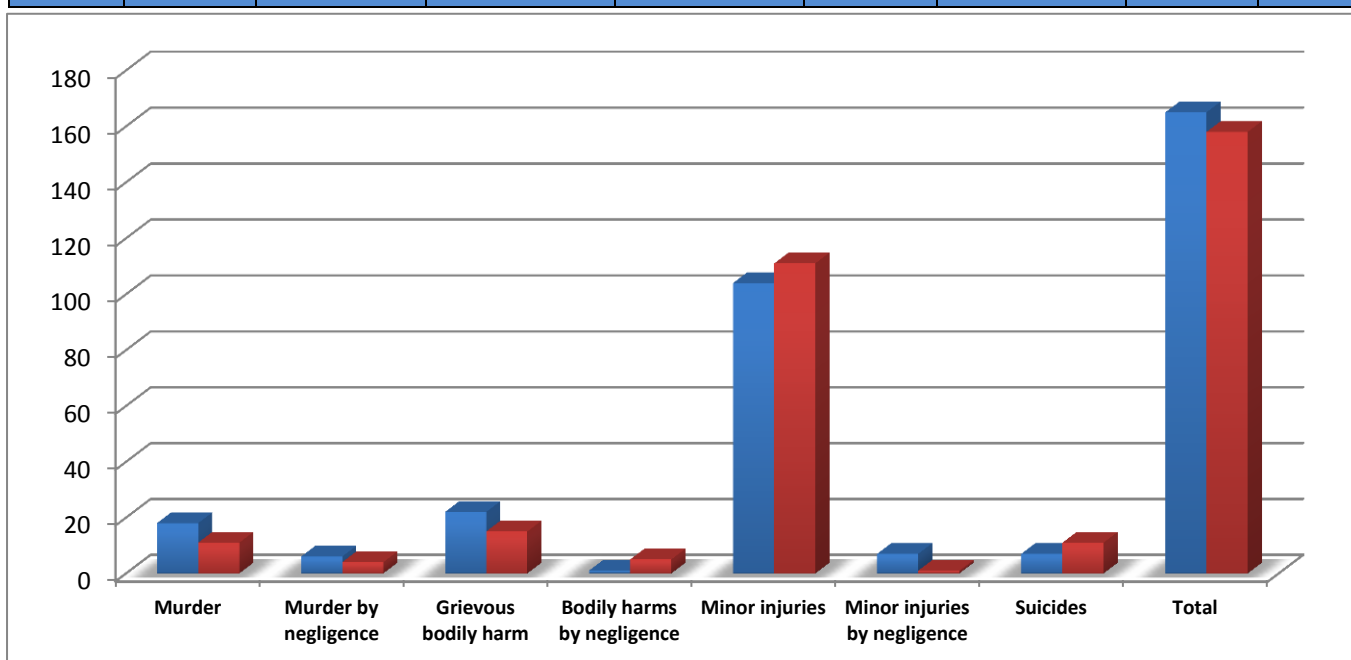
As it can be observed at the Table 1 there are 165 non-accidental crimes against children in 2010 and 158 criminal offences in 2011 where minor injuries against children constitute the largest offence followed by gross bodily harm in the second place. Data from 2010 shows that a

larger number of offences were carried against children, with murders counting for almost 11 per cent of them. This constitutes a worrying trend despite the fact that during 2011 child murders fall to 7 per cent. The high rate could be explained by the lack of visiting homes where violence children is prevalent from social workers or other social professionals.

From the data given by the Police Authority it is not known how many perpetrators were parents, siblings, family related individuals, other adults or peers. However data tells us that quite a considerable number of non-accidental offences are carried out every year against children across Albania, whilst child victims receive minimal specialised care and services.

Table 1: Non accidental offences against children in Albania (2010-2011)

Year	Murder	Murder by negligence	Grievous bodily harm	Bodily harm by negligence	Minor injuries	Minor injuries by negligence	Suicides	Total
2010	18	6	22	1	104	7	7	165
2011	11	4	15	5	111	1	11	158



A.4. The necessity for development of a National CAN Monitoring System

The need for systematic CAN surveillance systems is a commonly accepted priority. The value of permanent national CAN referral and administration centres involving coordinating contribution of diverse sectors such as the social, health, justice and police services and NGOs is also well-known.²⁹

“Surveillance” according to the standard definition used by WHO *“is the on-going, systematic collection, analysis and interpretation of health data essential to the planning, implementation, and evaluation of health practice, closely integrated with the timely dissemination of these data to those who need to know.”*³⁰

In the context of this rationale, in 1996, the United Nations Secretary General, considering the fact that the prevalence of various types of violence against children remained unknown throughout most of the world, called for a world study of violence against children. Among the main study outcomes was the recognition of the need for common methodology, namely shared definitions, procedures and research tools, in order to set priorities and benchmarks for comparison at a national level, to develop preventive action plans in both national and international context³¹ and evaluate CAN preventive measures or strategies to deal with individuals and families where child maltreatment already exists.

Given the lack of valid and reliable data concerning the magnitude of children maltreatment, both decision-makers as well as the general public often refuse to accept that CAN

represents a serious challenge in their societies.^{32,33,34} In 2000, Djeddah stressed that “existing surveillance systems do not always capture child abuse” and, furthermore, that existing data on morbidity and other consequences, such as disabilities and socio-economic implications, are scarce and often unreliable.³⁵

Such realizations equally apply today to the majority of the Balkan countries, as different surveillance methodologies based on different policy provisions, including different tools, processes and sources, are employed for monitoring CAN across the Balkans.³⁶ In many cases these methodologies are not sufficient in providing a reliable picture of the CAN burden and often lead to an underestimation of the magnitude of the problem. Furthermore, available data resulting from the existing national CAN surveillance systems -where such systems exist- are fragmented, not comparable and compatible, determine bias and therefore are inadequate in contributing to a solid national and international policy development. Additionally, comparison among the different cultures within the same country is difficult to achieve.

In general, the surveillance process involves proper records of individual cases, collection of information from these records, interpretation of this information, and a report of it to any interested party such as the government officials responsible for policy-making in the field of public health, international agencies, health care

²⁹ Barber-Madden, R., Cohn, A. H., & Schloesser, P. (1988). Prevention of Child Abuse: A Public Health Agenda. *Journal of Public Health Policy*, 9(2), 167-176 <http://www.jstor.org/pss/3343003>

³⁰ Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). *Injury surveillance guidelines*. Geneva, World Health Organization.

³¹ Zolotor, A. J. et al. (2009). ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multi-national pilot testing. *Child Abuse & Neglect*, 33, 833-841.

³² Dunne, M. P., et al. (2009). ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries. *Child Abuse & Neglect*, 33, 815-825.

³³ Wolfe, DA. (1999). *Child abuse: Implications for child development and psychopathology*. Thousand Oaks, Calif: Sage.

³⁴ Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). *Injury surveillance guidelines*. Geneva, World Health Organization.

³⁵ Djeddah, C., Facchin, P., Ranzato, C., Romer, C. (2000). Child abuse: current problems and key public health challenges. *Soc Sci Med*, 51(6), 905-15.

³⁶ BECAN Current Situation Country Reports (<http://www.becan.eu/node/21>)

practitioners, as well as the general public. Surveillance may be “active” or “passive”. In *active surveillance*, maltreated children are identified through a variety of sources (such as police and judicial reports, social and health service agencies and educational authorities), are interviewed and, subsequently, followed-up. This type of surveillance usually requires large expenditures in terms of human and financial resources. In *passive surveillance*, relevant information is collected in the course of carrying out other routine tasks.³⁷ Passive surveillance is usually less costly compared to active, although the thoroughness of reporting depends on the motivation of the person preparing the report. Even in cases where the incident report is mandatory by law, often the practitioners do not report all cases due to excessive workload or in order to avoid potential involvement in long-term judicial procedures that many times follow the reporting, especially in countries where there is no provision for a type of “professional legal immunity”.³⁸

The BECAN Case-Based Surveillance Study (CBSS) in Albania aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance

practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the “iceberg” phenomenon regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

³⁷ Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.

³⁸ Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.

A.5. CBSS Challenges Encountered in Albania

As expected the research faced difficulties and challenges. At the time when the data were collected there was no an established list of registered service providers and that the information was circulated only among few institutions and organisations. Thus was difficult to build a map of services and institutions. The research used different methods to identify all the possible institutions and organisations from contacting individually each agency to visiting premises of those that reported to have registered cases of CAN during 2010 and 2011.

As noted in the WHO report (2006) *"access to and use of any particular service is always remarkably uneven between different groups in the population. Case-based information collected from such services and facilities can never therefore be used to measure the overall extent of the problem of non-fatal child maltreatment"*. CAN surveillance for non-fatal cases relies particularly on cases being reported to or detected by the authorities and therefore it misses all CAN incidents that go unreported.³⁹ Therefore, it is expected that the information gained from the reported and/or detected CAN cases will potentially be limited and biased. Surveillance of reported CAN cases is, however, an appropriate indicator for the trends in service provision and service utilization, but cannot give a proper overview of the problem.

Agencies collect information on different aspects of child abuse and neglect, depending on the nature of their involvement. They include statistics about allegations or investigations, or substantiated cases, perpetrators etc. Given that in most cases there are no national guidelines concerning standard data collection on child

maltreatment, available information varies significantly among agencies.

A major challenge that the research team faced was the lack of response among the identified agencies and those that provided data. In total 46 organizations/child services were identified in the 3 geographical areas, North, Central and South of Albania. From these organizations/services 31 fulfilled the eligibility criteria set for the needs of the CBSS in Albania. Out of that 22 eligible agencies were invited to participate in the CBSS, based upon ease of access and availability to answer at the time that data collection was conducted. At the end of this process 7 agencies agreed to provide full access to their archives and databases. In 2 occasions joint teams worked to register the cases into the Extraction Form.

Few central public institutions were considered eligible to provide information related to CAN extracting information. Most of the central institutions may have in their archives reported cases of CAN; however in their current form it was not possible to extract relevant information from such databases. Agencies at the local level hold more reliable data on CAN. The team found from site visits that their filing system was poor, not well organised and neither protected personal data of abused children. Only 3 agencies had well-protected and organised filing systems and some form of database. None of the databases were connected to any central or local system of reporting of CAN cases.

Nonetheless, the information provided by the agencies presents a good overview of how the system was working at the time of the research. With the entry into force of the Law on Protection of Children's Rights and Council of Minister's

³⁹ Ibid.

decisions approved later on, the system is supposed to work in more coordinated manner with a flow of information and coordination among,

at least, central and local public child protection agencies and other services.

CHAPTER B. RESEARCH METHODOLOGY

According to WHO (2006) "data collection on child maltreatment must be based on accepted, standardized definitions so that categories are uniform and sets of data can be effectively compared".⁴⁰ As stressed in the international literature, however, there is no absolute consensus on definitions of child maltreatment^{41, 42, 43} and this lack of standard definitions has been repeatedly identified as a major obstacle in the development of child maltreatment research and practice.⁴⁴

Existing definitions have been shown to differ considerably, depending on the context where they are formulated (such as legal, medical, social, or cultural), the specifics of the national legislation (such as the definition of "childhood") and the fact that events that constitute CAN may change over time (for example, initially only physical abuse was considered as maltreatment, then sexual abuse was added and at an even later stage psychological abuse and neglect were included in the events considered as CAN).

In addition to these difficulties, individual values, beliefs and perceptions of persons responsible for referrals and recording of cases about what constitutes a reportable case complicate the picture. As a consequence of this reality, the incidence of child maltreatment reported to official agencies varies according to the

reporting procedures and definitions used. The extent of documented child maltreatment varies greatly among and within countries, and reflects the differences in social norms and values, while the respective data represent only those cases that are known to the authorities, and the true prevalence of abuse far exceeds this.⁴⁵

National statistics on the incidence and prevalence of CAN rely on various disparate data sources,⁴⁶ derived from governmental and non-governmental agencies and include child and social welfare services' databases and archives but also records from numerous other different sectors such as the health, justice and police services. Therefore, in the context of BECAN CBSS in Albania, we involved all available "data sources" partners from different sectors and disciplines.⁴⁷

As it has been stated in this report, Albania doesn't have a system of child protection in place and either a mandatory reporting on child abuse and neglect. This has been reported and documented in several NAB reports and Research Team reports. In the opinion of researchers this made it difficult to observe and study the system as there are not legally binding rules on how to respond to CAN cases, either a national data collection system or a set of indicators that shall be gathered and reported. The Team noted that at the

⁴⁰ Ibid.

⁴¹ National Research Council. (1993). Understanding child abuse and neglect. Washington, DC: National Academy Press.

⁴² Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.

⁴³ Scott, D. et al. (2009). The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature Child Abuse & Neglect, 33, 791–808.

⁴⁴ National Research Council (1993). Understanding child abuse and neglect. Washington, DC: National Academy Press.

⁴⁵ International Society for Prevention of Child Abuse and Neglect, (2006). World perspectives on child abuse, 7th ed. Chicago.

⁴⁶ Scott, D. et al. (2009). The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature Child Abuse & Neglect, 33, 791–808.

⁴⁷ Wolfe, D. A., Yuan, L. (2001). A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa: Minister of Public Works and Government Services Canada, Health Canada.

moment of the preparation of the report several forms of CAN were not expressively prohibited by the law.

Another event to be noted during the course of the implementation of the CBSS was the approval and entry into force of the Law on Protection of Children's Rights. The law protects children from every form of violence and neglect. It has to be stated that the approval of the law did not influence the implementation of WP4, contrary to that it did facilitate it. The law established a National Child Protection Agency and calls for Child Protection Units to be established throughout the country wherever they are not. At the period of writing this report it was reported that 69 Child Protection Units in 69 municipalities and communes were established and 9 Child Rights Units out of 12 were established in regions. However during 2011 the law was not fully implemented and many parts of the law remain yet to be implemented, a major one related to child referral mechanism.

B.1. Organization of CBSS in Albania

The preparation phase for the study consisted of four main stages: a) identifying agencies and services and inviting them to participate in the study by allowing access to their files (which actually lasted until the completion of the data collection process), b) preparing the Albanian version of the study's protocol, tools and decoding and the Handbook for researchers (including translation and adjustment), c) creation phase of the research team including training of researchers) and d) implementation phase of study, data collection, coding, analyzing and report with results. The steps that have taken in each phase aiming to the completion of the study are described in detail to the flow chart below

The CBSS Research Team in Albania was comprised of 8 people, two experts were PhD graduates (in Social Work and Psychology), while the rest of the team were all holders of MA degrees as following: team leader (Lawyer), Assistant Team Leader (Social Worker / Lawyer) and 4 Field Researchers (2 Psychologists / 2 Social Workers). During the process of data entry and analysis the team was joined by a senior Statistician and later on a media expert. The team worked together throughout the period of 2010-2013 upon the finalisation of this report.

In early 2010 the team drafted a list of 46 institutions and organisations where CAN could be reported and carried out a pre-screening to review whether the institutions received cases of CAN and recorded them. The list was prepared based upon available information and Agencies lists being available at CRCA, UNICEF and the Ministry of Labour, Social Affairs and Equal Opportunities.

In late-2010 invitations and requests with specific questions were sent to the entire list of organisations / institutions. Much of the responses were negative via phone or e-mail. Based on the responses and information, out of the preliminary list a new inventory was produced with 31 eligible institutions and organisations. A letter was sent by the National Coordinator and the Team Leader to all the agencies identified during the initial process. Several organisations and institutions responded to the letter by stating that they did not collect directly the data; data were not recorded or; organisations had only partial records that did not provide detailed information on the CAN case.

Faced with a low response rate from agencies across the regions and municipalities, in 2011 the CBSS Research Team decided to approach the case 1 by 1 organisation/institution visiting them onsite by having arranged an appointment. From this process 3 NGO's and 4

institutions agreed to allow our Field Researchers to look into their archives / databases and provide data for CBSS, while the rest either had no person in charge to assist the team or did not hold reliable data to report. The onsite visits were carried out by at least one CBSS Research Team Field Researcher under the supervision or instructed from the team leaders.

In consultation with National Board Ethics of BECAN Study (NBE), it was decided that only the data and information collected from 7

represented 120 cases of children from all over Albania.

The table below provides information on who were the agencies and their location. Although the agencies for the purposes of the research were registered based upon their geographical position, in at least 2 of them the CAN cases were reportedly registered from all over the country.

AGENCIES INTERVIEWED FOR CBSS RESEARCH				
ID	Name of the Agency	Location	Geographical Position	Number of CAN cases
1	Shelter for Battered Women and Girls in Albania	Tiranë	Central	5
2	Child Protection Unit	Berat	South	7
3	Child Protection Unit	Elbasan	Central	4
4	Child Protection Unit	Fier	South	16
5	Child Protection Unit	Kuçovë	South	3
6	ALO 116 – Albanian National Child Helpline	Tiranë	Central	45
7	ARSIS	Tiranë	Central	40

organisations/institutions through the Extraction Forms to be used for the research which,

B1.1. Timeframe

A strict timeline was followed to implement the CBSS in Albania. The team initiated the work in early June 2010 and it continued to work on the collection of information and cases throughout 2011.

In mid-2011 the team was engaged to start filling information based on agencies that had already agreed to provide data and allow the team to visit their archives. During this time the records of 2 major agencies were checked. During 2012 the Team overviewed the archives and databases of 4 more agencies after a long process of communication. Nonetheless all the necessary formal procedures were followed to collect information on CAN including the protection of children's data. It is important to state that the collected CAN data it corresponds with years 2010

and 2011, in order to make it comparable with the data from the CAN surveillance research in Albania⁴⁸

⁴⁸ Cenko E., Hazizaj A., Haxhiymeri E., Çoku B., *Violence against Children in Albania-Balkan. Epidemiologic Study on Child Abuse and Neglect (B.E.C.A.N)*, 2013, CRCA Albania, Tirana.

B.1.2. Identification of Eligible Services-CBSS Data Sources

Firstly, a set of eligibility criteria (Table 1) was decided and approved in consultation with National Advisory Board, upon for the selection of potential organizations that were considered to be recruited

as data sources concerning their "identities". The criteria's used are described below:

Table 1: Eligibility criteria for the participation in case-based surveillance

A. Geographical Area: Any organization/ agency/ service that

- Is settled in the territory of Albania
- Its geographical coverage of database/ archive recordings to be identical to that of the epidemiological survey

B. Legal status

Be a not-for-profit and an NGO oriented towards child welfare and supporting the Rights of the Child **OR**

Be a semi-public agency for child wellbeing and/ or care, addressing also CAN issues / Child protective services (e.g. municipalities and prefectures) **OR**

Be a Governmental Organization/ structure belonging to the following branches

- Health care system/ Child services
- Judicial Authorities/ Public Prosecutor's Office for Juveniles
- Police Services/ Child abuse reported to the police
- Educational System **OR**

Be an Independent Authority such as the Ombudsman for the Rights of the Child **OR**

Be a University and/or Research Institute with CAN-related studies and studies on safety promotion for children

C. Organization's mission & operational characteristics

*Have a demonstrable commitment to improving the lives of children **AND***

*Operate with honesty, integrity and transparency **AND/OR***

Demonstrate commitment to the rights of vulnerable children through a Child Protection Policy or equivalent

D. Available information in the Organizations

*Maintain at least one database with reported/detected cases of CAN **AND/OR***

*Maintain at least one record (archive) with reported/detected cases of CAN **AND***

Is able to provide a list of the recorded variables for each available database and/ or archive **AND***

Is willing to participate in the BECAN network and is willing and able to share resources

The identified national agencies that satisfied the agreed-upon criteria were listed in an inventory of potential data-sources per country including social services, health services, judicial and police services and non-governmental organizations with interests in CAN-related issues.⁴⁹

Next, informational material along with an invitation was sent to all eligible agencies included in the national inventories in order to inform them about the BECAN CBSS and to invite them to participate by providing access to their databases/archives. For the agencies that responded positively, further communication followed in order to explore whether their existing CAN databases/ archives satisfied the minimum requirements to be included in the BECAN CBSS. This process was made via a questionnaire entitled "Form Summarizing the Characteristics of existing CAN-related database / archive" developed for this specific reason. The issues in question are presented below (see Table 2).

Table 2: Form Summarizing the Characteristics of existing CAN-related database / archive

1. General information concerning CAN recording
2. Availability of data
3. Availability of victim-related information
4. Availability of incident-related information
5. Availability of family-related information
6. Availability of perpetrator-related information
7. Definitions used by the organization for CAN

Assessing and selecting data sources

Each potential source of data was expected to have its own set of advantages and disadvantages in terms of completeness and representativeness. According to existing literature, police records, for example, can be excellent sources of information

about the circumstances surrounding serious intentional injury, but unfortunately, thorough investigating and reporting is not usually the norm; instead, trauma registries typically contain great detail about the clinical condition of an injured person but do not always include information about the circumstances or causes of injury.⁵⁰ To this end, a set of eligibility criteria for available databases and/or archives including minimum data requirements were set in order to decide which of the databases can be included in the CBSS (Table 3).

Table 3. Criteria for eligible available data, databases and archives

Minimum data requirements

A. Victim-related information

– Age, gender

B. Incident-related information

– CAN type (physical-, sexual-, psychological-abuse and neglect)

Some of the identified databases/archives suffer from problems related to restricted access, depending on whether or not there are legal, jurisdictional or ownership issues.⁵¹ To assess potential data sources and select the ones that are best suited for BECAN CBSS purposes, we followed the following process: first communication was made with the respective agencies via official letters where we informed any eligible agency that fulfilled the pre-defined criteria to participate in the BECAN CBSS. Next, eligible agencies were informed about CBSS aims, namely to develop a *ready-to-use toolkit for extracting CAN information from existing archives/databases* and to develop and formulate a major argument for establishing permanent CAN Monitoring Systems at both national and Balkan levels.

⁴⁹ Holder, Y., Peden, M., Krug, E. et al (Eds). (2001). Injury surveillance guidelines. Geneva, World Health Organization.

⁵⁰ Ibid.

⁵¹ Ibid.

B.1.3. Preparation of the BECAN research tools in Albania

Two pre-coded data extraction forms were translated and adopted in Albanian for data collection from eligible archives and/or databases, based on the same instruments developed by the Lead Agency. First form aims to facilitate collection of information regarding the agencies participating in the study per country as well as their archives/databases. Second extraction form will be used for data extraction for each individual CAN case will identified in the existing archives and databases.

The tool consists of two parts: the first of which addresses issues related to the participating agencies and their CAN records. The second part is related to the CAN cases themselves. Each part includes a number of variables to be measured, which are categorized under general titles.

PART I. In order to be aware of the sources from where the data collected was gathered, this part of the extraction form contains information concerning the agency/organization providing the data. This part includes two general categories related to the agency's identity and its archive. The first part of the extraction form will be completed only once per each agency that will provide access to its database/archive, regardless of the number of cases that will finally be identified and extracted. A set of 13 variables will be used to record all information needed for the identity of the agency that provides the

data and a second set comprised of 7 variables will be used to keep the needed information for the archive/database maintained by the agency. An overview of the variables included in the respective extraction form is presented below.

ID	Category	Variable	Description
a1	Agency	Identification Code	Unique identification label assigned to each agency participating in the study
a2	Agency	Legal Status	What is the legal status of the agency
a3	Agency	Operating Status	Whether agency <u>operates independently</u> at nationwide or local level
a4	Agency	Sector	What is the sector that the agency belongs to
a5	Agency	Mission	What is the orientation of the mission of the agency
a6	Agency	Human Resources	Number of employees working in the agency
a7	Agency	Personnel working with CAN	Number of employees working in the agency devoted especially to CAN
a8	Agency	Number of CAN cases turnover	What the number is of CAN cases on average per month the Agency receives Agency-related information
a9	Agency	Area	Area that agency provides child welfare services
a10	Agency	Referral sources	What are the sources of referrals to the agency

a11	Agency	Screening	Whether policy for CAN routine screening is implemented by the agency
a12	Agency	Training on CAN issues	Existence of specialized training program on CAN
a13	Agency	Trained staff	Number of trained employees on CAN issues
a14	Agency	Statistics	Availability of CAN statistical data
b1	Archive	Time period covered	What is the total time period covered by the archive/database maintained by the agency
b2	Archive	Type of record	What is the format of the archive/database
b3	Archive	Recording Form	Whether a specific "CAN Recording Form" exists AND is used in the agency
b4	Archive	Content of archive/database	What type of cases are included in the agency's archive/database
b5	Archive	Personnel who record the cases	What is the profession of the staff who record the case
b6	Archive	Available Documentation	Whether there is any available documentation accompanying the records
b7	Archive	Text Description	Whether text describing the case of maltreatment is available

PART II: This part includes ten general categories related to case identity, child, incident, perpetrator(s), caregivers (in cases where they are different persons than the perpetrators), family, household, history of previous maltreatment and which agencies they contacted and what services they provided as a consequence of the specific incident (if any). The second part of the extraction form will be completed as many times as CAN-cases records/files are identified in an archive/database for the pre-defined time period, i.e. one form per each individual case. In the following table, an overview of the variables under the ten above mentioned general categories is presented.

ID	Category	Variable	Description
A1	Case	Identification Code	Unique identification label assigned to a case
A2	Case	Child Identification Code	Unique identification label assigned to a child
A3	Case	Report Date	Date the child reached the agency and the maltreatment was recorded
A4	Case	Date of Record	Date case was recorded by the researcher in the BECAN extraction form
B1	Child	Child's Age	Child's age on date of report (years)
B2	Child	Child's Sex	Child's sex
B3	Child	Nationality	Child's nationality and specific ethnic group (if applicable)
B4	Child	Educational status	Child's educational status
B5	Child	Work status	Child's work status
B6	Child	Education-related problems	Child's reported education and school environment related problems
B7	Child	Behaviour-related problems	Child's reported behaviour related problems
B8	Child	Substance-abuse problems	Child's reported substance-abuse problems
B9	Child	Diagnosed disabilities	Child's diagnosed physical, mental or developmental disabilities
B10	Child	Telephone number	Availability of a telephone number where the child can be reached
B11	Child	Address	Availability of child's postal address
C1	Incident	Incident date	Date when the incident took place
C2	Incident	Duration of maltreatment	Clarification whether maltreatment refers to a single or to multiple incidents and its duration
C3	Incident	Source of referral	What was the source of referral for the specific incident
C4	Incident	Scene of incident	Place(s) where the incident(s) (single incident or multiple incidents e.g. neglect, sexual abuse) took place
C5	Incident	Form of maltreatment	Form of maltreatment
C6	Incident	Physical Abuse Status	Investigation results of CAN associated with report of physical abuse

C7	Incident	Physical abuse forms	Specification of forms of reported physical abuse
C8	Incident	Injury due to Physical abuse	Existence and assessment of the degree of physical injury resulted due to physical abuse
C9	Incident	Nature of physical injury	Nature of injury sustained or suffered by the child
C10	Incident	Sexual Abuse Status	Investigation conclusion concerning report of alleged sexual abuse
C11	Incident	Sexual abuse forms	Specification of forms of reported physical abuse
C12	Incident	Psychological Abuse Status	Investigation conclusion concerning report of alleged psychological/ emotional abuse
C13	Incident	Psychological maltreatment forms	Specification of forms of reported physical abuse
C14	Incident	Neglect Status	Investigation conclusion concerning report of alleged neglect
C15	Incident	Neglect forms	Specification of forms of reported neglect
C16	Incident	Case assessment of allegation	Case Assessment of allegation based on information/evidence provided by one or more sources
C17	Incident	Maltreatment confirmation	Recorded confirmation that maltreatment has occurred
C18	Incident	Legal Action Taken	Legal action taken following the recording of CAN
C19	Incident	Care Plan	Care plan for child
C20	Incident	Out of Home Placements	Consideration of out of home placement
D1	Perpetrator(s)	Number of perpetrators	How many perpetrators were involved
D2	Perpetrator(s)	Perpetrator/Alleged perpetrator	Decision after investigation for the perpetrator
D3	Perpetrator(s)	Sex	Perpetrator sex
D4	Perpetrator(s)	Age	Perpetrator's age on date of report, in years
D5	Perpetrator(s)	Nationality	Perpetrator's nationality & specific ethnic group
D6	Perpetrator(s)	Educational level	Perpetrator's educational level
D7	Perpetrator(s)	Employment status	Perpetrator's employment status
D8	Perpetrator(s)	Marital status	Perpetrator's marital status
D9	Perpetrator(s)	Relationship with child	Perpetrator's relationship with child-victim
D10	Perpetrator(s)	History of substance-abuse	Perpetrator's reported substance-abuse problems
D11	Perpetrator(s)	Physical/mental disabilities	Perpetrator's diagnosed physical or mental disabilities
D12	Perpetrator(s)	History of victimization/ abuse	Reported victimization of perpetrator during childhood or adult life
D13	Perpetrator(s)	Previous allegations	Reported previous allegations of similar offences for the perpetrator
D14	Perpetrator(s)	Telephone Number	Availability of perpetrator's telephone number
D15	Perpetrator(s)	Address	Availability of perpetrator's postal address
E1	Caregiver(s)	Caregiver and Perpetrator	If caregiver(s) is/are different person(s) than perpetrator/alleged perpetrator(s)
E2	Caregiver(s)	Number	How many caregivers are involved in the care of the child
E3	Caregiver(s)	Relationship to child	Caregiver's relationship to child-victim
E4	Caregiver(s)	Type of guardianship	What is the type of guardianship
E5	Caregiver(s)	Sex	Caregiver's sex
E6	Caregiver(s)	Age	Caregiver's age on date of report, in years
E7	Caregiver(s)	Nationality	Caregiver's nationality and specific ethnic group
E8	Caregiver(s)	Educational level	Caregiver's educational level
E9	Caregiver(s)	Employment status	Caregiver 's employment status
E10	Caregiver(s)	Marital status	Caregiver's marital status
E11	Caregiver(s)	History of substance-abuse	Caregiver's reported substance-abuse problems
E12	Caregiver(s)	Physical/mental disabilities	Caregiver's diagnosed physical or mental disabilities
E13	Caregiver(s)	History of victimization/ abuse	Whether caregiver is known or suspected to have a history of maltreatment
E14	Caregiver(s)	History of CAN allegations	Caregiver's history concerning allegations of offence related to maltreatment

E15	Caregiver(s)	Telephone Number	Availability of caregiver's telephone number
E16	Caregiver(s)	Address	Availability of caregiver's postal address
F1	Family	Family status	Family status concerning the family that the child currently lives with
F2	Family	Number of co-habitants	Number of people living in the household other than child-victim (including mother/ father/ caregiver(s))
F3	Family	Co-habitants' identity	Identity of people living in the household other than child-victim
F4	Family	Other CAN victims	CAN incidents concerning other child in family
F5	Family	Other types of abuse	Violent incidents concerning adult person in family
F6	Family	Referrals made to services	Child- and family-focused referrals made
F7	Family	Services received	Child- and family-focused services received (ongoing or previously)
G1	Household	Inadequate Housing	Family reported to have inadequate housing
G2	Household	Household income	Reported household income
G3	Household	Source of income	Primary source of the household income
G4	Household	Financial problem	Family finances do not meet minimal needs
H1		Incidents	Reference of previous maltreatment incidents
H2		Types	Reference of most severe substantiated or unsubstantiated previous incident of maltreatment
H3		Perpetrator(s)	Perpetrator(s) of most severe previous maltreatment
H4		Investigating agencies	Agencies involved providing services during the investigation of the most severe incident of maltreatment
I1	Follow-up	Follow-up	Whether case's follow-up information is available in the agency

The Extraction Forms below) were consulted with several partner agencies to observe how much information and data they could capture for the purposes of CBSS in Albania. The majority of agencies found Extraction Forms difficult to fill because they asked detailed information on many aspects of CAN cases that the majority or agencies did not collect or because the information was not available.

Figura 10- Të plotësohet për QDO rast të ANF

A. INFORMACION MBI INCIDENTIN

B. IDENTIFIKIMI I RASTIT

C. INFORMACION MBI INCIDENTIN

D. DHUNËSITAR/JA(T)ET - VICTIMET

E. INFORMACION MBI DHUNËSITARIN/ET

F. INFORMACION MBI FAMILJEN

G. INFORMACION MBI SHITËPËNË

H. KEQTRATIM I MËPARSHËM

I. INFORMACION MBI DHUNËSITARIN/ET

J. INFORMACION MBI DHUNËSITARIN/ET

K. INFORMACION MBI DHUNËSITARIN/ET

L. INFORMACION MBI DHUNËSITARIN/ET

M. INFORMACION MBI DHUNËSITARIN/ET

N. INFORMACION MBI DHUNËSITARIN/ET

O. INFORMACION MBI DHUNËSITARIN/ET

P. INFORMACION MBI DHUNËSITARIN/ET

Q. INFORMACION MBI DHUNËSITARIN/ET

R. INFORMACION MBI DHUNËSITARIN/ET

S. INFORMACION MBI DHUNËSITARIN/ET

T. INFORMACION MBI DHUNËSITARIN/ET

U. INFORMACION MBI DHUNËSITARIN/ET

V. INFORMACION MBI DHUNËSITARIN/ET

W. INFORMACION MBI DHUNËSITARIN/ET

X. INFORMACION MBI DHUNËSITARIN/ET

Y. INFORMACION MBI DHUNËSITARIN/ET

Z. INFORMACION MBI DHUNËSITARIN/ET

B.1.4. Training of the National Research Team

Field researchers that undertook data extraction concerning detected and/or reported CAN cases already recorded in archives and/or databases of a variety of agencies were professionals (all graduated from Social Sciences University) qualified with at least basic research skills. CBSS field researchers were the same persons as the epidemiological survey. The Research Team was established at the initial stages of the project and continued to be responsible for the overall implementation of WP4 till the end of preparation and submission of this report. The research team was comprised of 2 team leaders and 4 field researchers.

The Train the Trainers seminar was conducted on 11-12 October 2010 in Cluj-Napoca, Romania. During the 1st day of the training, a general introduction of the WP4-Toolkit was made (theoretical background & methodological issues) on the basis of presentations which –apart from the Research Protocol for the CBSS and the Operations' Booklet- also included information on how to organize the train-the-researchers' seminars and the necessary material (all material used during the train the trainers seminar are available in the BECAN Managerial Forum).

Furthermore, both extraction forms (for agencies and for CAN cases) were discussed in detail through a process of reviewing each individual variable. The second day of the training was mainly dedicated to practicing the use of the WP4 toolkit. The process focused on the piloting of the extraction forms via a simulation of the extraction process using a "mock CAN case" and based on the CBSS protocol.

Apart from familiarizing the trainers with the protocol, this process provided the opportunity to test the extraction forms, namely whether all the participants extracted identical information from the same case on the basis of the protocol. During the whole duration of the train the trainers seminar, weaknesses in the tools were identified and final improvements were made in the protocol, the operations' booklet for the researchers and the extraction forms before starting the case-based surveillance study.

Trained partners ("trainers") in their turn organized and conducted a two-day seminar in early 2011 for training the researchers' groups *before* starting the implementation of the extraction of information on reported/detected cases of CAN. The aim of the seminar was to train the field researchers in order to adequately and uniformly extract and code data.

For the needs of the seminar, it was decided to develop a short instructional booklet including operational definitions of the main terms of the CBSS protocol in Albanian language, a detailed description of its content and instructions of how-to-use the protocol in regards to the extraction, recording and coding of the data. This module for the researchers' training also aims to enhance the creation of the strategic plan to be developed under WP6 for the establishment of permanent CAN monitor system in Albania.

CBSS Research Team in Albania

- **Altin Hazizaj, Team Leader**, LLM, MA in European law, Lawyer;
- **Belioza Çoku**, Assistant Team Leader, MA in Social Work, Social Worker;
- **Dr. Enila Cenko**, Consultant to Team Leaders, PhD in Psychology, Psychologist;
- **Asoc. Prof. Dr. Edlira Haxhiymeri**, Head of Ethics Committee, Professor of Social Work;
- **Erinda Ibrahimllari**, Field Researcher / Assistant to the Team Leader, Psychologist;
- **Mirgit Vataj**, Field Researcher, Social Worker;
- **Aida Hida**, Field Researcher, Psychologist;
- **Elvis Gjata**, Field Researcher, Lawyer;
- **Aida Guxholli**, Senior Statistician.

B.2. Process followed for Data Collection

The process of data collection followed a clear-cut strategy. The coding of every Form followed strict rules provided in the Protocol prepared for the purposes of WP4 research. Two codes were applied for every Form, one responding to the agency and the other one responding to the case.

The number of Extraction Forms made available for Field Researchers were decided depending on the reported numbers of CAN cases from each of the agencies. No major challenges were observed during the implementation process. Once the process finished field researchers were included in the data processing in SPSS, while a statistician monitored the process closely to avoid any mistake in data entry.

Upon the completion of this process, the data were processed and analysis generated from the statistician. The data were provided to the Team Leaders upon the discussion with the NAB and data comparison with the WP3 research team.

CHAPTER C. CBSS RESULTS IN ALBANIA

C.1. Description of Participating Services and their Archives-Databases

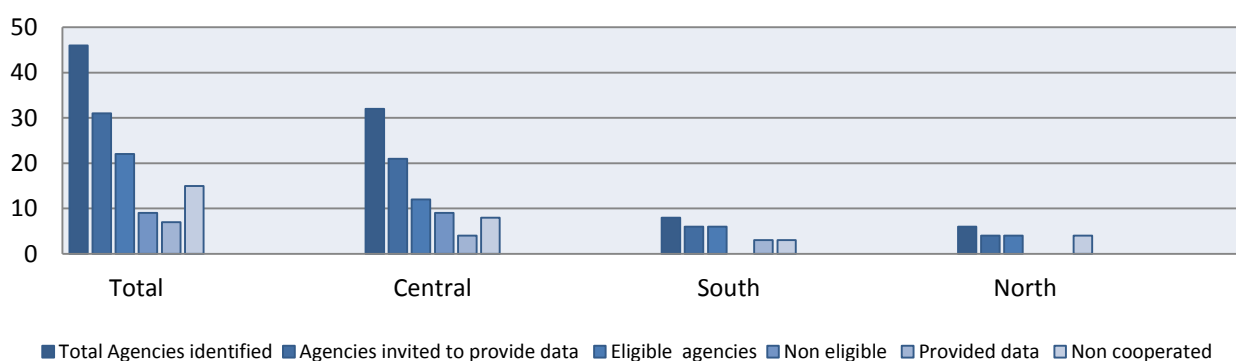
Following the process described in part B.1.2 and given the situation in Albania, a total of 46 organizations/child services were identified in the 3 geographical areas, correspond with the geographical areas from which data for the epidemiological study were also collected. From these organizations/services 31 were invited to become part of the CBSS study in Albania. Out of that 22 agencies were considered eligible to participate in the CBSS, 7 provided full access to their archives. In Table C.1.1 the identified, eligible, and finally participating organizations/services-data sources for the CBSS are presented below.

Table 1.1 Organizations/Services that participated in CBSS by providing access to their archives / databases by geographical area in Albania.

	Total		Central		South		North	
	F	%	f	%	F	%	f	%
Total Agencies identified	46	100	32	69.6	8	17.4	6	13
Agencies invited to provide data	31	67.4	21	67.7	6	19.4	4	13
Eligible agencies	22	71.0	12	54.5	6	27.3	4	18
Non eligible	9	29.0	9	100	0	0.0	0	0
Provided data	7	31.8	4	57.1	3	42.9	0	0
Non cooperated	15	32.6	8	53.3	3	20.0	4	27
<i>Cooperation not achieved due to practical reasons</i>	8	53.3	3	37.5	2	25.0	3	38
<i>No records for various reasons</i>	3	20.0	3	100	0	0.0	0	0
<i>Did not respond at all</i>	4	26.7	2	50	1	25	1	25
Non eligible agencies	9	29.0	9	100	0	0.0	0	0
<i>Referred all cases to other social services</i>	7	77.8	7	77.8	0	0.0	0	0
<i>Did not work for children</i>	1	11.1	1	14.3	0	0.0	0	0
<i>Accepted the invitation but had no cases of CAN in 2010</i>	1	11.1	1	100	0	0.0	0	0

The table shows the total number of agencies identified for the purposes of the research (not by sampling) by reviewing all available databases of child related services and by contacting one by one each agency to collect initial information on their eligibility, based on a set of criteria's such as legal status, available CAN

Graphic 2: Agencies identified and approached for the research purposes



information, system in place for data storage and accessibility etc. As it can be observed agencies across Central, South and North of Albania were invited to provide data. However only agencies in two geographical areas provided information and one of them didn't. This happened due to the detailed level of information and access that was being asked from each agency. One issue that the CBSS research team had to handle was the large rate of non-responsive agencies. This was largely due to the fact that CBSS research had to look into agencies' archives or databases of CAN cases and this could pose several risks to them, such as identification of lack of appropriate handling of cases, lack of documentation, discovery of client's identities etc. Table 1.2 illustrates the characteristics of the Agencies that participated in the study by providing access to their archives for the year 2010/2011, in order for the CAN cases to be identified and for the data to be extracted, according to the protocol of the study. The data included on the table were collected via interviews with the representatives of the agencies, which took place during the visits of the research team to every organization/service, filling in the respective forms. It has to be noted that several agencies were identified as belonging to more than one sector or geographical area, which means that their data is represented more than once in the table.

Table C.1.2. Profile of the Organizations/Services that provided data for the CBSS

	Total		State Agencies		NGOs	
	f	%	F	%	f	%
Total Agencies	7	100%	4	57%	3	43%
Sector	7	100%	4	57%	3	43%
Health Sector	1	14%	0	0%	1	100%
Social Welfare	7	100%	4	57%	3	43%
Judicial Sector	3	43%	1	33%	2	67%
Public Order/Police	1	14%	1	100%	0	0%
Mission	7	100%	4	57%	3	43%
Primary Prevention	6	86%	3	50%	3	50%
Secondary Prevention/Support	7	100%	4	57%	3	43%
Tertiary Prevention/Treatment	5	71%	3	60%	2	40%
Legal Support	5	71%	3	60%	2	40%
Geographic area	7	100%	4	57%	3	43%
Urban	6	86%	3	50%	3	50%
Suburban	2	29%	0	0%	2	100%
Rural	3	43%	1	33%	2	67%
Routine Screening CAN Policy	7	100%	4	57%	3	43%
No	0	0%	0	0%	0	0%
Yes	6	86%	3	50%	3	50%
Special CAN-training for personnel	7	100%	4	57%	3	43%
No	0	0%	0	0%	0	0%
Yes, but not formal	0	0%	0	0%	0	0%
Yes	7	100%	4	57%	3	43%
Availability of CAN data	7	100%	4	57%	3	43%
No	0	0%	0	0%	0	0%
Yes	7	100%	4	57%	3	43%

Table C.1.3. Main characteristics of Archives/Databases from which the data were derived

	Total		South		Central	
	F	%	f	%	f	%
Total CSW (or Agencies)	7	100	3	43	4	57
Trained staff for recording cases	7	100	3	43	4	57
No	1	14	0	0	1	100
Yes	6	86	3	50	3	50
Yes, but not formal	0	0	0	0	0	0
Specialties of staff who record CAN	7	100	3	43	4	57
Social Workers	7	100	3	43	4	57
Health Professionals	1	14	0	0	1	100
Mental Health Professionals	0	0	0	0	0	0
Education-related professional	2	0	0	0	2	100
Police officer	0	0	0	0	0	0
Judicial officer	2	29	0	0	2	100
Type of archive	7	100	3	43	4	57
Paper archive	7	100	3	43	4	57
Electronic archive	5	71	2	40	3	60
Database	2	29	0	0	2	100
Existence of recording form	7	100	3	43	4	57
No	0	0	0	0	0	0
Yes	7	100	3	43	4	57
Type of cases recorded in the files	7	100	3	43	4	57
Reported CAN cases	6	86	2	33	4	67
Detected CAN cases	5	71	2	40	3	60
Mixed file (including non-CAN cases)	6	86	3	50	3	50
Availability of text description	7	100	3	43	4	57
No	0	0	0	0	0	0
Yes	6	86	2	33	4	67
Availability of further documentation	7	100	3	43	4	57
No	0	0	0	0	0	0
Yes	7	71	3	43	4	57

As we can observe from the Table, the agencies work to provide different levels of services. It has to be noted that 53 per cent of the Agencies represent a state institution at central or local level, while 46 per cent of agencies represent a civil society organisation working in one or more geographical area of the country. At least 83 per cent of agencies work at urban areas, while only 43 per cent deal in their work with CAN cases from rural areas. This raises a question as who deals with CAN cases in rural areas, where almost 50 per cent of population and consequently the same percentage of children live⁵². Several reports on the distribution of social services in Albania have noted the unequal distribution of services between rural versus urban areas, with the last enjoying a large advantage over the earliest. The data from our study seems to confirm this reality. Table 1.3 looks into the main characteristics of archives and/or databases of agencies that were visited and interviewed for the purposes of the research.

⁵² Population and housing Census 2011, Albanian National Institute of Statistics, Tirana 2012.

C.2. CAN incidence in Albania

The table below presents the CAN incidence for boys and girls that were 11, 13 and 16 years old in 2010-2011, as it was estimated based on the data extracted from the files of children that were identified in the archives of 7 Agencies /Services in Albania. For the estimate of the incidence, apart from the data that were collected from the agencies, data on the general population of children attending school, from the specific ages for all Albania (2010) were also needed in order to estimate CAN incidence, made available by INSTAT (National Statistics Institute) and the Ministry of Education in Albania.

Data in table C.2.1 represents the ratio between the children registered in primary and secondary education system at national level at the time of the study (n.82219) with the number of CAN cases (n.120) reported to the agencies part of the CBSS research. It has to be noted that we decided to use the ratio of children registered in schools compared to the ratio of children believed to live in Albania, because it related to the ratio used by BECAN Epidemiological Survey on Child Abuse and Neglect in Albania, thus the data between the two researches could be comparable in scale.

Table C.2.1. Child maltreatment incidence per form of CAN, age, gender and geographical area

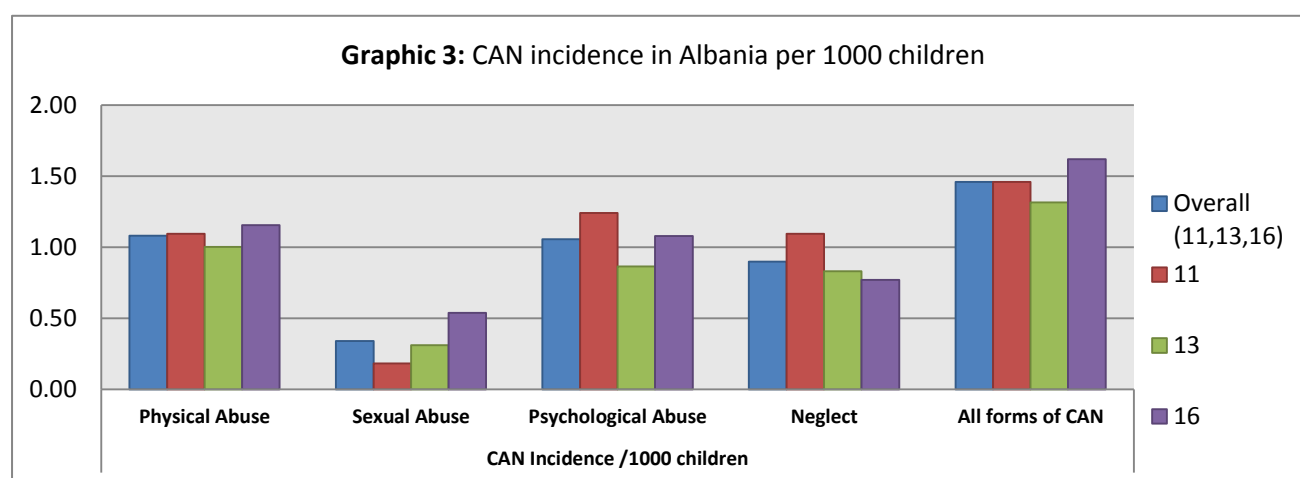
	General population for selected areas ⁵³	CAN Cases identified*					Incidence /1000 children				
		Physical Abuse	Sexual Abuse	Psychological Abuse	Neglect	All forms of CAN	Physical Abuse	Sexual Abuse	Psychological Abuse	Neglect	All forms of CAN
South Albania	15500	12	0	14	13	14	0.77	0.00	0.90	0.84	0.90
Male											
11	5183	5	0	6	5	6	0.96	0.00	1.16	0.96	1.16
13	5584	5	0	5	5	5	0.90	0.00	0.90	0.90	0.90
16	4733	2	0	3	3	3	0.42	0.00	0.63	0.63	0.63
Female	14057	7	1	12	10	12	0.50	0.07	0.85	0.71	0.85
11	4755	3	0	6	5	6	0.63	0.00	1.26	1.05	1.26
13	5076	1	0	1	1	1	0.20	0.00	0.20	0.20	0.20
16	4226	3	1	5	4	5	0.71	0.24	1.18	0.95	1.18
Overall	29557	19	1	26	23	26	0.64	0.03	0.88	0.78	0.88
11	9938	8	0	12	10	12	0.80	0.00	1.21	1.01	1.21
13	10660	6	0	6	6	6	0.56	0.00	0.56	0.56	0.56
16	8959	5	1	8	7	8	0.56	0.11	0.89	0.78	0.89
Central											
Male	27621	38	7	30	25	45	1.38	0.25	1.09	0.91	1.63
11	9105	13	3	14	12	17	1.43	0.33	1.54	1.32	1.87
13	9546	14	0	11	8	17	1.47	0.00	1.15	0.84	1.78
16	8970	11	4	5	5	11	1.23	0.45	0.56	0.56	1.23
Female	25041	32	20	31	26	49	1.28	0.80	1.24	1.04	1.96
11	8354	9	2	8	8	11	1.08	0.24	0.96	0.96	1.32
13	8679	9	9	8	10	15	1.04	1.04	0.92	1.15	1.73
16	8008	14	9	15	8	23	1.75	1.12	1.87	1.00	2.87
Overall	52662	70	27	61	51	94	1.33	0.51	1.16	0.97	1.78
11	17459	22	5	22	20	28	1.26	0.29	1.26	1.15	1.60
13	18225	23	9	19	18	32	1.26	0.49	1.04	0.99	1.76

⁵³ Source: National Statistics Authority, 2010.

16		16978	25	13	20	13	34		1.47	0.77	1.18	0.77	2.00
Total	Male	43121	50	7	44	38	59		1.16	0.16	1.02	0.88	1.37
11		14288	18	3	20	17	23		1.26	0.21	1.40	1.19	1.61
13		15130	19	0	16	13	22		1.26	0.00	1.06	0.86	1.45
16		13703	13	4	8	8	14		0.95	0.29	0.58	0.58	1.02
	Female	39098	39	21	43	36	61		1.00	0.54	1.10	0.92	1.56
11		13109	12	2	14	13	17		0.92	0.15	1.07	0.99	1.30
13		13755	10	9	9	11	16		0.73	0.65	0.65	0.80	1.16
16		12234	17	10	20	12	28		1.39	0.82	1.63	0.98	2.29
Overall		82219	89	28	87	74	120		1.08	0.34	1.06	0.90	1.46
11		27397	30	5	34	30	40		1.10	0.18	1.24	1.10	1.46
13		28885	29	9	25	24	38		1.00	0.31	0.87	0.83	1.32
16		25937	30	14	28	20	42		1.16	0.54	1.08	0.77	1.62

The table above represents the CAN incidence for boys and girls that were 11, 13 and 16 years old in 2010, as it was estimated based on the data extracted from the files of children that were identified in the archives of 3 NGOs and 4 state agencies respectively, according to the protocol and research tools of Working Package 4 of the BECAN project. It has to be noted that the sum of the frequencies of the different forms of CAN (physical, sexual, psychological and neglect) is greater than the total amount of the cases identified during the study, because multiple types of CAN were reported for many cases (as shown in Table 2.1.1).

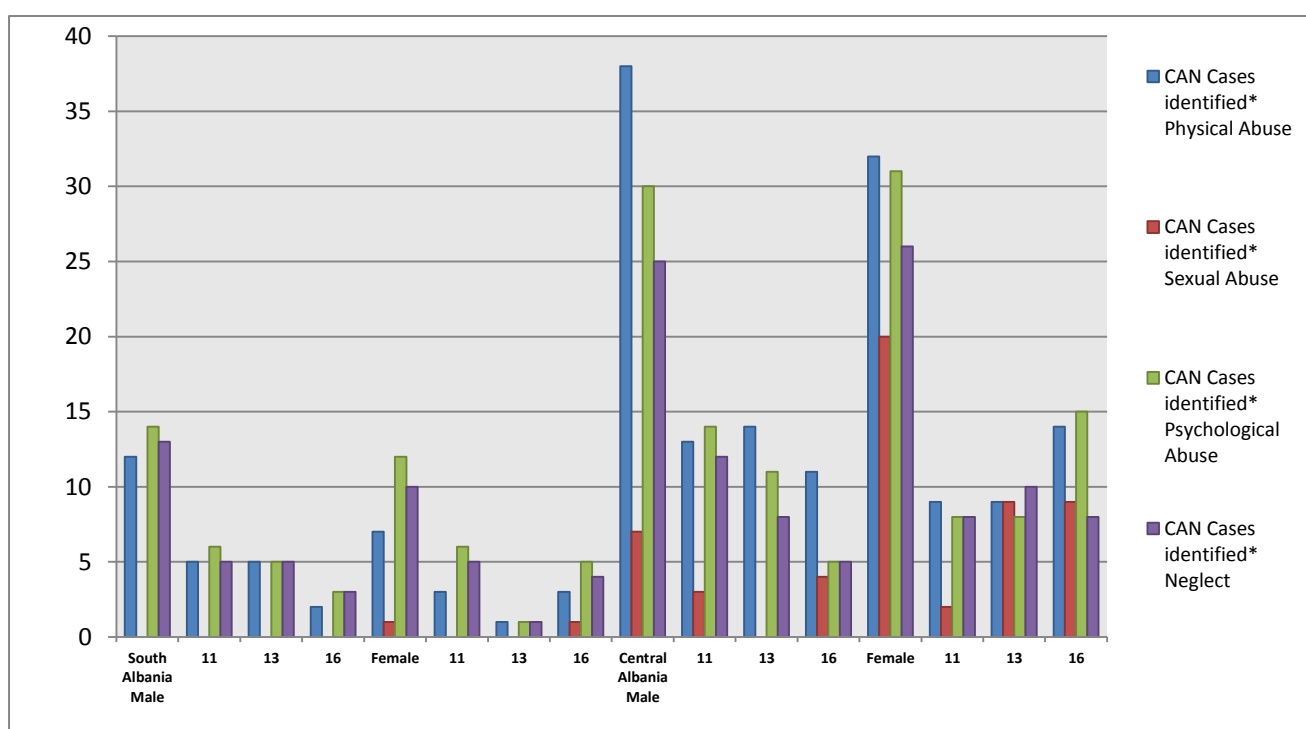
According to the data received from 7 agencies across Albania, we can observe the incidence of CAN among children aged 11, 13 and 16 per 1000 children. Note that the sum of the frequencies of the different types of CAN (physical, sexual, psychological and neglect) is greater than the total amount of the cases identified during the study, because multiple types of CAN were reported for many cases (as shown in Table 2.1.1). The incidence of all forms of CAN as derived from the records of eligible agencies is 1.5 / 1000 overall for children aged 11, 13 and 16 years old. Specifically, for the children aged 11 years old, the incidence is estimated at 1.5 / 1,000 and for children aged 13 and 16 years old at 1.3 and 1.6 / 1,000 respectively (see also Graphic 1.1 below).



The incidence of child abuse in CBSS it's lower than the BECAN Epidemiological Study because its widely known that fewer cases of child abuse get reported to the agencies compared to when children self declare violence, because of the lack of anonymity. In the case of Albania where there is no mandatory reporting of child abuse and neglect and traditional values are still prevalent in society, it is expected that a smaller number of cases are reported to agencies and organisations.

In Graphic 3 we can observe that physical and psychological violence is more present in the lives of children that report cases to agencies compared to sexual violence. Meanwhile when all forms of CAN are grouped an compared together as per age group, we can see that there is no major differences in the forms of CAN used against children with a minor difference for children 13 years old. In overall the Graphic shows that all forms of violence are present in children's and young's peoples' lives and data tells us that children are victims of different forms of violence throughout their childhood.

Graphic 4 Incidence per form of CAN, age, gender and geographical area



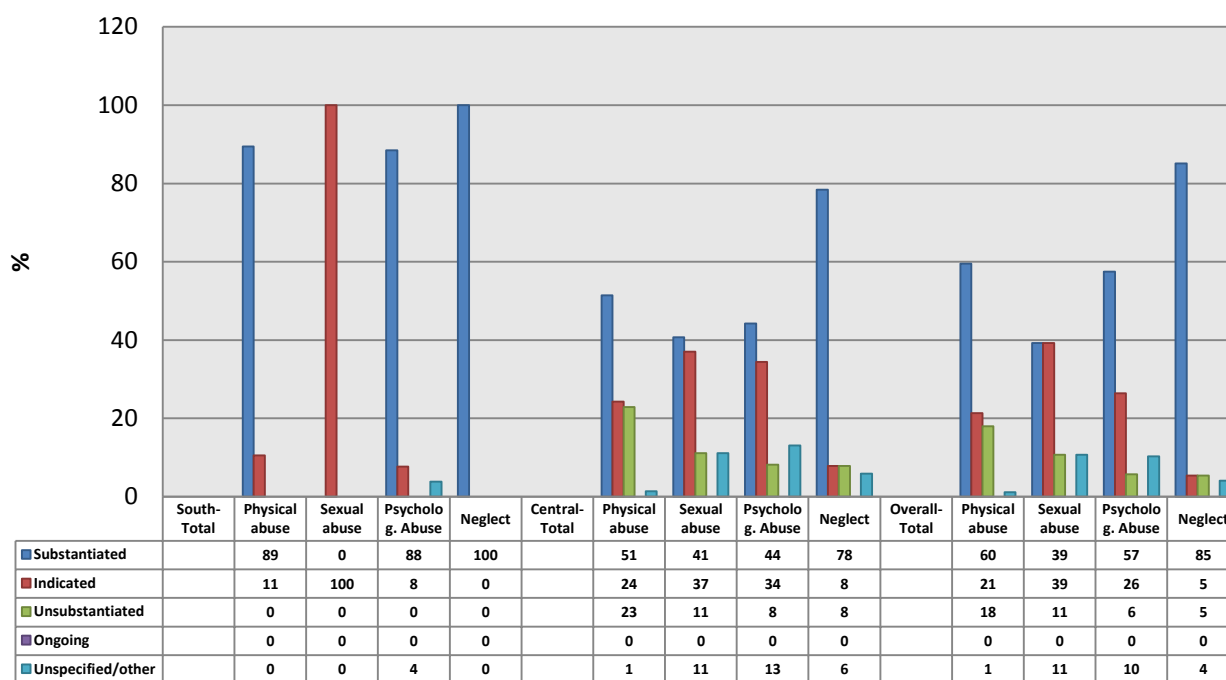
The Graphic 4 shows the incidence of CAN related to its form, age, gender and geographical area. It appears as if central Albania has a higher incidence of CAN compare to the South. However this assumption cannot be verified because the number of questionnaires filled per CAN case were larger in Central Albania, while data from the North of the country is missing. Based on the number of cases registered it is difficult to assess if the incidence of CAN is higher or lower in different geographical areas. Meanwhile in the country Epidemiological Survey on Violence against Children the researchers did not observe major variations in CAN incidence as per defined geographical areas.

Table C.2.2. Status of CAN's substantiation⁵⁴ for children 11, 13 & 16 years old, per form of maltreatment and geographical area⁵⁵ (for the years 2010-2011)

	No of Cases	Substantiated		Indicated		Unsubstantiated		On-going		Unspecified/other	
		f	%	f	%	f	%	f	%	F	%
South-Total	26										
Physical abuse	19	17	89.5	2	10.5	0	0.0	0	0.0	0	0.0
Sexual abuse	1	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0
Psychological. Abuse	26	23	88.5	2	7.7	0	0.0	0	0.0	1	3.8
Neglect	23	23	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Central-Total	94										
Physical abuse	70	36	51.4	17	24.3	16	22.9	0	0.0	1	1.4
Sexual abuse	27	11	40.7	10	37.0	3	11.1	0	0.0	3	11.1
Psychological Abuse	61	27	44.3	21	34.4	5	8.2	0	0.0	8	13.1
Neglect	51	40	78.4	4	7.8	4	7.8	0	0.0	3	5.9
Overall-Total	120										
Physical abuse	89	53	59.6	19	21.3	16	18.0	0	0	1	1.1
Sexual abuse	28	11	39.3	11	39.3	3	10.7	0	0	3	10.7
Psychological Abuse	87	50	57.5	23.0	26.4	5.0	5.7	0.0	0.0	9.0	10.3
Neglect	74	63	85.1	4	5.4	4	5.4	0	0	3	4.1

Table C. 2.2 provides information of the status of substantiation of cases for children 11, 13 & 16 years old, per form of maltreatment and geographical area. As we can observe at the Graphic 5 in overall the majority of CAN cases have been substantiated respectively 60% for physical abuse, 57% for psychological abuse and 85 for neglect. Only when it comes to sexual abuse the case of substantiation scores a low 39%, which shows the difficulties that agencies face in substantiating severe forms of abuse against children in Albania.

Graphic 5: Status of CAN's substantiation per form of maltreatment and geographical area



⁵⁴ According to the Agencies that provided information for maltreatment

⁵⁵ In many cases multiple forms of CAN were identified; therefore, sum of CAN's forms is higher than the number of cases

C.2.1. Children's vulnerability to CAN and to Specific Forms of Maltreatment

Table C.2.1.1 Single versus Multiple Forms of abuse per age, gender and geographical area

	Total CAN Cases		Single vs. Multiple forms of CAN						Individual forms of CAN							
			Single form		Multiple forms		Physical abuse		Sexual abuse		Psychological abuse		Neglect			
	f	%	f	%	F	%	f	%	F	%	f	%	f	%	f	%
South-Total	26	100.0	1	3.8	25	96.2	19	73.1	1	3.8	26	100.0	23	88.5		
male 11	6	23.1	0	0.0	6	24.0	5	26.3	0	0.0	6	23.1	5	21.7		
13	5	19.2	0	0.0	5	20.0	5	26.3	0	0.0	5	19.2	5	21.7		
16	3	11.5	0	0.0	3	12.0	2	10.5	0	0.0	3	11.5	3	13.0		
subtotal	14	53.8	0	0.0	14	56.0	12	63.2	0	0.0	14	53.8	13	56.5		
female 11	6	23.1	1	16.7	5	20.0	3	15.8	0	0.0	6	23.1	5	21.7		
13	1	3.8	0	0.0	1	4.0	1	5.3	0	0.0	1	3.8	1	4.3		
16	5	19.2	0	0.0	5	20.0	3	15.8	1	100.0	5	19.2	4	17.4		
subtotal	12	46.2	1	8.3	11	44.0	7	36.8	1	100.0	12	46.2	10	43.5		
Central-Total	94	100.0	32	34.0	62	66.0	70	74.5	27	28.7	61	64.9	51	54.3		
male 11	17	18.1	3	9.4	14	22.6	13	18.6	3	11.1	14	23.0	12	23.5		
13	17	18.1	6	18.8	11	17.7	14	20.0	0	0.0	11	18.0	8	15.7		
16	11	11.7	6	18.8	5	8.1	11	15.7	4	14.8	5	8.2	5	9.8		
subtotal	45	47.9	15	46.9	30	48.4	38	54.3	7	25.9	30	49.2	25	49.0		
female 11	11	11.7	3	9.4	8	12.9	9	12.9	2	7.4	8	13.1	8	15.7		
13	15	16.0	6	18.8	9	14.5	9	12.9	9	33.3	8	13.1	10	19.6		
16	23	24.5	8	25.0	15	24.2	14	20.0	9	33.3	15	24.6	8	15.7		
subtotal	49	52.1	17	53.1	32	51.6	32	45.7	20	74.1	31	50.8	26	51.0		
All areas-Total	120	100.0	33	27.5	87	72.5	89	74.2	28	23.3	87	72.5	74	61.7		
male 11	23	19.2	3	9.1	20	23.0	18	20.2	3	10.7	20	23.0	17	23.0		
13	22	18.3	6	18.2	16	18.4	19	21.3	0	0.0	16	18.4	13	17.6		
16	14	11.7	6	18.2	8	9.2	13	14.6	4	14.3	8	9.2	8	10.8		
subtotal	59	49.2	15	45.5	44	50.6	50	56.2	7	25.0	44	50.6	38	51.4		
female 11	17	14.2	4	12.1	13	14.9	12	13.5	2	7.1	14	16.1	13	17.6		
13	16	13.3	6	18.2	10	11.5	10	11.2	9	32.1	9	10.3	11	14.9		
16	28	23.3	8	24.2	20	23.0	17	19.1	10	35.7	20	23.0	12	16.2		
Subtotal	61	50.8	18	54.5	43	49.4	39	43.8	21	75.0	43	49.4	36	48.6		

Table C.2.1.1 compares the data between reported single forms of violence against children versus multiple forms of CAN. As it can be observed in the majority of reported cases children are victims of multiple forms of violence compare with the single forms, which counts for only 33 per cent of CAN cases. There is a noticeable difference between CAN cases both single and multiple forms reported across the agencies in the South of Albania compared to CentralAlbania. There are two explanations to this: a) the number of the overall child population in South (as reported above) in South is smaller than in Central part of the country; b) a larger number of cases have been recorded by a larger number of agencies in Central part of Albania.

Gender differences count also for different forms of abuse. Although the overall reported cases between male-female ratios are comparable between each other, the highest difference is observed in cases where sexual abuse is reported. Girls count for 75 per cent of all reported cases. The number of sexual abuse cases is comparable between boys and girls at the age of 11, but with the start of puberty the sexual abuse is reported at a higher rate by girls.

Table C.2.1.2 Physical abuse (n=89): Specific types of physical abuse, injuries sustained and severity of injuries per gender and age (for the years 2010-2011)

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases	23	22	14	59	17	16	28	61	40	38	42	120
Total Physical abuse cases identified	18	19	13	50	12	10	17	39	30	29	30	89
Type of physical abuse-Unspecified	0	2	0	2	0	0	2	2	0	2	2	4
Type of physical abuse-Specified	15	15	15	45	15	15	15	45	30	30	30	90
Spanking	9	3	6	18	5	5	6	16	14	8	12	34
Slapping/Beating	14	12	11	37	8	8	12	28	22	20	23	65
"Beat-up"	14	7	7	28	8	7	7	22	22	14	14	50
Pushing/Kicking/Throwing	16	11	13	40	10	9	14	33	26	20	27	73
Hitting with an object	11	2	6	19	7	8	8	23	18	10	14	42
Grabbing/Shaking	11	6	6	23	7	5	4	16	18	11	10	39
Hitting on head	13	8	8	29	9	5	8	22	22	13	16	51
Hair pulling	5	2	1	8	6	5	5	16	11	7	6	24
Twisting ears	9	6	5	20	3	5	2	10	12	11	7	30
Locking up	2	2	1	5	4	4	3	11	6	6	4	16
Forcing to hold painful position	5	1	0	6	3	4	3	10	8	5	3	16
Pinching	1	1	0	2	2	1	1	4	3	2	1	6
Threatening with a knife or gun	2	1	0	3	2	2	2	6	4	3	2	9
Burning/Scalding	0	1	0	1	1	1	1	3	1	2	1	4
Tying up or tying to something	1	1	0	2	3	3	2	8	4	4	2	10
Choking/Smothering/Squeezing	0	1	0	1	1	1	2	4	1	2	2	5
Stabbing/Shooting	0	1	0	1	1	1	0	2	1	2	0	3
Biting	0	1	0	1	0	4	1	5	0	5	1	6
Forcing Spicy Foods	0	1	0	1	0	0	0	0	0	1	0	1
Severity of Injury-Unspecified	5	4	4	13	4	2	9	15	9	6	13	28
Severity of Injury-Specified	11	11	9	31	8	7	5	20	19	18	14	51
No Injury	2	4	0	6	0	1	3	4	2	5	3	10
Minor	2	2	2	6	1	0	0	1	3	2	2	7
Moderate	7	6	7	20	3	5	2	10	10	11	9	30
Severe	6	4	4	14	6	3	3	12	12	7	7	26
Life threatening	1	1	0	2	2	1	0	3	3	2	0	5
Nature of Injury-Unspecified	7	7	4	15	4	3	6	14	11	6	12	29
Nature of Injury-Specified	9	11	9	29	8	7	6	21	17	18	15	50
Bruise	8	7	8	23	7	7	4	18	15	14	12	41
Cute/Bite/Open wound	6	3	5	14	2	5	3	10	8	8	8	24
Burn	0	1	0	1	0	1	1	2	0	2	1	3
Fracture	3	0	2	5	2	0	1	3	5	0	3	8
Organs system injury	0	1	0	1	1	1	0	2	1	2	0	3
Concussion	0	1	0	1	0	1	0	1	0	2	0	2
Sprain/Strain	2	1	1	4	3	2	2	7	5	3	3	11

Table C.2.1.2 looks into specific types of physical abuse, injuries sustained and severity of injuries per gender and age reported on agencies across Albania. 84 per cent of boys of ages 11, 13 and 16 have reported that

physical abuse has been used against them, while almost 64 per cent of girls report being victims of physical violence. The percentage of reported cases of physical abuse is higher than the rates reported in the Epidemiological Research on CAN for Albania. The reason could be that cases of children that get reported to the agencies are often at their most severe stage and require urgent attention. The research looked into whether the cases have been identified in their form (ie. Physical, sexual etc) or the form of abuse was not identified. As it can be seen, in the majority of cases the agencies have already identified the form of violence exercised against children.

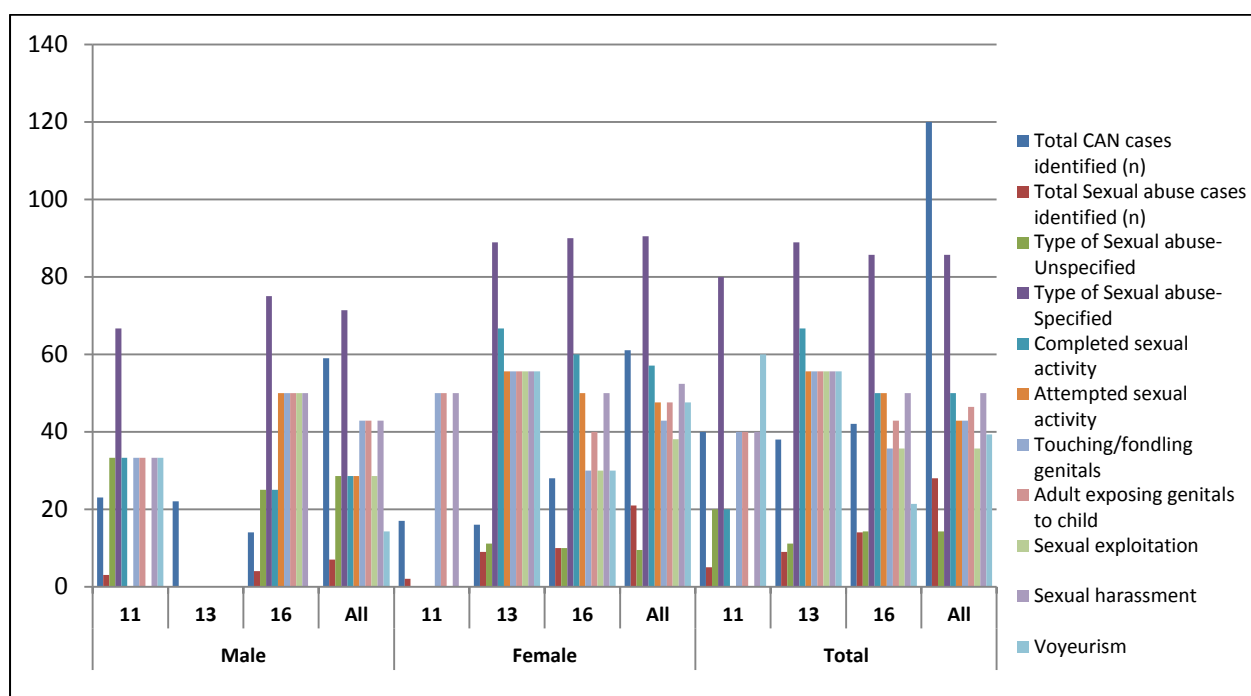
Looking into the specific types of abuse the most used forms of physical abuse against boys are slapping/beating, pushing / kicking or throwing, hitting on the head and twisting ears. While for girls pushing / kicking or throwing counts for a higher percentage compared to other forms with slapping and hair pulling coming next. It is important to note that the research looked into the severity of abuse for both boys and girls. As it can be seen in the Table C.2.1.2, the majority of cases report that the injuries suffered by children were moderate to severe with signs of bruises or open cuts and in some cases fractures are reported. This tells us that in the majority of cases reported at the agencies, the violence exercised against children is at its worst forms.

Table C.2.1.3 Sexual abuse (n=28): Specific types of sexual abuse per gender and age

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	23	22	14	59	17	16	28	61	40	38	42	120
Total Sexual abuse cases identified	3	0	4	7	2	9	10	21	5	9	14	28
Type of Sexual abuse-Unspecified	1	0	1	2	0	1	1	2	1	1	2	4
Type of Sexual abuse-Specified	2	0	3	5	2	8	9	19	4	8	12	24
Completed sexual activity	1	0	1	2	0	6	6	12	1	6	7	14
Attempted sexual activity	0	0	2	2	0	5	5	10	0	5	7	12
Touching/fondling genitals	1	0	2	3	1	5	3	9	2	5	5	12
Adult exposing genitals to child	1	0	2	3	1	5	4	10	2	5	6	13
Sexual exploitation	0	0	2	2	0	5	3	8	0	5	5	10
Sexual harassment	1	0	2	3	1	5	5	11	2	5	7	14
Voyeurism	1	0	0	1	2	5	3	10	3	5	3	11

%	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified (n)	23	22	14	59	17	16	28	61	40	38	42	120
Total Sexual abuse cases identified (n)	3	0	4	7	2	9	10	21	5	9	14	28
Type of Sexual abuse-Unspecified	33.3	0	25.0	28.6	0.0	11.1	10.0	9.5	20.0	11.1	14.3	14.3
Type of Sexual abuse-Specified	66.7	0	75.0	71.4	0	88.9	90.0	90.5	80.0	88.9	85.7	85.7
Completed sexual activity	33.3	0	25.0	28.6	0.0	66.7	60.0	57.1	20.0	66.7	50.0	50.0
Attempted sexual activity	0.0	0	50.0	28.6	0.0	55.6	50.0	47.6	0.0	55.6	50.0	42.9
Touching/fondling genitals	33.3	0	50.0	42.9	50.0	55.6	30.0	42.9	40.0	55.6	35.7	42.9
Adult exposing genitals to child	33.3	0	50.0	42.9	50.0	55.6	40.0	47.6	40.0	55.6	42.9	46.4
Sexual exploitation	0.0	0	50.0	28.6	0.0	55.6	30.0	38.1	0.0	55.6	35.7	35.7
Sexual harassment	33.3	0	50.0	42.9	50.0	55.6	50.0	52.4	40.0	55.6	50.0	50.0
Voyeurism	33.3	0	0.0	14.3	0	55.6	30.0	47.6	60.0	55.6	21.4	39.3

Graphic 6 Sexual abuse (n=28): Specific types of sexual abuse per gender and age



Sexual abuse is one of the worst forms of violence against children. Out of 120 cases of violence against children reported to the agencies, 28 of them were identified, which count for almost 1/3 of all the cases (23 per cent). As stated above, girls are at a higher percentage victim of sexual abuse compared to the boys, counting for 75 per cent of all the identified cases with no major differences of severity of sexual abuse between the ages of 13 and 16. This shows that girls become victims of sexual abuse from quite an early age, long before their age of sexual consent.

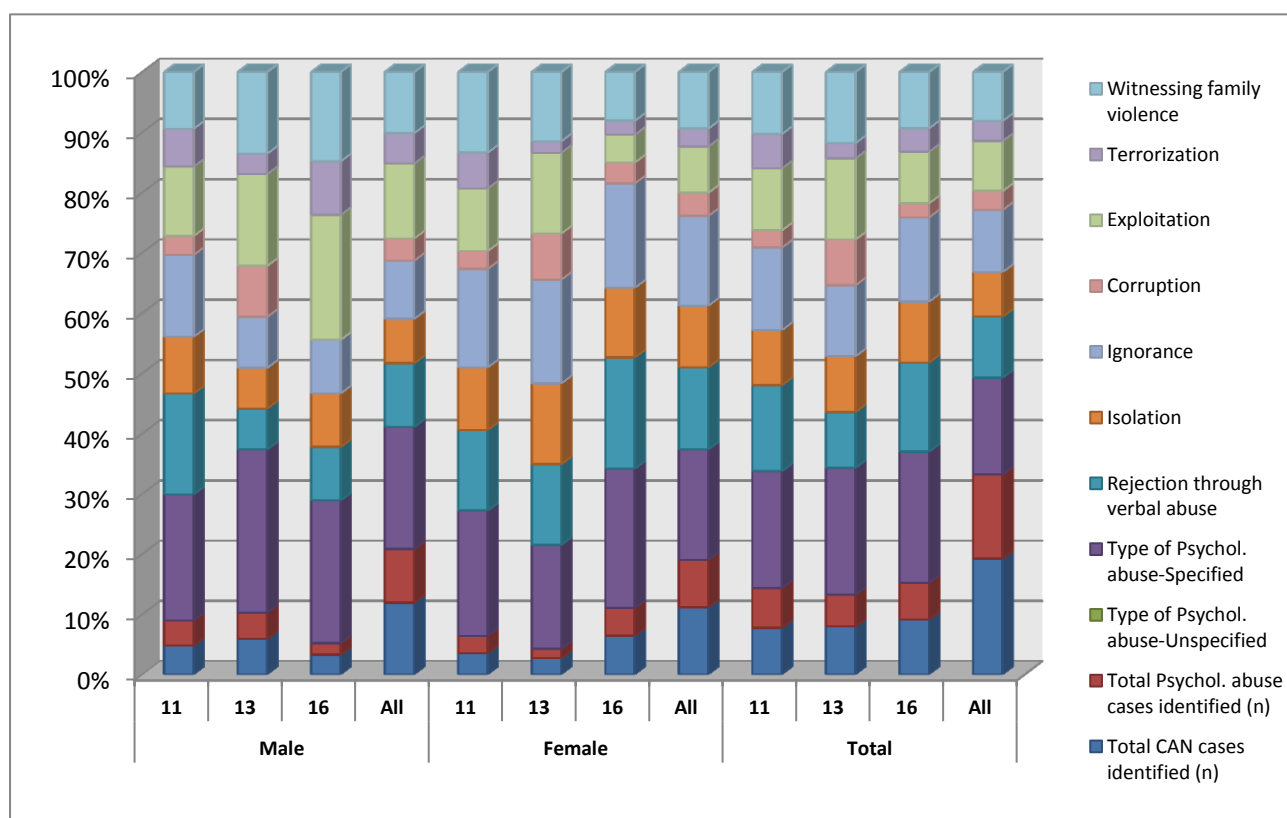
When we look into the forms of sexual abuse we did not observe any major fluctuations between them. Both boys and girls reported that they were victims in equal numbers of major forms of sexual abuse. Girls reported slightly a higher number of sexual abuses in the form of completed sexual activity and sexual harassment.

Table C.2.1.4 Psychological abuse (n=87): Specific types of psychological abuse per gender and age

	n	Male				Female				Total			
		11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified		23	22	14	59	17	16	28	61	40	38	42	120
Total Psychol. abuse cases identified		20	16	8	44	14	9	20	43	34	25	28	87
Type of Psychol. abuse-Unspecified		0	0	0	0	0	0	0	0	0	0	0	0
Type of Psychol. abuse-Specified		20	16	8	44	14	9	20	43	34	25	28	87
Rejection through verbal abuse		16	4	3	23	9	7	16	32	25	11	19	55
Isolation		9	4	3	16	7	7	10	24	16	11	13	40
Ignorance		13	5	3	21	11	9	15	35	24	14	18	56
Corruption		3	5	0	8	2	4	3	9	5	9	3	17
Exploitation		11	9	7	27	7	7	4	18	18	16	11	45
Terrorization		6	2	3	11	4	1	2	7	10	3	5	18
Witnessing family violence		9	8	5	22	9	6	7	22	18	14	12	44

	%	Male				Female				Total			
		11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified (n)		23	22	14	59	17	16	28	61	40	38	42	120
Total Psychol. abuse cases identified (n)		20	16	8	44	14	9	20	43	34	25	28	87
Type of Psychol. abuse-Unspecified		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Type of Psychol. abuse-Specified		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rejection through verbal abuse		80.0	25.0	37.5	52.3	64.3	77.8	80.0	74.4	73.5	44.0	67.9	63.2
Isolation		45.0	25.0	37.5	36.4	50.0	77.8	50.0	55.8	47.1	44.0	46.4	46.0
Ignorance		65.0	31.3	37.5	47.7	78.6	100.0	75.0	81.4	70.6	56.0	64.3	64.4
Corruption		15.0	31.3	0.0	18.2	14.3	44.4	15.0	20.9	14.7	36.0	10.7	19.5
Exploitation		55.0	56.3	87.5	61.4	50.0	77.8	20.0	41.9	52.9	64.0	39.3	51.7
Terrorization		30.0	12.5	37.5	25.0	28.6	11.1	10.0	16.3	29.4	12.0	17.9	20.7
Witnessing family violence		45.0	50.0	62.5	50.0	64.3	66.7	35.0	51.2	52.9	56.0	42.9	50.6

Graphic 7: Psychological abuse per gender and age



Psychological abuse counts for almost 73 per cent of all reported cases with boys reporting a higher percentage (51%) than girls. The 11 years olds report a higher degree of psychological abuse compared to the other age groups. However depending on the form of abuse different ages report different forms of psychological abuse with rejection through verbal abuse being the main form. Children report that other forms of psychological abuse are exploitation and witnessing family violence.

Table C.2.1.5 Neglect (n=74): Specific types of neglect per age and gender

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	23	22	14	59	17	16	28	61	40	38	42	120
Total Neglect cases identified	17	13	8	38	13	11	12	36	30	24	20	74
Type of Neglect-Unspecified	0	0	0	0	0	0	0	0	0	0	0	0
Type of Neglect-Specified	17	13	8	38	13	11	12	36	30	24	20	74
Physical neglect	14	8	8	30	12	8	9	29	26	16	17	59
Medical neglect	14	8	5	27	10	7	7	24	24	15	12	51
Educational neglect	12	10	7	29	11	9	8	28	23	19	15	57
Economic exploitation	9	9	7	25	6	5	5	16	15	14	12	41
Failure to protect from physical harm	12	8	8	28	10	6	7	23	22	14	15	51
Failure to protect from sexual abuse	5	2	4	11	6	6	6	18	11	8	10	29
Failure to provide treatment for mental problems	13	3	4	20	7	8	9	24	20	11	13	44
Permitting maladaptive/criminal behaviour	5	4	7	16	2	4	3	9	7	8	10	25
Abandonment/Refusal of custody	8	5	1	14	5	6	4	15	13	11	5	29

Neglect is another form of violence against children that is reported as a major form of abuse by the agencies. There are no major variations and differences between different forms of neglect, while it seems that boys report more neglect forms than girls. Agencies are able to identify all the form of neglect in children with physical and educational neglect being reported at slightly higher rate.

Table C.2.1.6 Single and Multiple forms of abuse (n=120) per gender and age

n	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total cases	23	22	14	59	17	16	28	61	40	38	42	120
Single CAN form	3	6	6	15	4	6	8	18	7	12	14	33
Physical abuse	2	3	6	11	2	1	1	4	4	4	7	15
Sexual abuse	0	0	0	0	0	3	4	7	0	3	4	7
Psychological abuse	0	1	0	1	1	0	3	4	1	1	3	5
Neglect	1	2	0	3	1	2	0	3	2	4	0	6
Multiple CAN forms	20	16	8	44	13	10	20	43	33	26	28	87
Physical & Sexual	0	0	1	1	0	0	1	1	0	0	2	2
Physical & Psychological	3	5	0	8	1	0	7	8	4	5	7	16
Physical & Neglect	0	1	0	1	0	1	2	3	0	2	2	4
Sexual & Psychological	1	0	0	1	0	1	0	1	1	1	0	2
Sexual & Neglect	0	0	0	0	0	0	0	0	0	0	0	0
Psychological & Neglect	3	0	0	3	3	0	4	7	6	0	4	10
Physical, Sexual & Psych.	0	0	0	0	0	0	0	0	0	0	0	0
Physical, Sexual & Neglect	0	0	0	0	0	0	0	0	0	0	0	0
Physical, Psych. & Neglect	11	10	3	24	7	3	1	11	18	13	4	35
Sexual, Psych. & Neglect	0	0	0	0	0	0	0	0	0	0	0	0
Physical, Sexual, Psychological & Neglect	2	0	4	6	2	5	5	12	4	5	9	18

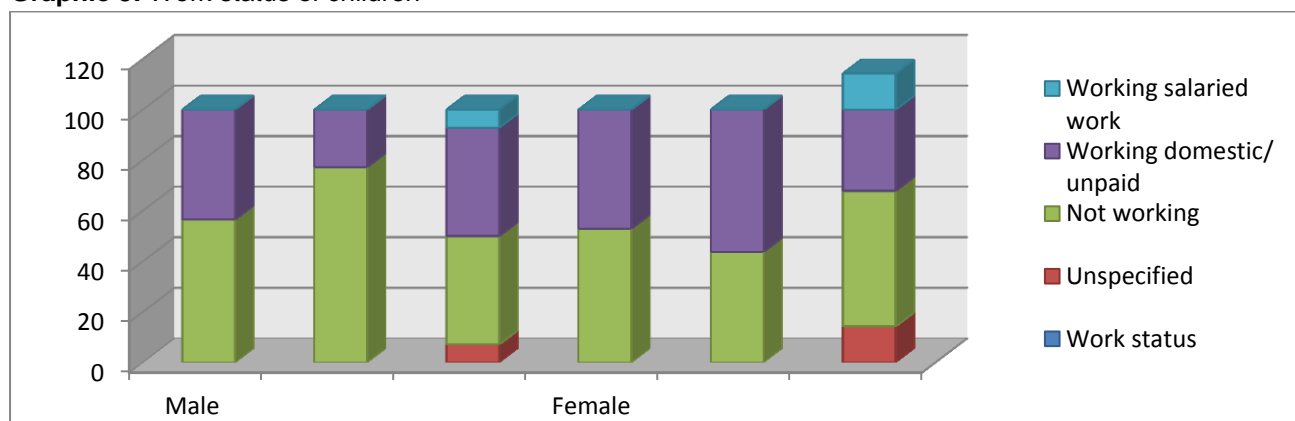
C.2.2. Child-CAN victim characteristics

Table C.2.2.1 Child-CAN victims' characteristics per age and gender

n	All forms of Maltreatment (n=120)											
	male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of children-victims (n)	23	22	14	59	17	16	28	61	40	38	42	120
Educational status												
Unspecified	1	0	0	1	0	0	1	1	1	0	1	2
Not attending school at all	5	1	2	8	4	3	2	9	9	4	4	17
Dropped out	4	5	7	16	3	4	6	13	7	9	13	29
Attends school	13	16	5	34	10	9	19	38	23	25	24	72
Work status												
Unspecified	0	0	1	1	0	0	4	4	0	0	5	5
Not working	13	17	6	36	9	7	15	31	22	24	21	67
Working domestic/ unpaid	10	5	6	21	8	9	9	26	18	14	15	47
Working salaried work	0	0	1	1	0	0	4	4	0	0	5	5
Education-related problems												
Unspecified	11	8	10	29	7	6	12	25	18	14	22	54
None	3	6	2	11	6	6	9	21	9	12	11	32
Learning disability	5	4	0	9	3	1	3	7	8	5	3	16
Specialized education class	1	1	0	2	0	0	0	0	1	1	0	2
Irregular school attendance	7	8	2	17	1	3	7	11	8	11	9	28
Behaviour-related problems												
Unspecified	3	2	2	7	2	0	3	5	5	2	5	12
None	2	6	3	11	6	6	13	25	8	12	16	36
Problems in school	8	6	1	15	3	1	4	8	11	7	5	23
Problems in home	15	9	8	32	8	8	9	25	23	17	17	57
Violent behaviour	10	8	5	23	5	4	4	13	15	12	9	36
Bullying	3	1	2	6	1	0	2	3	4	1	4	9
Self-harming behaviour	5	2	1	8	3	5	4	12	8	7	5	20
Running away	7	6	6	19	4	6	8	18	11	12	14	37
Negative peer involvement	8	8	8	24	4	6	6	16	12	14	14	40
Inappropriate sexual behaviour	0	1	0	1	1	3	3	7	1	4	3	8
Criminal involvement	3	6	3	12	2	2	2	6	5	8	5	18
Substance abuse problems												
Unspecified	0	4	1	5	0	0	4	4	0	4	5	9
None	16	13	8	37	15	12	21	48	31	25	29	85
Drug abuse	2	2	4	8	1	2	2	5	3	4	6	13
Alcohol abuse	1	1	1	3	1	2	2	5	2	3	3	8
Diagnosed Disabilities												
Unspecified	4	6	2	12	2	3	5	10	6	9	7	22
None	10	10	10	30	10	9	16	35	20	19	26	65
Physical handicap	8	6	2	16	4	4	5	13	12	10	7	29
Visual-hear-speechimpairment	0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning	0	2	0	2	1	1	1	3	1	3	1	5
Psychiatric disorder	0	0	0	0	0	1	0	1	0	1	0	1

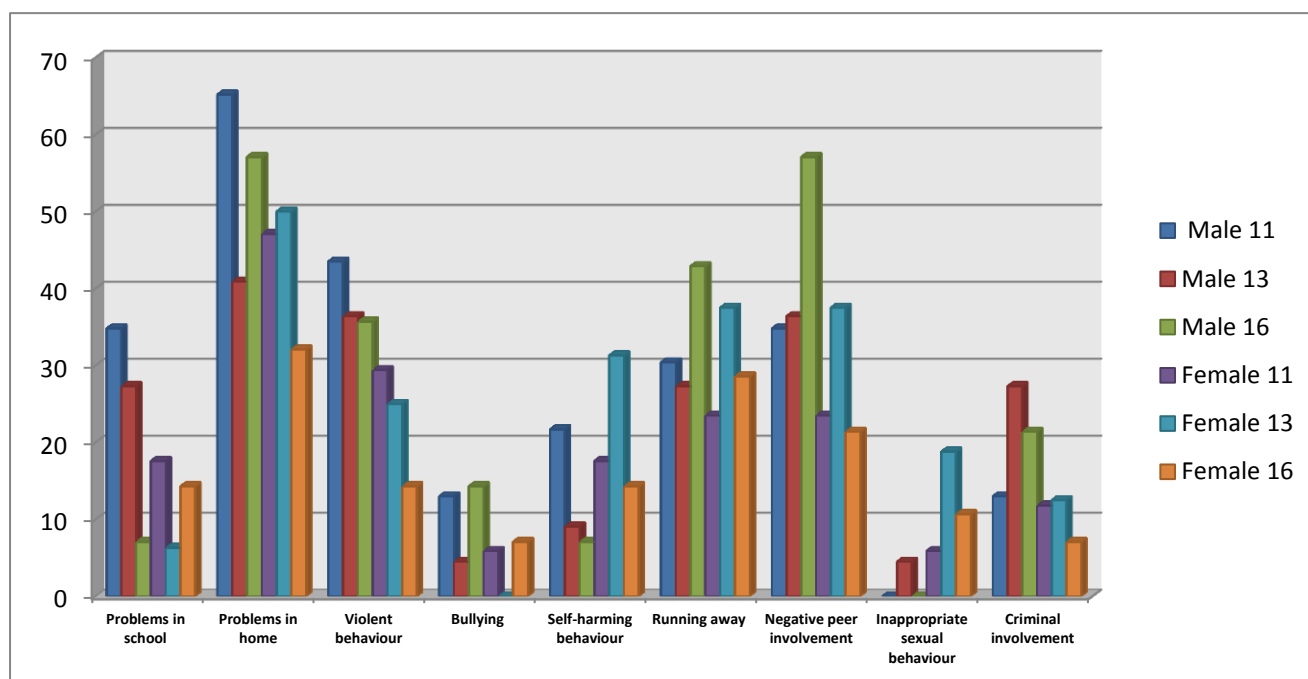
Agencies record several data related to the child characteristics, which could help to create a profile of the child victim of violence and the consequences that the violence has on children. The data was collected for the three age groups and per gender, in order to see if there were any variations in the characteristics and consequences of violence for any of the given age groups and genders.

One issue that was also taken into consideration was the work status of children. Data shows that female children work at a higher rate than boys. When we observe the 13 years old age group we see a considerable difference at the percentage of female children working in domestic unpaid work, compared to boys. This could correspond with the start of puberty in children and the fact that they are expected by family to take a higher responsibility to help the family and other children. This continues into the next age group of 16 years old, where we again see a higher number of female children working.



⁵⁶ Felitti V., Anda R., The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare. The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease" Editors: R. Lanius & E. Vermetten. Cambridge University Press, 2009.

One of the areas that the research looked into detailing its findings was behaviour-related problems to children. A wide body of research internationally tells us that behaviour is one of the aspects widely affected by violence with short and long-term consequences in children as future adults⁵⁷. In 90 per cent of the cases the agencies collected various information related to children's behaviour while only on 10 per cent of them they have not specified the information. When it comes to identified behaviour-related problems, only 30 per cent of cases show that children did not have any consequences from violence.



Graphic 9: Behaviour-related problems to children per age-group and gender

In overall we can say that a large number of children report problems at home as one of the main behaviour related problems, with almost 31 per cent of children reporting that they have been running away from home. The agencies report that 33 per cent of children explain the behavioural problems as related to their peers. Violent behaviour (30%), problems at school (19%) and criminal involvement (15%) are behaviour-related problems recorded by the agencies.

When it comes at the gender differences, 11 years old male children report that 65 per cent of them have problems at home compared to 47 per cent of girls. Violent behaviour is also reported at a high rate (43.5%) at boys aged 11 compared to girls that was reported in only 29 per cent of cases, meanwhile runways are reported similarly at all age groups. There is a striking difference at the inappropriate sexual behaviour between boys and girls, with the latest reporting the highest rate. In overall almost 7 per cent of agencies report that children have inappropriate sexual behaviour related to their age, with girls counting for almost 12 per cent while boys (all age groups) are reported only at the rate of almost 2 per cent. This difference tells us that girls aged between 11-13-16 years of age have been exposed to a higher degree of sexual violence compared to boys of the same age groups.

⁵⁷ Lansford JE, Dodge KA, Pettit GS, Bates JE, Crozier J, Kaplow J. A 12-year prospective study of the long-term effects of early child physical maltreatment on psychological, behavioral, and academic problems in adolescence. *Arch Pediatr Adolesc Med*. 2002;

Table C.2.2.2 Child-physical abuse victims' characteristics

	n	Physical Abuse (n=89)											
		male				Female				Total			
		11	13	16	All	11	13	16	All	11	13	16	All
Total number of physical abuse victims (n)		18	19	13	50	12	10	17	39	30	29	30	89
Educational status													
Unspecified		1	0	0	1	0	0	1	1	1	0	1	2
Not attending school at all		5	1	2	8	4	3	2	9	9	4	4	17
Dropped out		3	3	6	12	3	3	4	10	6	6	10	22
Attends school		9	15	5	29	5	4	10	19	14	19	15	48
Work status													
Unspecified		0	0	1	1	0	0	2	2	0	0	3	3
Not working		10	15	5	30	6	2	8	16	16	17	13	46
Working domestic/ unpaid		8	4	6	18	6	8	7	21	14	12	13	39
Working salaried work		0	0	1	1	0	0	0	0	0	0	1	1
Education-related problems													
Unspecified		10	6	9	25	7	5	10	22	17	11	19	47
None		2	5	2	9	4	2	4	10	6	7	6	19
Learning disability		3	4	0	7	0	1	2	3	3	5	2	10
Specialized education class		0	1	0	1	0	0	0	0	0	1	0	1
Irregular school attendance		5	8	2	15	1	2	3	6	6	10	5	21
Behaviour-related problems													
Unspecified		3	2	2	7	1	0	2	3	4	2	4	10
None		0	5	3	8	4	2	6	12	4	7	9	20
Problems in school		6	6	1	13	2	1	1	4	8	7	2	17
Problems in home		12	7	8	27	7	6	6	19	19	13	14	46
Violent behaviour		8	7	4	19	5	4	3	12	13	11	7	31
Bullying		2	1	2	5	1	0	1	2	3	1	3	7
Self-harming behaviour		5	2	1	8	2	5	4	11	7	7	5	19
Running away		6	5	6	17	4	6	7	17	10	11	13	34
Negative peer involvement		7	6	7	20	4	5	4	13	11	11	11	33
Inappropriate sexual behaviour		0	1	0	1	1	2	3	6	1	3	3	7
Criminal involvement		3	5	2	10	2	2	1	5	5	7	3	15
Substance abuse problems													
Unspecified		0	3	0	3	0	0	3	3	0	3	3	6
None		13	12	8	33	10	6	11	27	23	18	19	60
Drug abuse		3	1	4	8	1	2	2	5	4	3	6	13
Alcohol abuse		1	1	1	3	1	2	2	5	2	3	3	8
Diagnosed Disabilities													
Unspecified		4	6	2	12	1	2	2	5	5	8	4	17
None		6	9	9	24	8	4	10	22	14	13	19	46
Physical handicap		7	4	2	13	3	4	3	10	10	8	5	23
Visual-hear-speechimpairment		0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning		0	2	0	2	0	1	1	2	0	3	1	4
Psychiatric disorder		0	0	0	0	0	1	1	2	0	1	1	2

Table C.2.2.3 Child-sexual abuse victims' characteristics

	n	Sexual Abuse (n=28)											
		male				Female				Total			
		11	13	16	All	11	13	16	All	11	13	16	All
Total number of sexual abuse victims (n)		3	0	4	7	2	9	10	21	5	9	14	28
Educational status													
Unspecified		0	0	0	0	0	0	0	0	0	0	0	0
Not attending school at all		1	0	1	2	2	3	2	7	3	3	3	9
Dropped out		0	0	3	3	0	2	4	6	0	2	7	9
Attends school		2	0	0	2	0	4	4	8	2	4	4	10
Work status													
Unspecified		0	0	0	0	0	0	1	1	0	0	1	1
Not working		2	0	1	3	0	3	4	7	2	3	5	10
Working domestic/ unpaid		1	0	3	4	2	6	5	13	3	6	8	17
Working salaried work		0	0	0	0	0	0	0	0	0	0	0	0
Education-related problems													
Unspecified		1	0	4	5	2	4	7	13	3	4	11	18
None		0	0	0	0	0	4	2	6	0	4	2	6
Learning disability		1	0	0	1	0	0	1	1	1	0	1	2
Specialized education class		1	0	0	1	0	0	0	0	1	0	0	1
Irregular school attendance		0	0	0	0	0	1	1	2	0	1	1	2
Behaviour-related problems													
Unspecified		0	0	0	0	0	0	1	1	0	0	1	1
None		0	0	0	0	0	3	3	6	0	3	3	6
Problems in school		1	0	0	1	0	0	1	1	1	0	1	2
Problems in home		3	0	4	7	2	6	5	13	5	6	9	20
Violent behaviour		3	0	1	4	1	3	2	6	4	3	3	10
Bullying		1	0	0	1	0	0	1	1	1	0	1	2
Self-harming behaviour		1	0	1	2	2	4	3	9	3	4	4	11
Running away		1	0	4	5	2	5	4	11	3	5	8	16
Negative peer involvement		1	0	4	5	2	6	3	11	3	6	7	16
Inappropriate sexual behaviour		0	0	0	0	0	3	3	6	0	3	3	6
Criminal involvement		1	0	1	2	2	2	1	5	3	2	2	7
Substance abuse problems													
Unspecified		0	0	0	0	0	0	2	2	0	0	2	2
None		2	0	1	3	0	5	5	10	2	5	6	13
Drug abuse		1	0	2	3	1	2	2	5	2	2	4	8
Alcohol abuse		1	0	1	2	1	2	2	5	2	2	3	7
Diagnosed Disabilities													
Unspecified		0	0	0	0	0	0	2	2	0	0	2	2
None		2	0	1	3	0	5	5	10	2	5	6	13
Physical handicap		0	0	0	0	0	0	0	0	0	0	0	0
Visual-hear-speechimpairment		0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning		0	0	0	0	0	1	1	2	0	1	1	2
Psychiatric disorder		0	0	0	0	0	1	1	s	0	1	1	2

Table C.2.2.4 Child-CAN psychological abuse victims' characteristics

	n	Psychological Abuse (n=87)											
		male				Female				Total			
		11	13	16	All	11	13	16	All	11	13	16	All
Total number of psychological abuse victims (n)		20	16	8	44	14	9	20	43	34	25	28	87
Educational status													
Unspecified		1	0	0	1	0	0	0	0	1	0	0	1
Not attending school at all		5	1	1	7	4	3	1	8	9	4	2	15
Dropped out		3	3	6	12	3	2	5	10	6	5	11	22
Attends school		11	12	1	24	7	4	14	25	18	16	15	49
Work status													
Unspecified		0	0	0	0	0	0	2	2	0	0	2	2
Not working		10	12	4	26	7	2	11	20	17	14	15	46
Working domestic/ unpaid		10	4	4	18	7	7	7	21	17	11	11	39
Working salaried work		0	0	0	0	0	0	0	0	0	0	0	0
Education-related problems													
Unspecified		9	6	7	22	7	4	7	18	16	10	14	40
None		3	2	0	5	4	1	6	11	7	3	6	16
Learning disability		5	4	0	9	2	1	3	6	7	5	3	15
Specialized education class		1	1	0	2	0	0	0	0	1	1	0	2
Irregular school attendance		6	8	1	15	1	3	7	11	7	11	8	26
Behaviour-related problems													
Unspecified		1	2	0	3	1	0	1	2	2	2	1	5
None		1	2	0	3	5	1	8	14	6	3	8	17
Problems in school		8	6	1	15	2	1	4	7	10	7	5	22
Problems in home		15	8	7	30	8	7	9	24	23	15	16	54
Violent behaviour		10	8	4	22	5	4	4	13	15	12	8	35
Bullying		3	1	2	6	1	0	2	3	4	1	4	9
Self-harming behaviour		5	2	1	8	3	5	4	12	8	7	5	20
Running away		7	6	6	19	4	6	8	18	11	12	14	37
Negative peer involvement		8	7	8	23	4	6	6	16	12	13	14	39
Inappropriate sexual behaviour		0	0	0	0	1	3	3	7	1	3	3	7
Criminal involvement		3	6	3	12	2	2	2	6	5	8	5	18
Substance abuse problems													
Unspecified		0	4	1	5	0	0	0	0	0	4	1	5
None		13	9	2	24	12	5	17	34	25	14	19	58
Drug abuse		3	1	4	8	1	2	2	5	4	3	6	13
Alcohol abuse		1	1	1	3	1	2	2	5	2	3	3	8
Diagnosed Disabilities													
Unspecified		2	3	0	5	1	0	1	2	3	3	1	7
None		9	10	6	25	8	5	12	25	17	15	18	50
Physical handicap		8	3	2	13	4	4	5	13	12	7	7	26
Visual-hear-speechimpairment		0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning		0	2	0	2	1	1	1	3	1	3	1	5
Psychiatric disorder		0	0	0	0	0	1	1	2	0	1	1	2

Table C.2.2.5 Child-neglect victims' characteristics

	n	Neglect Abuse (n=74)											
		male				Female				Total			
		11	13	16	All	11	13	16	All	11	13	16	All
Total number of neglect abuse victims (n)		17	13	8	38	13	11	12	36	30	24	20	74
Educational status													
Unspecified		0	0	0	0	0	0	0	0	0	0	0	0
Not attending school at all		5	1	1	7	4	3	1	8	9	4	2	15
Dropped out		3	4	6	13	3	4	3	10	6	8	9	23
Attends school		9	8	1	18	6	4	8	18	15	12	9	36
Work status													
Unspecified		0	0	0	0	0	0	1	1	0	0	1	1
Not working		9	8	4	21	5	3	7	15	14	11	11	36
Working domestic/ unpaid		8	5	4	17	8	8	4	20	16	13	8	37
Working salaried work		0	0	0	0	0	0	0	0	0	0	0	0
Education-related problems													
Unspecified		8	5	7	20	7	6	5	18	15	11	12	38
None		3	1	0	4	2	2	2	6	5	3	2	10
Learning disability		5	3	0	8	3	1	3	7	8	4	3	15
Specialized education class		0	1	0	1	0	0	0	0	0	1	0	1
Irregular school attendance		5	7	1	13	1	2	5	8	6	9	6	21
Behaviour-related problems													
Unspecified		1	0	0	1	1	0	1	2	2	0	1	3
None		2	2	0	4	3	2	2	7	5	4	2	11
Problems in school		6	5	1	12	3	1	4	8	9	6	5	20
Problems in home		13	8	7	28	8	7	8	23	21	15	15	51
Violent behaviour		8	5	4	17	5	4	3	12	13	9	7	29
Bullying		13	1	2	16	1	0	2	3	14	1	4	19
Self-harming behaviour		5	2	1	8	3	5	4	12	8	7	5	20
Running away		7	5	6	18	4	6	6	16	11	11	12	34
Negative peer involvement		8	7	8	23	4	5	5	14	12	12	13	37
Inappropriate sexual behaviour		0	1	0	1	1	2	3	6	1	3	3	7
Criminal involvement		3	5	3	11	2	2	2	6	5	7	5	17
Substance abuse problems													
Unspecified		0	2	1	3	0	0	1	1	0	2	2	4
None		10	6	2	18	11	7	8	26	21	13	10	44
Drug abuse		3	2	4	9	1	2	2	5	4	4	6	14
Alcohol abuse		1	1	1	3	1	2	2	5	2	3	3	8
Diagnosed Disabilities													
Unspecified		1	0	0	1	1	1	0	2	2	1	0	3
None		8	7	6	21	8	6	5	19	16	13	11	40
Physical handicap		7	6	2	15	3	4	5	12	10	10	7	27
Visual-hear-speechimpairment		0	0	0	0	0	0	2	2	0	0	2	2
Impaired cognitive functioning		0	2	0	2	1	1	1	3	1	3	1	5
Psychiatric disorder		0	0	0	0	0	1	1	2	0	1	1	2

C.2.3. Characteristics of Families and Households of Maltreated Children

Table C.2.3 Children-victims' Family and Household characteristics per form of maltreatment

	n	Form of Maltreatment				
		Physical abuse	Sexual abuse	Psychological abuse	Neglect	All forms of maltreatment
		89	28	87	74	278
Family Status						
Unspecified		4	3	4	3	4
Married parents		44	10	37	26	61
Divorced parents		20	5	21	19	25
Single parent family		15	9	18	18	21
Step family		6	1	7	8	9
Number of co-habitants						
Unspecified		3	1	2	1	3
2		15	0	3	4	5
3		31	5	13	8	22
4		9	9	31	27	45
>5		31	27	38	34	45
Co-habitants identity						
Unspecified		1	0	0	0	13
Mother		66	20	63	51	91
Father		58	16	55	43	81
Siblings		61	22	64	58	83
Grandparent(s)		9	3	10	8	10
Other blood/in-laws relative(s)		10	7	10	9	10
Parent's partner		13	5	10	11	15
Other CAN victims						
Unspecified		13	3	9	6	18
None		19	8	22	15	33
Siblings		51	14	49	48	61
Other types of abuse						
Unspecified		11	3	8	5	16
None		25	9	29	27	44
Intimate partner violence		39	10	38	29	45
Elderly abuse		4	3	4	4	4
Sibling abuse		17	11	16	17	19
Housing adequacy						
Unspecified		30	2	30	30	32
No		20	11	20	20	36
Yes		50	15	50	50	51
Household income						
Unspecified		21	3	9	3	25
Very low		42	15	46	50	55
Low		14	5	19	12	20
Moderate		11	5	12	9	19
Source of income						
Unspecified		14	3	6	2	17
No source of income		4	2	6	4	6
Full time employment		25	8	25	16	37
Part time/Seasonal employment		14	1	16	18	24
Social assistance		9	3	12	12	13
No reliable source		2	0	1	2	2
Financial problems						
Unspecified		27	4	15	6	33
No		9	6	14	12	68
Yes		53	18	58	56	19

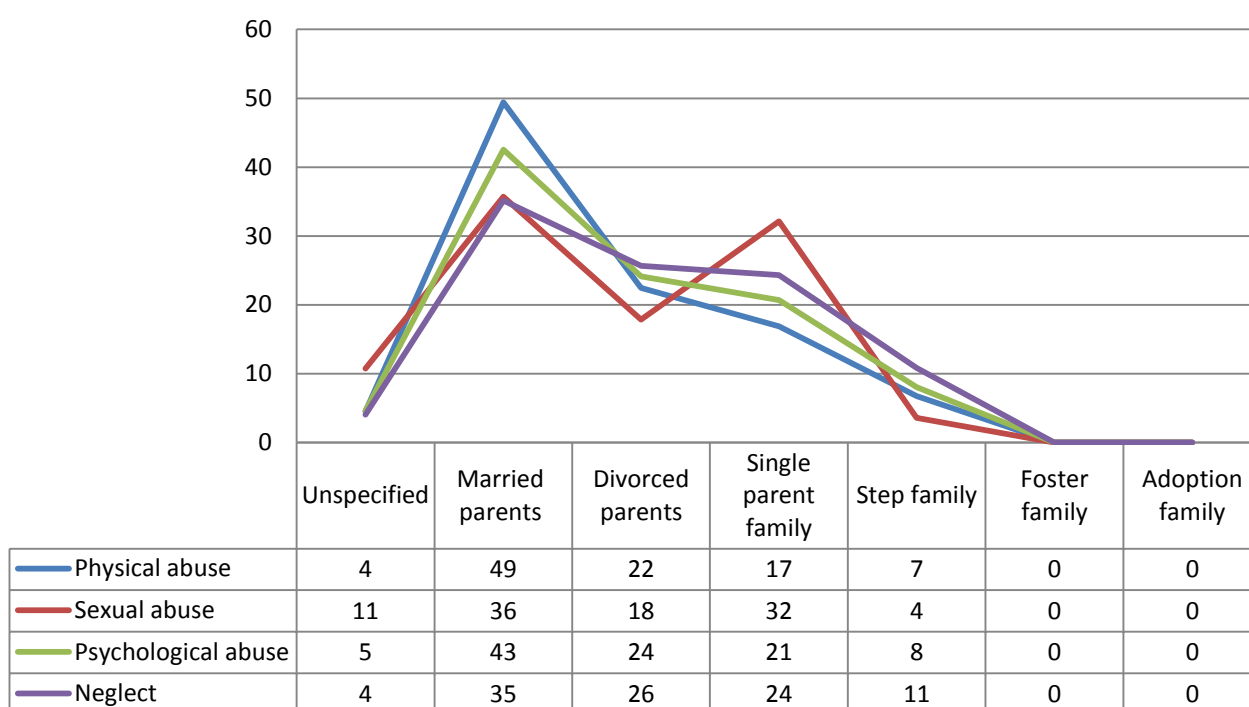
Albania lacks studies and research that show how family status and characteristics relate to violence against children within the family surrounding. Nonetheless, studies carried out in USA tell us that families deemed to have low socioeconomic status in the Fourth National Incidence Study of Child Abuse and Neglect were five times more likely to experience child maltreatment than families of higher socioeconomic status⁵⁸. Other studies suggest that giving additional income to families reduced the risk of child maltreatment⁵⁹.

CBSS research looked into mapping external characteristics of the family that may have an impact on violence against children and how they relate to the main forms of violence. The information included in this section is related to the family of child-victim such as the marital status of the parents/caregivers, the number and the identities of the cohabitants, whether there are other children-victims of CAN or domestic violence of other type (such as intimate partner violence); moreover, there is information regarding the living conditions, the financial situation of the family, the sources of the family income as well as whether families suffer from financial problems.

Family status

Family plays a very important role in the life of a child. Although the social definition and formation of family has changed in time, its role on the upbringing of the child remains unchanged. As such any internal or external factors could have an important positive or negative impact on children. CBSS found that agencies keep quite a good record on the family status of the children victims of violence and as such analysis of cases can help us better understand the relation between family status and violence against children.

Diagram 10: Family status and violence against children (in %)



⁵⁸ Sedlak A et al, Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), U.S. Department of Health and Human Services (DHHS), 2010.

⁵⁹ Cancian M. et al, The Effect of Family Income on Risk of Child Maltreatment, Institute for Research on Poverty, 2010.

In overall only 1.4 per cent of reported cases of violence against children had not specified information on the family status. Meanwhile, the majority of children, observed separately and in overall forms of violence against children, shows that most of the children live with their married parents followed by divorce parents and single parent family.

We observed that every form of abuse is at its peak when parents are married compare to divorced or single parent family status. None of the children reported to the agencies was living in non-biological family. It is striking to see that sexual violence against children is reported almost at the same rate in the married parents and single parent families, which raises several questions into factors that that impact the married and single parent families and their direct influence into violence against children.

Among the main characteristics of the family and household related to physical violence against children that could mention are:

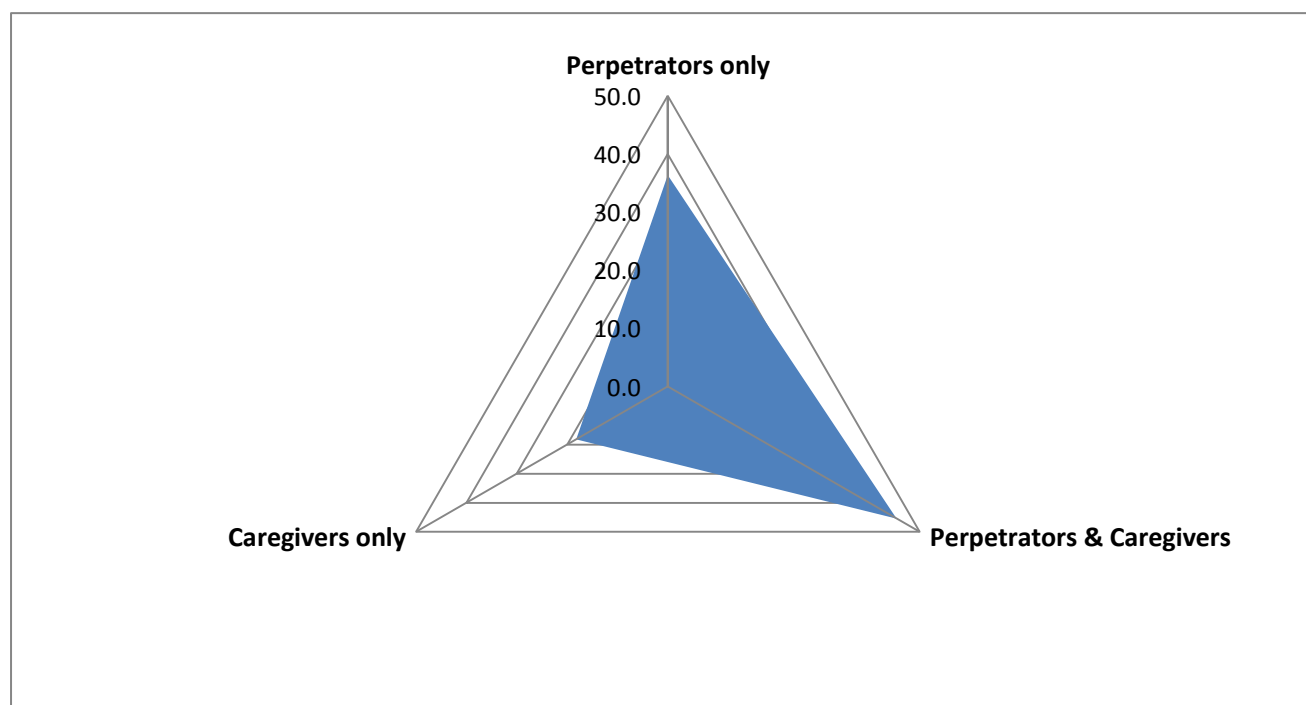
- a) **Number of co-habitants in the family**, where almost 80% of children live with 3 or more people at home;
- b) **Most of the co-habitants are related to the child** by a blood lineage, while in almost 15% of children are living in premises where a parent's partner is present;
- c) **Physical violence is used also against other siblings** at a considerable rate (57.3%);
- d) **Intimate partner's violence** is present in almost 50 per cent of child families;
- e) **House inadequacy** is a factor in violence against children. In 56 per cent of cases of child physical abuse agencies report that children live in inadequate conditions;
- f) **The sources of family income** are not a major factor in contributing to violence against children but the income itself is. Although in majority of cases parents are reported to work full-time, still their income was not sufficient to the family needs.
- g) **Low Household income and financial problems in the family**, which are related to poverty, are in the majority of cases an important factor in violence against children. Almost 63 per cent of children physical violence cases are reportedly coming from very low to low income families and 60% of agencies report that families have financial problems;

Other forms of violence against children are influenced by the same characteristics sometimes at rates higher and lower than the ones reported above. For example when we look into sexual violence against children some of the family characteristics seem to have a major impact into creating an enabling environment that feeds sexual abuse. Agencies report that at least 96 per cent of children leave with 5 or more co-habitants in their household, while less than 50 per cent of children in other forms of abuse report to live under the same conditions. The same children report that they live in the same family household with other relatives (25%) and parent's partner (18%). In almost 80 per cent of cases children live in families with very low and low income, while only 18% of them live in families with moderate-income. Some 64 per cent of children live in families that have financial problems. Data tell us that the poverty, financial situation of the family, number of co-habitants within the household and its situation are among some of the factors that contribute considerably to violence against children in Albania.

C.2.4. Characteristics of CAN-Perpetrators

Table C.2.4 Perpetrators and Caregivers

	Perpetrators and Caregivers			Total
	Perpetrators only	Perpetrators & Caregivers	Caregivers only	
Frequency	84	105	42	231
%	36	46	18	100



In Table 2.4 frequencies and relative frequencies are presented about the persons who involved in the 120 CAN cases of the study as CAN perpetrators, as caregivers of child-victims and as caregivers who at the same time are responsible for child maltreatment. In this last category belong most of the persons (~46%, in their vast majority adults deriving from the family environment such as parents). On the other hand, persons who were *exclusively* perpetrators are almost 36% of the total number of involved persons; these persons according to the available information are also children's relatives than strangers who, at the moment that one of the agencies recorded the information in its archives, had no other relationship with the children. Lastly, on 18% of cases the involved persons were caregivers.

Further details for each one of the three groups of involved persons, such as demographics, relationship with the child and history of accusation for child maltreatment and so on are presented in the tables 2.5.1, 2.5.2 and 2.5.3 below.

Table C.2.5.1 Perpetrators' characteristics per form of maltreatment

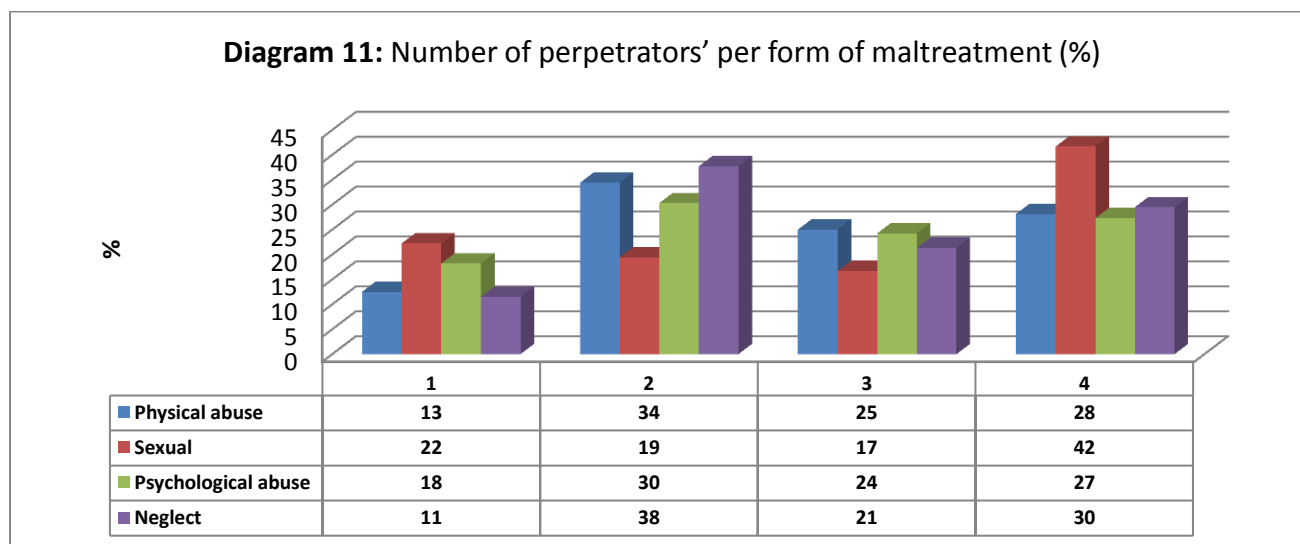
n	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=84)
Number of Perpetrators	64	36	66	61	84
1	8	8	12	7	20
2	22	7	20	23	27
3	16	6	16	13	19
4 or more	18	15	18	18	18
Status of allegation	64	36	66	61	84
Unspecified	0	0	0	0	0
Perpetrator	56	30	59	58	65
Alleged Perpetrator	8	6	7	3	19
Gender	64	36	66	61	84
Male	47	29	51	45	66
Female	17	7	15	16	18
Age group	56	29	55	53	68
>18	8	5	3	2	12
19-24	6	7	7	6	7
25-34	14	5	16	16	16
35-44	15	5	16	15	19
45-54	7	4	6	7	7
55-64	5	2	5	5	5
>65	1	1	2	2	2
Educational Level	62	34	64	59	82
Unspecified	11	5	10	14	16
Has not attended school	9	4	10	9	10
Elementary school	17	8	16	16	18
Middle School	17	11	21	16	26
High School	5	6	5	4	9
Technical School	2	0	1	0	2
University	1	0	1	0	1
Employment status	51	28	52	48	69
Unspecified	5	3	4	6	6
Employed	16	10	21	16	25
Unemployed	28	14	24	23	35
Retired	2	1	3	3	3
Marital Status	62	35	64	58	81
Unspecified	5	3	4	2	6
Single	20	12	19	16	28
Married	15	7	15	18	20
Living together	6	3	7	6	7
Separated	6	4	7	6	8
Divorced	4	3	6	4	6
Widow/er	6	3	6	6	6

(Table C.2.5.1 cont.)

n	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=75)
Relation to child	64	36	66	61	75
Unspecified	0	0	0	0	0
Mother	6	3	5	6	6
Father	11	4	13	12	16
Step-mother	2	0	2	3	3
Step-father	0	0	0	0	0
Full sibling	4	1	4	4	4
Partial/half sibling	0	0	0	0	0
Step-sibling	0	0	0	0	0
Grandparent	4	1	5	5	5
Other blood relative	5	5	6	6	8
In-laws	0	0	0	0	0
Foster Parent	0	0	0	0	0
Caregiver in institution	0	0	0	0	0
Health care provider	0	0	0	0	0
Parent's partner	4	1	3	3	4
Date	1	1	1	1	1
Roommate	0	0	0	0	0
Work-relation	0	0	0	0	0
Neighbour	1	2	3	1	3
Friend	15	9	13	11	23
Official /legal authority	0	0	0	0	0
Stranger	9	8	9	8	0
School Teacher	1	0	1	0	1
Teacher/Coach (outside school)	0	0	0	0	0
Family friend	1	1	1	1	1
History of substance abuse	66	40	72	65	88
Unspecified	9	7	10	7	18
None	12	7	13	10	20
Drug abuse	19	13	21	21	21
Alcohol abuse	26	13	28	27	29
Physical-Mental Disabilities					
Unspecified	20	12	19	14	29
None	29	17	31	31	37
Physical handicap	3	1	3	3	3
Psychiatric Disorder	2	1	3	3	3
Impaired cognitive functioning	4	2	5	5	6
History of victimization	55	30	58	53	75
Unspecified	31	17	32	27	47
None	1	1	1	1	3
Yes	23	12	25	25	25
Previous similar allegations	55	31	57	52	75
Unspecified	15	9	16	11	31
None	5	0	3	6	6
Yes	35	22	38	35	38

Table C 2.5.2 contains data related to perpetrators only. It shall be noted that the information concerns not only perpetrators but also alleged perpetrators. The criterion on the basis of which one is classified as perpetrator or alleged perpetrator was taken on the basis of the existence of an official decision (from the court or other authorities) who certified the accusation for violence against children, which is different from the one used about the substantiation of the cases, where the criterion was depended by the agency. Observing the data reported from the agencies, below we will present some of the main characteristics of the perpetrators.

Number of Perpetrators' per form of maltreatment



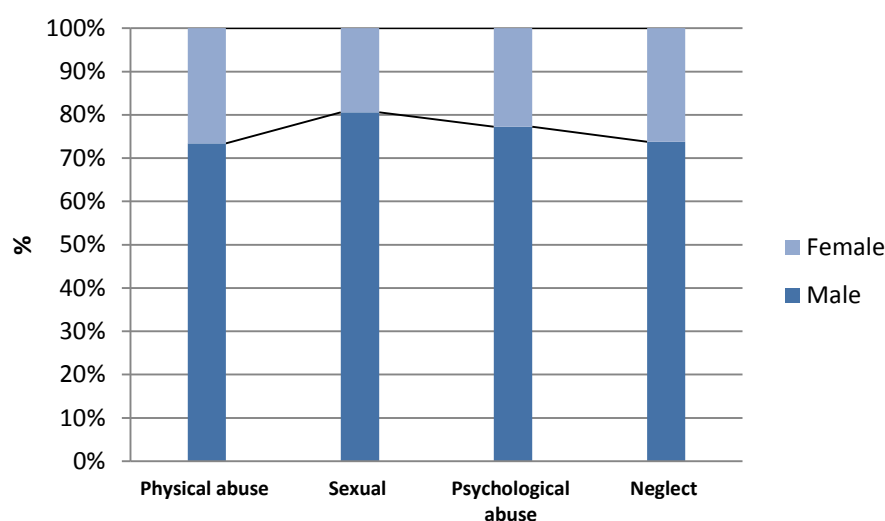
One area into which CBSS research looked to identify was the number of perpetrator per form of maltreatment against children. As the Graphic 10 above shows that the largest percentage of perpetrators are represented by 1 individual followed by 3, 4 or more perpetrators against the same child. This it correlates to the children-reported data (Table C 2.3), where they state that they live in the same households with a 2 or 3 or more people, mostly in extended families. When we see into the correlation between numbers of perpetrators per form of violence, we observe that single perpetrators make the majority of cases of violence against children. However it has to be noted that there is a striking difference when we look into sexual violence against children per number of perpetrators. The data from the cases tells us that in the largest number of sexual violence against a child was carried out by 4 or more perpetrators (42%) followed then by a single perpetrator (36%).

Gender of the perpetrators

Both male and female are perpetrators of violence against children, nonetheless at different rates. There is a wide body of research that tells us whether abusers are more likely to be male or female, depends, in part, on the type of abuse. Research suggests that women report using more physical discipline than men. However, men are the most common perpetrators of life-threatening injuries. Sexual abusers of children are predominantly men⁶⁰.

⁶⁰ World report on violence and health, World Health Organization, Geneva, 2002.

Diagram 12: Sex of perpetrators' per form of maltreatment (%)

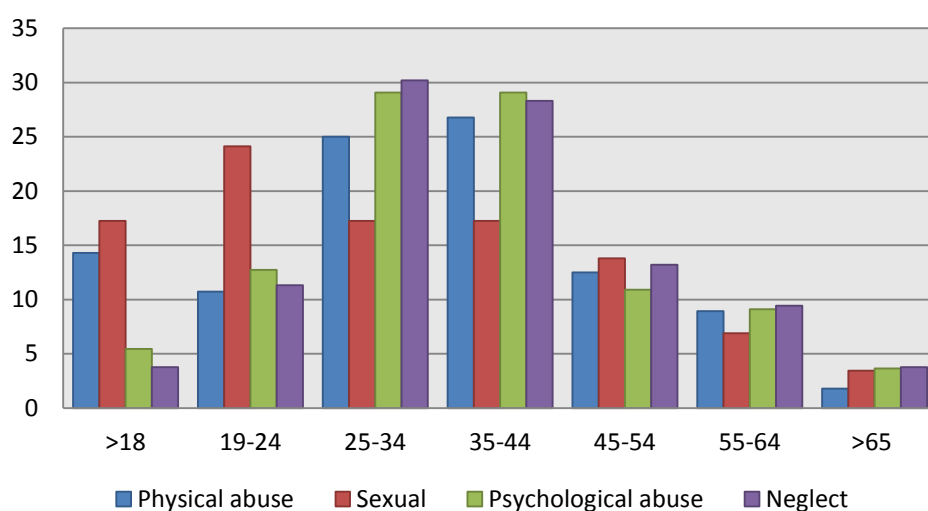


Our CBSS research shows that in all reported cases of violence against children adult males were the main perpetrators of every form of abuse. Cases do not show major differences between the main perpetrator and the form of violence exercised, with a minor difference in sexual abuse where 80% of all perpetrators are men. Although research suggests that usually mothers

exercise more physical discipline in our reported cases we see that in 73 per cent of them men were the main abusers of their children and siblings⁶¹.

Age of the perpetrator

Diagram 13: Age of perpetrators per form of maltreatment (%)



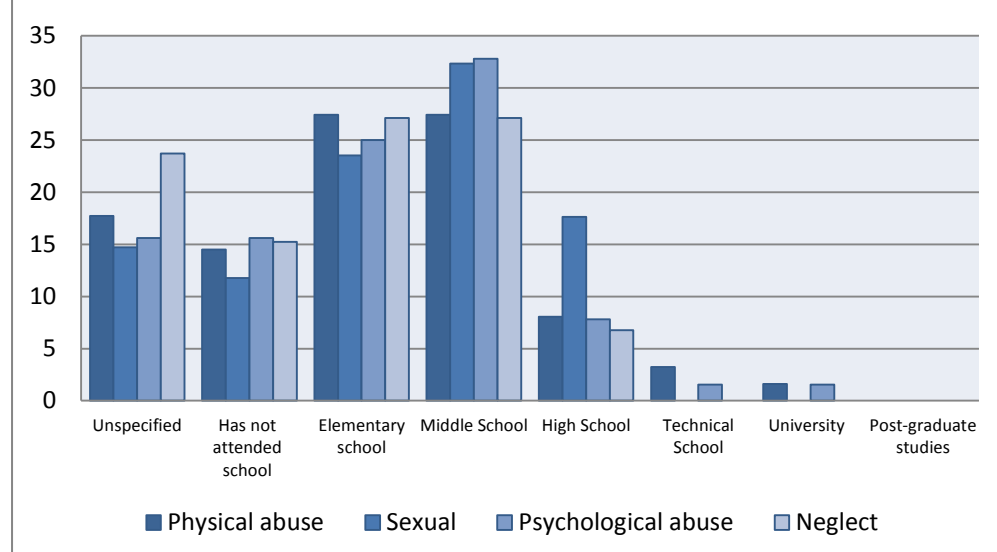
The age of the perpetrator is an important factor in violence against children. First of all it can tell us if the abuse is happening among children or it's from an adult towards a child. CBSS classified the perpetrators in 7 age-groups the oldest being >65 years of age. One of the characteristics observed is that 18 years old and 19-24 years old

tend to perpetrate physical and sexual abuse against children at a higher rate compare to other age groups, while psychological abuse and neglect is reported for age groups 25-34 and 35-44 years old.

⁶¹ idem

Education level, employment and marital status of the perpetrator

Diagram 14: Education level of perpetrators (%)

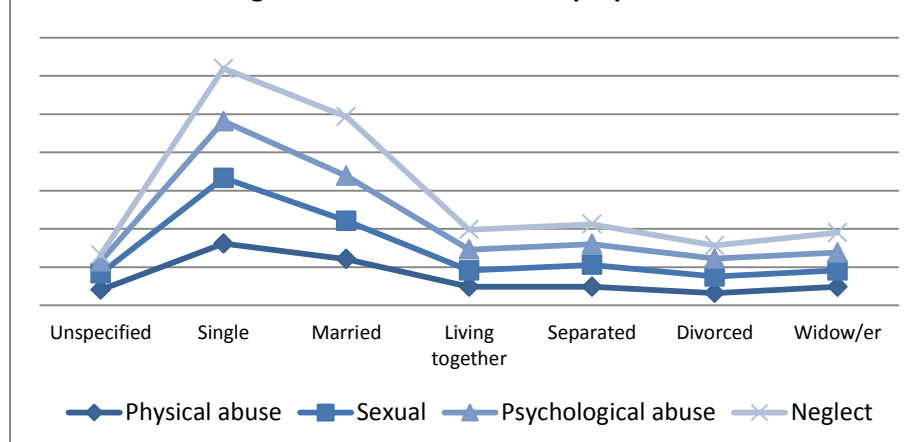


Education is an important factor in violence against children. CBSS research also found that violence against children expressed in all its forms is strongly related to the education level of the perpetrator. Few cases of violence against children are related to perpetrators who have graduated

from High School (with the exception of sexual violence against children) and University, while at the same time there were no cases of sexual abuse related to perpetrators who hold a university degree. The highest levels of cases of violence against children in all its forms are related to perpetrators, who have not attended school or have attended elementary and secondary education, which corresponds with the age of the compulsory education in Albania. Also quite a considerable number of cases did not register any data on their files on the education level of perpetrators, as probably was not deemed as important or necessary.

As stated above employment and marital status are other important factors to take into consideration when reporting on cases of violence against children. CBSS cases show that employment status is quite strongly related to violence against children. Perpetrators who were not employed count for almost half of all the forms of child abuse, while 1/3 is related to perpetrators who are employed or have a job.

Diagram 15: Marital status of perpetrators

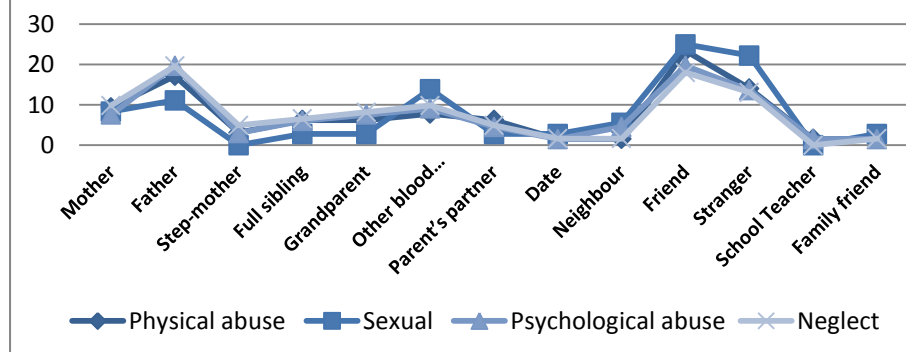


Marital status of perpetrators shows that in the majority of cases the perpetrator is single or married (together they count for the majority of all the reported cases), compared to other statuses such as living together with the child, separated, divorced or widow/er. All forms of violence against children seem to

culminate when the perpetrator is either single (never married or divorced) or married. This finding is in line with many other researches that claim that most of the violence against children comes by someone related or known to the child.

Relationship of the perpetrator to the child

Diagram 16: Relationship of perpetrators to the child per form of maltreatment (%)

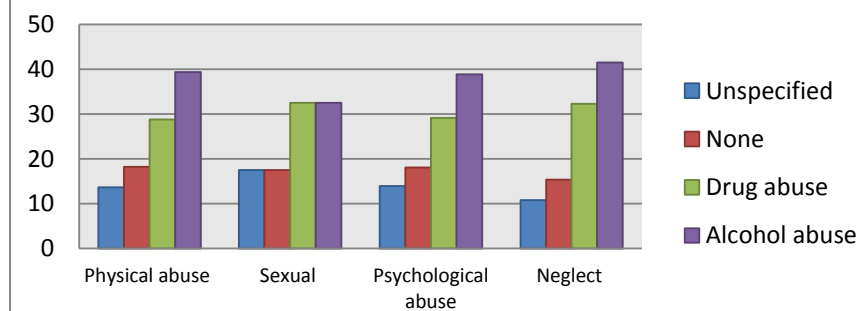


CBSS in Albania looked into the databases and archives of the agencies in order to identify the relationship between the perpetrator and the child. Some 25 feels of choices were available to the researchers to fill the most appropriate information to the relation child-perpetrator. Below we will comment only

on the areas where information was available. It has to be noted that in none of the cases there was unspecified information on the relationship. As we can see in the Graphic the relationship between the child and the perpetrator in the majority of cases is established by the blood line (mother, father, relative) or some other form of relationship to the child (friend or parents partner). However it has to be noted physical and sexual abuse is also considerably reported to come from strangers that it counts for 22 per cent of sexual abuse and 14 per cent of physical and psychological one respectively.

Substance abuse

Diagram 17: History of substance abuse per form of maltreatment (%)



Substance abuse of the perpetrators could be also a contributing factor to child abuse. As there is no other research in Albania that has looked into the relationship between substance abuse the perpetrator it's difficult to assess whether if this is a reoccurring factor or it is a new one. Data collected by the CBSS

research shows that there is a clear link between substance abuse and the behaviour of the perpetrator towards the child. Some further explanation of this conclusion may help here.

Previous similar allegations

One of the areas we looked into the records of the agencies was if there have been any previous similar allegations made towards the perpetrator. The Graphic shows that in majority of cases the perpetrator has been alleged to have abused the child previously.

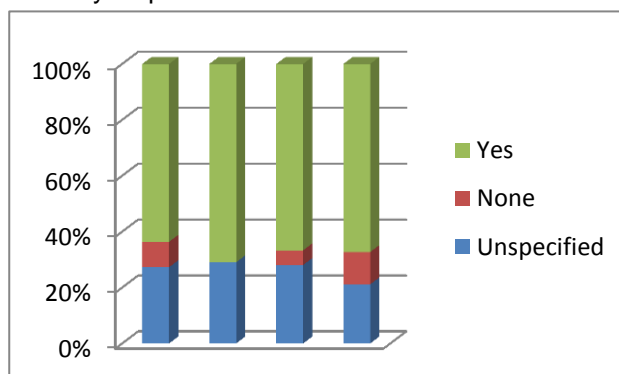


Table C.2.5.2 Caregivers who are also Perpetrators' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=105)
No of Caregivers/Perpetrators	83	23	79	72	105
Unspecified	0	0	0	0	0
1	44	5	38	30	55
2	18	3	20	21	29
3	11	6	11	11	11
4 or more	10	9	10	10	10
Status of allegation	83	23	79	70	103
Unspecified	0	0	0	0	0
Perpetrator	60	21	59	61	72
Alleged Perpetrator	23	2	20	9	31
Gender	83	23	79	70	103
Unspecified	0	0	0	0	0
Male	59	15	56	45	71
Female	24	8	23	25	32
Age group	49	20	55	55	62
>18	0	0	0	0	0
19-24	2	1	2	3	3
25-34	8	1	9	7	9
35-44	22	9	22	24	28
45-54	10	5	15	14	15
55-64	4	3	4	4	4
>65	3	1	3	3	3
Educational Level	81	22	77	68	61
Unspecified	32	6	23	18	0
Has not attended school	9	1	10	7	11
Elementary school	18	11	18	20	20
Middle School	15	4	19	18	21
High School	6	0	6	3	7
Technical School	0	0	1	1	1
University	1	0	0	1	1
Post-graduate studies	0	0	0	0	0
Employment status	78	20	74	64	92
Unspecified	6	0	3	3	3
Employed	34	4	33	18	43
Unemployed	37	15	37	42	45
Retired	1	1	1	1	1
Marital Status	83	23	79	70	103
Unspecified	0	0	0	0	0
Single	0	1	0	0	1
Married	51	9	48	37	64
Living together	6	0	5	4	6
Separated	12	6	13	13	15
Divorced	8	3	7	10	11
Widow/er	6	4	6	6	6

(Table C.2.5.2 cont.)

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=105)
Relation to child	83	23	79	72	105
Unspecified	0	0	0	0	0
Mother	24	8	22	23	30
Father	48	8	46	37	60
Step-mother	0	0	1	1	1
Step-father	3	2	2	2	3
Full sibling	1	1	1	2	2
Partial/half sibling	0	0	0	0	0
Step-sibling	0	0	0	0	0
Grandparent	3	3	3	3	3
Other blood relative	2	0	2	1	2
Parent's partner	0	1	1	1	1
Date	1	0	1	0	1
History of substance abuse	80	23	77	67	99
Unspecified	12	2	10	6	16
None	16	1	17	16	26
Drug abuse	9	4	9	7	9
Alcohol abuse	43	16	41	38	48
Physical-Mental Disabilities	76	16	71	62	95
Unspecified	23	2	16	9	27
None	36	11	37	36	49
Physical handicap	4	0	5	5	5
Psychiatric Disorder	6	1	6	6	6
Impaired cognitive functioning	7	2	7	6	8
History of victimization	77	19	73	64	97
Unspecified	59	9	52	44	74
None	6	2	8	8	10
Yes	12	8	13	12	13
Previous similar allegations	75	20	71	63	94
Unspecified	46	4	41	34	59
None	6	2	9	7	10
Yes	23	14	21	22	25

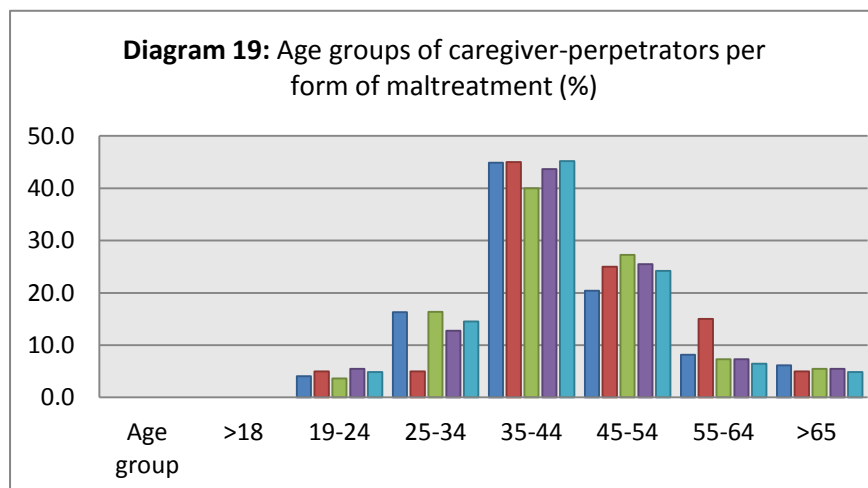
Table C 2.5.2 contains data related to caregivers who are also perpetrators, referring to those individuals who, while taking care of children, are at the same time recorded as perpetrators or alleged perpetrators of abuse.

Number and gender of caregiver-perpetrators' per form of maltreatment

In this group, according to the study protocol, belongs the majority (mostly adults) of the persons involved in 105 cases of CAN that were recorded in the agencies files. In ~ 52 per cent of cases one person is involved per event, in 27 per cent of cases two people, in 11 per cent of cases three people and in 10 per cent of cases four or more per incident. When it comes to status of allegation in 70 per cent of cases the agencies were able

to verify the allegation, while in 30 per cent of them the perpetrator-caregiver was only alleged to have abused the child. The gender of the caregiver-perpetrators it follows the same path as previously reported in this research. Man count for the majority of cases of violence against children in 69 per cent of cases, while women count only for 31 per cent of them.

Age of the caregiver-perpetrators



When it comes to the age of the caregivers who are also perpetrators we can see that the age-group 35-44 counts for the majority of cases of violence against children in all its forms (45%) followed by 45-54 age-group (24%), which corresponds mainly with the age-group of the parents and other caregivers who live with the child.

Education level, employment and marital status of the perpetrator

When it comes to the education level of the caregivers who are also perpetrators, we see the same trend as when we analysed the perpetrators only (Table C 2.5.1). In 34 per cent of all cases the caregiver-perpetrator has attended or graduated the compulsory education (year 5-8 of secondary education), followed by caregiver-perpetrator who have attended or graduated from the elementary school (year 1-4 of primary education), while 18 per cent of them have not attended any form of education. Employment level, another factor in violence against children, it's fairly shared between unemployed caregiver-perpetrators that count for 49 per cent of cases, while employed ones count for 47 per cent of cases. In the majority of cases the caregivers who are perpetrators are married (62%) with separated status coming second (15%) while 11 per cent are divorced.

Relationship of the caregiver-perpetrator to the child

The relationship between the caregiver-perpetrator gives us a clearer picture to who is exercising the violence against the child. In 57 per cent of cases the abuser is the father, while the mother is reported in only 30 per cent of cases. Meanwhile step-fathers and grand-parents are reported in 3 per cent of cases respectively, while a blood relative counts only for 2 per cent of all cases of violence against children.

Substance abuse and disability of the caregiver-perpetrator

Substance abuse seems to play a substantial role in violence against children in cases when the caregiver is also a perpetrator. In 49 per cent of cases alcohol abuse is cited as the main factor with drug abuse counting for 9 per cent of cases. Agencies did not record information on this issue only for 16 per cent of cases of children, with 16 per cent of cases reporting no substance abuse.

C.2.5. Characteristics of Caregivers of maltreated children

Table C.2.5.3 Caregivers' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=42)
No of Caregivers	22	16	21	15	42
Unspecified	0	0	0	0	0
1	8	4	13	11	14
2	14	12	8	4	28
3	0	0	0	0	0
4 or more	0	0	0	0	0
Gender	21	16	20	15	42
Unspecified	0	0	0	0	1
Male	6	7	4	2	14
Female	15	9	16	13	27
Age group	9	6	13	11	42
>18	0	0	0	0	0
19-24	0	0	0	0	0
25-34	1	0	2	2	2
35-44	6	6	8	5	11
45-54	2	0	3	4	4
55-64	0	0	0	0	25
>65	0	0	0	0	0
Educational Level	21	15	20	15	42
Unspecified	9	7	3	3	18
Has not attended school	1	0	2	2	2
Elementary school	7	0	0	0	13
Middle School	3	5	11	9	5
High School	0	2	1	0	1
Technical School	1	1	1	0	2
University	0	0	2	1	1
Post-graduate studies	0	0	0	0	0
Employment status	17	16	19	13	40
Unspecified	2	2	1	0	4
Employed	8	11	10	8	24
Unemployed	7	3	8	5	9
Retired	0	0	0	0	3
Marital Status	22	16	20	11	43
Unspecified	1	0	0	0	3
Single	1	1	2	1	2
Married	11	12	7	5	26
Living together	3	0	0	0	0
Separated	3	3	5	3	6
Divorced	2	0	4	0	4
Widow/er	1	0	2	2	2

(Table C.2.5.3 cont.)

	Form of Maltreatment				
	Physical abuse	Sexual	Psychological abuse	Neglect	All forms of maltreatment (n=)
Relation to child	22	16	21	15	42
Unspecified	0	0	0	0	0
Mother	15	9	16	13	27
Father	6	7	4	2	14
Type of Guardianship	0	16	20	15	41
Unspecified	0	0	0	0	0
Parent	0	16	19	15	40
Legal guardian	0	0	1	0	1
Step parent	0	0	0	0	0
Foster parent	0	0	0	0	0
Caretaker	0	0	0	0	0
History of substance abuse	19	15	20	13	38
Unspecified	6	5	4	0	11
None	13	10	16	13	27
Drug abuse	0	0	0	0	0
Alcohol abuse	0	0	0	0	0
Physical-Mental Disabilities	23	18	22	17	43
Unspecified	6	4	4	0	10
None	11	10	9	9	24
Physical handicap	0	0	0	0	0
Psychiatric Disorder	2	2	2	2	2
Impaired cognitive functioning	4	2	7	6	7
History of victimization	16	16	20	15	41
Unspecified	13	11	11	7	30
None	7	3	2	1	4
Yes	4	2	7	7	7
History of CAN allegations	14	16	20	15	41
Unspecified	12	4	14	11	19
None	7	11	6	2	19
Yes	2	1	0	2	3

Table C 2.5.3, presents information regarding persons who were caregivers of child- victims reported to the agencies during 2010-2011, and had nothing to do with the abuse, nor was there any suspicion against them. Caregivers count only for 18 per cent of the social group who are in contact with the child/ren but are not reported to use any form of violence against the child. The analysis of the group is important because when compared with the perpetrators and caregiver-perpetrator groups, can show us factors that count to facilitate or prevent violence against children.

In 67% of cases were 2 caregivers per child, while 1 was reported in 33 per cent. When it comes to gender, females were reported as caregivers in 64 per cent of cases, while 33 per cent were man, with the rest not being specified. Differences were found also in the age-group, compared to other groups. In 60% of cases caregivers were from the age-group 55-64 with 35-44 being reported in 26 per cent of cases. Education level was not recorded in 43 per cent of cases; while in 31 per cent of them caregivers had attended primary-school. Caregivers employed count for 60 per cent of cases while unemployed were 23 per cent. In relationship to the child, mothers counted for 64 per cent of caregivers, fathers for 33 per cent. There was no substance abuse was reported among any of the caregivers. Another difference observed between the other groups and caregivers is that the latest are reported at a rate of 17 per cent to have an impaired cognitive functioning, while this was reported at a lower rate in other groups.

C.2.6. Agencies involved in administration of CAN cases and Services provided to children-victims and their families

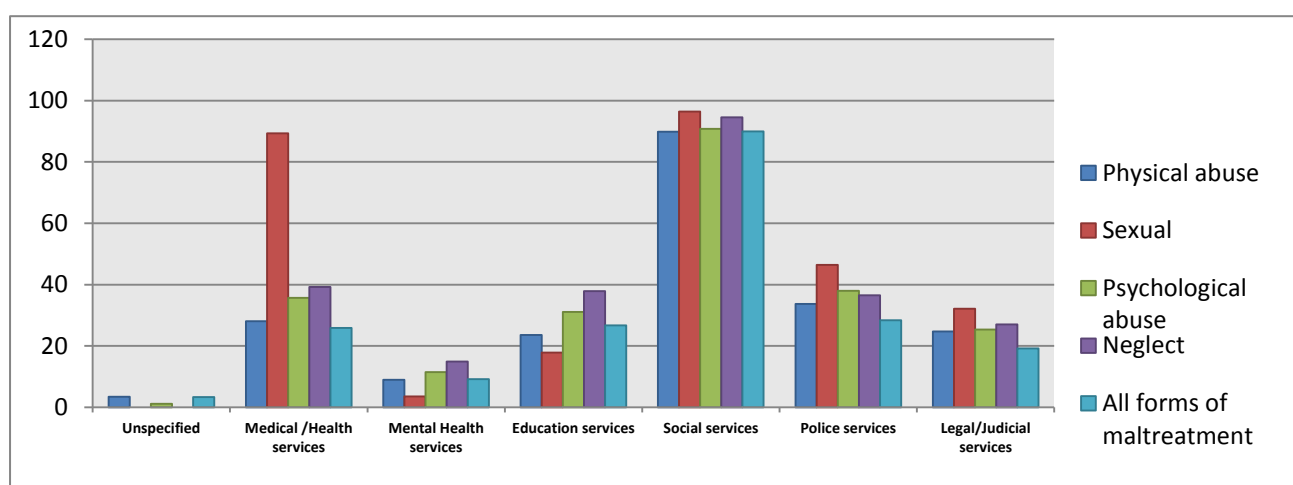
Table C.2.6.1 Agencies involved in CAN cases' administration per form of maltreatment

	Form of Maltreatment				
	Physical	Sexual	Psychological	Neglect	All forms of
	89	28	87	74	120
Case assessment of allegation					
Unspecified	3.4	0.0	1.1	0.0	3.3
Medical /Health services	28.1	89.3	35.6	39.2	25.8
Mental Health services	9.0	3.6	11.5	14.9	9.2
Education services	23.6	17.9	31.0	37.8	26.7
Social services	89.9	96.4	90.8	94.6	90.0
Police services	33.7	46.4	37.9	36.5	28.3
Legal/Judicial services	24.7	32.1	25.3	27.0	19.2
Maltreatment confirmation					
Unspecified	33.7	25.0	27.6	20.3	37.5
Medical /Health services	24.7	39.3	29.9	33.8	21.7
Mental Health services	9.0	7.1	9.2	10.8	6.7
Education services	16.9	17.9	24.1	28.4	20.0
Social services	53.9	64.3	59.8	70.3	50.8
Police services	36.0	46.4	37.9	39.2	30.0
Legal/Judicial services	18.0	21.4	17.2	17.6	13.3
Legal Action Taken					
Unspecified	9.0	3.6	5.7	2.7	54.2
None legal action taken	29.2	25.0	27.6	32.4	37.5
Social service/police -NO court involvement	50.6	67.9	57.5	59.5	44.2
Emergency protection procedures implemented	13.5	25.0	13.8	14.9	11.7
Judicial action to protect victim by court order(s)	11.2	14.3	12.6	10.8	10.8
Judicial action to remove parent(s) rights	0.0	3.6	1.1	0.0	0.8
Police/Judicial action to prosecute abuser	16.9	32.1	19.5	18.9	14.2
Care plan for child					
Unspecified	10.1	7.1	8.0	2.7	9.2
Child remains in family with no intervention	36.0	42.9	28.7	28.4	37.5
Child remains in family with planned intervention	25.8	17.9	36.8	39.2	32.5
Child removed from family (parents co-operation)	13.5	7.1	11.5	13.5	10.0
Child removed from family home by court order	7.9	14.3	8.0	8.1	5.8
Out of home placement					
Unspecified	14.6	17.9	10.3	6.8	12.5
No out of home placement	52.8	50.0	56.3	62.2	60.0
Children's Home Institution-NO individual carer	4.5	3.6	4.6	5.4	4.2
Mother/child shelter	11.2	14.3	12.6	6.8	10.0
Kinship Care with relatives/extended family	6.7	0.0	5.7	6.8	5.0
Foster Care with volunteer/paid carers	0.0	0.0	0.0	0.0	0.0
Adoption with parents agreement or court order	0.0	0.0	0.0	0.0	0.0
Abuser leaves the family home	1.1	0.0	1.1	2.7	1.7

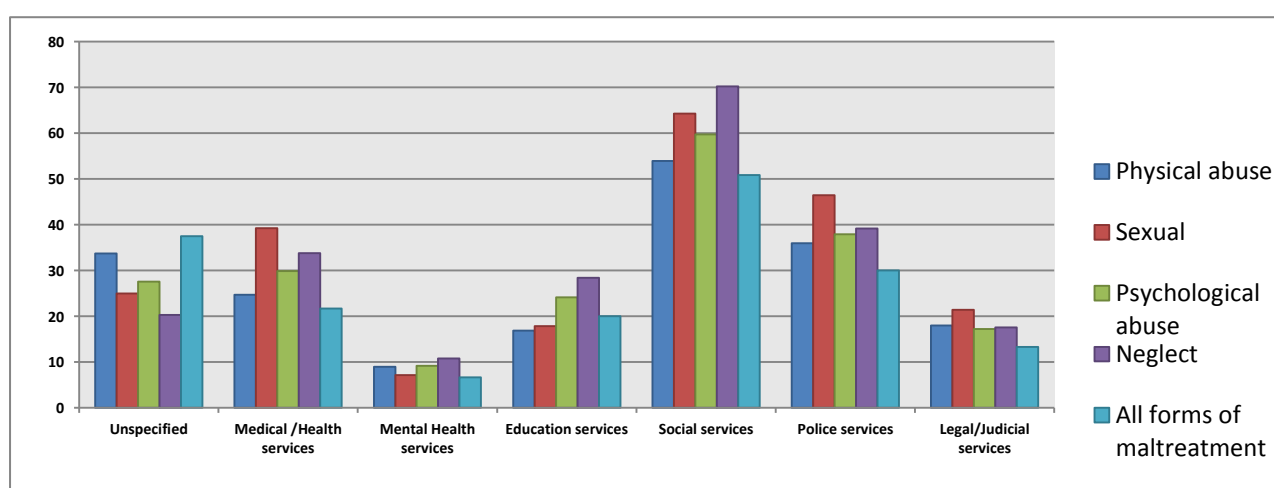
Table C 2.6.1 describes available information regarding the agencies involved in the evaluation of cases and confirmation of their validity, whether any legal action was taken and which ones, the care given to the child victim and if the child was removed or the perpetrator from the family. It shall be noted that in all cases the allegations are not mutually exclusive (since more than one service were involved or more than one action was taken per incident) and, therefore, the corresponding frequencies are not aggregate in all cases.

Agencies involved in alleged cases of violence against children

According to available information, social services were involved in the investigation phase, namely the evaluation of allegations of abuse, of more than 80 per cent of cases recorded in the study. However the other protection services were involved less in the case administration with police being reported in 34 per cent of cases of physical abuse, education services in 24 per cent of cases and medical/health services in 28 per cent of cases, while only 25 per cent to the legal services.



Agencies involved in confirmed cases of violence against children

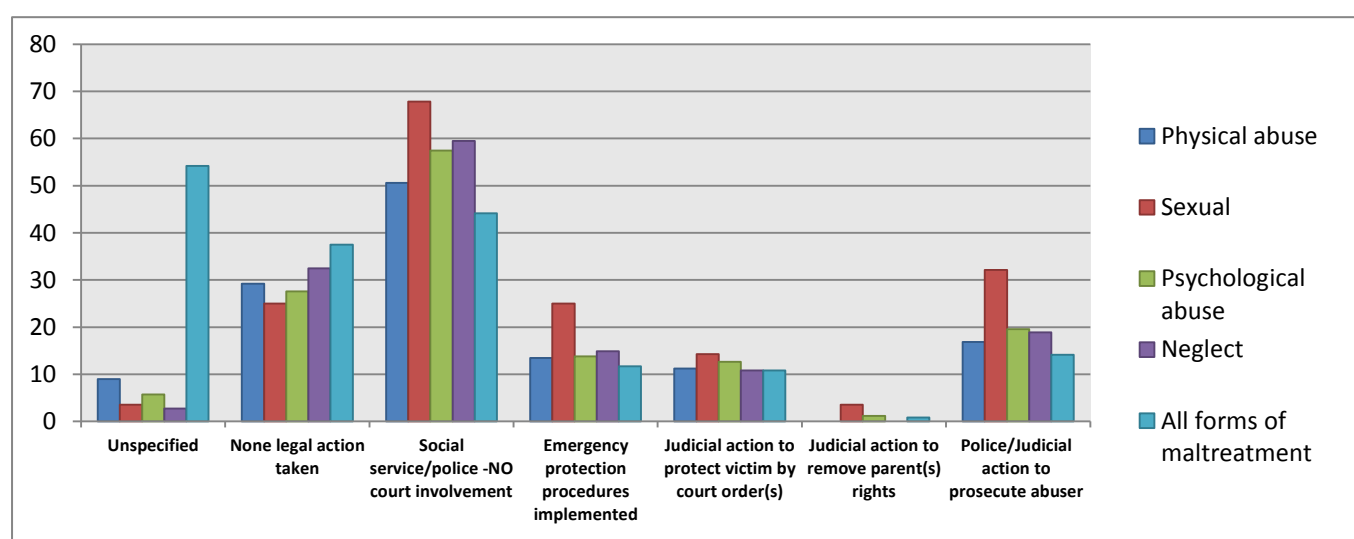


As observed above the majority of cases, even when the violence against children is confirmed, are reported to social services, followed by police and mental/health services. Only 18 per cent of cases of physical violence for example, were reported to legal services, which show a pattern that although violence against children has been confirmed the agencies in more than 82 per cent of cases did not report or follow the cases to the appropriate legal authorities, even when they constituted a criminal offence such as sexual violence

(21%). This paradigm is worrisome because their cases did not follow the legal channels, which would enable the perpetrators to be sentenced by a court and legal remedies be made available to children victims of violence. The same pattern seems to follow the mental health services, with 7 per cent of cases of sexual violence against children being reported.

Legal actions taken on cases of VAC

It has to be noted that until late 2010, Albania did not have the appropriate legislation to protect children from abuse and neglect, with the exception of sexual violence. As the data were collected for years 2010 and 2011, it reflects, apart from the culture to report the cases to social services, the lack of awareness on legal processes and measures to protect children from violence. As we can observe from Graphic below, in 29 per cent of physical violence cases agencies took no legal action, in only 4 per cent of cases of sexual abuse the



agencies seek judicial action to remove parents' rights, in 32 per cent of cases judicial action was taken to prosecute the abuser, in 25 per cent of cases agencies used emergency protection procedures or court orders (14%). In majority of cases (68%) the agencies reported to social services and police with no court involvement. It is difficult to assess what steps did take the social services / police authority and whether they brought any of the cases to the prosecution, as we had no opportunity to look into police and social services archives. What data tells us so far is that in cases of violence against children are reported to social services and from there measures are not taken sufficiently to bring justice to children who have suffered and survived violence against them.

Actions taken towards the family

The CBSS study considered also the measures that were implemented by the agencies towards the family in order to provide care and protection for the child victim. Data shows that in 43 per cent of cases of sexual abuse the child was left with the family with no further care provided, in 18 per cent of cases the child remained with the family while an intervention plan was implemented, while only in 14 per cent of cases the child was moved away from the family thanks to the cooperation of a family member. The agencies reported that in overall 50 per cent of cases of sexual abuse there was no out of home placement implemented to protect children, with a higher rate for neglect (62%). In 14 per cent of cases of sexual violence children were put in shelters, with a lower percentage for neglected children being placed in shelters (7%).

Table C.2.6.2 Referrals made to services and services provided to children-victims and their families per form of maltreatment

	Form of Maltreatment				
	Physical n=89	Sexual n=28	Psychological n=87	Neglect n=74	All forms of n=120
Referrals made to services					
Unspecified	0.0	0.0	0.0	0.0	0.0
None	1.1	0.0	2.3	1.4	1.7
Parent support program	31.5	46.4	35.6	40.5	27.5
Drug or alcohol counselling	22.5	46.4	21.8	27.0	18.3
Other family counselling	65.2	67.9	71.3	82.4	61.7
Social welfare assistance	29.2	42.9	35.6	41.9	27.5
Food Bank	18.0	21.4	23.0	28.4	18.3
Shelter services	22.5	25.0	26.4	23.0	19.2
Domestic violence counselling	70.8	60.7	66.7	73.0	62.5
Psychiatric services	2.2	7.1	2.3	2.7	1.7
Psychological services	84.3	89.3	82.8	86.5	87.5
Special education referral	27.0	39.3	29.9	33.8	22.5
Recreational program	39.3	50.0	46.0	56.8	37.5
Victim support program	60.7	71.4	55.2	52.7	54.2
Medical/dental services	42.7	67.9	48.3	59.5	45.0
Other child counselling	85.4	85.7	82.8	89.2	82.5
Services received					
Unspecified	0.0	0.0	0.0	0.0	0.0
None	2.2	0.0	3.4	1.4	2.5
Parent support program	25.8	32.1	27.6	32.4	21.7
Drug or alcohol counselling	15.7	35.7	16.1	21.6	13.3
Other family counselling	52.8	64.3	60.9	68.9	48.3
Social welfare assistance	30.3	39.3	35.6	41.9	27.5
Food Bank	14.6	14.3	19.5	24.3	15.8
Shelter services	14.6	14.3	17.2	12.2	12.5
Domestic violence counselling	43.8	46.4	52.9	60.8	41.7
Psychiatric services	2.2	7.1	2.3	2.7	1.7
Psychological services	83.1	89.3	80.5	85.1	85.8
Special education referral	18.0	32.1	19.5	21.6	15.0
Recreational program	34.8	42.9	40.2	51.4	33.3
Victim support program	23.6	32.1	31.0	33.8	22.5
Medical/dental services	43.8	46.4	49.4	60.8	40.8
Other child counselling	84.3	78.6	79.3	82.4	79.2

Table C 2.6.2 looks into referrals made to services and services provided to children-victims and their families per form of maltreatment. In overall the majority of sexual abuse cases were referred to psychological services (89%) followed by other child counselling (86%), domestic violence counselling (61%) and other family counselling (68%). When we look into services received by the child we again see the same trend, where psychological services provided assistance in 89 per cent of cases of sexual abuse followed by other child counselling services (79%), while family counselling counted for 64 per cent of cases and domestic violence counselling in 46 per cent of cases.

C.3. File completeness concerning the characteristics of the recorded CAN cases: lessons learned from the missing values

Table C.3 Availability of information concerning the characteristics of the recorded CAN cases

	Availability of information (n=120)			
	Available information		Non-available information (missing/unspecified)	
	f	%	f	%
Report date (exact date of intake) (n=120)	120	100	0	0
Child-related information (n=120)				
Age	120	100	0	0
Gender	120	100	0	0
Nationality	118	98.33	2	1.67
Educational Status	118	98.33	2	1.67
Work Status	115	95.83	5	4.17
Education-related problems	66	55.00	54	45.00
Behaviour related problems	108	90.00	12	10.00
Substance-abuse problems	108	90.00	12	10.00
Diagnosed Disabilities	98	81.67	22	18.33
Contact details (n=120)				
Telephone number	118	98.33	2	1.67
Address	118	98.33	2	1.67
Incident related information (n=120)				
Duration of maltreatment	116	96.67	4	3.33
Source of referral	119	99.17	1	0.83
Scene of incident	115	95.83	5	4.17
Form of maltreatment	120	100.00	0	0.00
Physical abuse (n=89)				
Status of substantiation	88	98.88	1	1.12
Specific Forms	85	95.51	4	4.49
Injury due to physical abuse	61	68.54	28	31.46
Nature of injury(-ies)	50	56.18	39	43.82
Sexual abuse (n=28)				
Status of substantiation	25	89.29	3	10.71
Specific Forms	24	85.71	4	14.29
Psychological abuse (n=87)				
Status of substantiation	78	89.66	9	10.34
Specific Forms	87	100.00	0	0.00
Neglect (n=74)				
Status of substantiation	72	97.30	2	2.70
Specific Forms	74	100.00	0	0.00
Case assessment of allegation (n=120)	116	96.67	4	3.33
Maltreatment confirmation (n=120)	75	62.50	45	37.50
Legal action taken	110	91.67	10	8.33
Care plan for child	109	90.83	11	9.17
Out of Home placement	105	87.50	15	12.50

(Table C.3. cont.)

	Availability of information (n=120)			
	Available information		Non-available information (missing/unspecified)	
	f	%	f	%
Perpetrator(s)' related information (n=189)				
Number of perpetrators	189	100	0	0
Status of allegation	189	100	0	0
Gender	189	100	0	0
Age	136	72.0	53	28.0
Nationality	132	69.8	57	30.2
Educational level	182	96.3	7	3.7
Employment status	174	92.1	15	7.9
Marital status	182	96.3	7	3.7
Relationship to child	189	100.0	0	0.0
History of substance abuse	146	77.2	43	22.8
Physical-Mental Disabilities	117	61.9	72	38.1
History of victimization/abuse	51	27.0	138	73.0
Previous similar allegations	81	42.9	108	57.1
Contact details (n=189)				
Telephone number	154	81.5	35	18.5
Address	169	89.4	20	10.6
Caregiver(s) related information (n=42)				
Relation to child victim	41	97.6	1	2.4
Number of caregivers	42	100	0	0
Relationship to Child	41	97.6	1	2.4
Type of Guardianship	41	97.6	1	2.4
Gender	41	97.6	1	2.4
Age	18	42.9	24	57.1
Nationality	37	88.1	5	11.9
Educational level	24	57.1	18	42.9
Employment status	36	85.7	6	14.3
Marital status	40	95.2	2	4.8
History of substance abuse	28	66.7	14	33.3
Physical-Mental Disabilities	31	73.8	11	26.2
History of victimization/abuse	11	26.2	31	73.8
History of CAN allegations	22	52.4	20	47.6
Contact details (n=42)				
Telephone number	38	90.5	4	9.5
Address	37	88.1	5	11.9
Family-related information (n=120)				
Family status	116	96.7	4	3.3
Number of co-habitants	117	97.5	3	2.5
Co-habitants' identity	117	97.5	3	2.5
Other CAN victims	99	82.5	21	17.5
Other types of abuse	98	81.7	22	18.3
Referrals made to services	119		1	0.8
Services received	119	99.2	1	0.8
Household-related information (n=120)				
Housing adequacy	88	73.3	32	26.7
Household income	95	79.2	25	20.8
Source of income	103	85.8	17	14.2
Financial problems	87	72.5	33	27.5
Previous maltreatment (n=40)				
Type of most severe maltreatment	40	100	0	0
Perpetrator(s)	39	97.5	1	2.5
Follow-up information (n=120)	111	92.5	9	7.5

Table C 3 looks file completeness of the agencies to record cases of violence against children. Table 3 presents all general categories and subcategories of variables and the degree to which the requested

information was available or not, or, otherwise, what is the information collected by the agencies when managing incidents of CAN and what is not recorded.

Agencies record in their files different information related to the child, his/her story of violence, information related to family status and perpetrators, caregivers etc. Studying all this pool of information it represent an interesting point of research as to what data and information is collected and why, while looking into how to enable the analysis of the recorded data and provide policy implications to those who take decisions on the issue of preventing violence against children. As Albania doesn't have a national or centralized system of reporting on violence against children, the current data collection system could facilitate the process of understanding how the agencies work by identifying areas of intervention.

What we see by comparing the data collected by agencies is that first of all, general information related to the child is collected in the majority of cases such as age and gender (respectively 100% each) while when it comes to the education of the child only 55 per cent of information is collected and disability is diagnosed only in 82 per cent of cases. The information related to the incident is recorded in majority of cases (above 90%), while when we look into the details of the abuse, we witness that at times there is considerable amount of data "lost" or otherwise not collected from the agencies. The pattern follows all the form of violence against children with the lowest percentage related to nature of injury in physical abuse cases (65%).

The information on perpetrator of the violence is collected by agencies in considerable detail, yet we see a variation in rates of data stratification. The agencies collected information on perpetrator such as gender and status of allegations (100% respectively), relationship to the child (100%), while data were not recorded at such high rates for nationality (70%), physical-mental disabilities of the perpetrator (62%). When it comes to register if perpetrators have a history of victimisation/abuse we see that only 27 per cent of files had any records on the issue. The same pattern followed the question if there were any previous similar allegations made towards the perpetrator, with 43 per cent of cases having recorded information.

Information in the files related to caregivers varies in rates depending largely on how detailed the information was required from the agencies. Agencies keep good records at a rate above 90 per cent on information related to relationship of the caregiver to the child-victim, number of caregivers, guardianship, gender and somehow nationality. However the information gets less persistent and accurate when the data on caregivers relates to their education level (57%), history of substance abuse (67%), previous history of victimisation/abuse (26%), history of CAN allegations (52%) etc.

Agencies' records show that they collect accurate information on the families of children victims of violence. Information is found to be available on the family status (97%), number of co-habitants in the family premises (98%), identity of co-habitants (98%) and in a lesser degree information related to reports on other types of abuse in the family (82%) and other CAN victims (83%).

In overall it can be stated that agencies file completeness is achieved at a high degree and information related to child victims, perpetrators and caregivers is collected. However information get less when detailed data is required on specifics of each case such as history of abuse, previous allegations etc.

CHAPTER D. FINDINGS AND CONCLUSIONS

The CBSS research conducted in Albania in combination with the field research on child abuse and neglect show that both children and parents are victims and perpetrators of abuse. The circle of abuse and neglect is passed from generation to generation because the system of child protection and social services doesn't implement all levels of preventative measures required, if not eliminate, to reduce the levels of violence against children and their perpetrators.

The CBSS can provide information into the consequences of violence and identify that violence is prevalent in most of the lives of children and their parents.

Albania is at its initial steps of establishing a functioning child protection system and that of social services for all those in need or risk. The analysis of the system it shows that it can identify most of the CAN forms. However as this process is finished it starts that of case management and many agencies cannot provide children with adequate and referral services as most of the services are not well-distributed, well-funded and coordinated.

The research team based on the analysis of data and respective results has the following findings:

- **The number of non-accidental injuries against children in Albania shows that violence threatens not only the well-being of children but also their right to life.** Many agencies such as health, law enforcement or social protection do not report on the non-accidental offences against children. This is an issue that the authorities and researchers haven't given much importance, although it could shed light into crimes committed against children that are reported to law enforcement agencies. In the period of 2010-2011, the National Police Authority of Albania reported more than 300 life-threatening offences against children, while 29 of them resulted in the death of a child. From the data given by the Police Authority it is not known how many perpetrators were parents, siblings, family related individuals, other adults or peers. However data tells us that quite a considerable number of non-accidental offences are carried out every year against children across Albania, whilst child victims receive minimal specialised care and services. CBSS study suggests that an urgent need for a detailed cross-sectorial research into this area of criminal justice that affects the life of so many children in Albania.
- **Albania doesn't have a mandatory reporting system on violence against children. Given that there are no national guidelines concerning standard data collection on child maltreatment, available information varies significantly among agencies.** At present, we could not identify a single body at a central or local level of governance that deals specifically and directly with issue of data collection, reporting, referral and case management among all agencies that deal with CAN cases. Several structures and institutions from different sectors are involved in the child protection system, including the state social services, the police, the

judicial, the education, and the health sector. Out of 46 identified agencies identified by the CBSS study only 7 of them agreed to open their databases and archives of cases for review. In total 120 cases were reviewed by the research team.

- **There is uneven distribution of services for victims of child abuse and neglect. Child protection and social services function mainly in the largest urban centres, while children living in rural areas are left with very few possibilities to access them.** CBSS study considered mapping the distribution of services throughout Albania only to find that most of the respondents on the cases of violence against children came from a main urban area, with very minor cases coming from some form of rural based social service or child protection agency. There are several factors that affect this uneven distribution, such as lack of funding and capacities to support such services at commune administrative units, low population numbers and traditional values that hinder reporting child abuse and neglect.
- **The CAN Incidence in Albania demonstrates that only a very small fraction of cases of violence against children are reported.** Compared to the general prevalence and incidence of CAN reported by the Balkan Epidemiological Survey on Child Abuse and Neglect in Albania, the child protection agencies are faced with the most difficult and severe cases of CAN. The research shows that most of the children that access the services have already suffered a great degree of multiple forms of violence and through a long time. Reported cases show that most of them are severe CAN cases, which is evidence that children access the services mainly when the violence has already got aggravated or it is demonstrated in some of its worst forms. Consequently, the researchers noted that the services are not able to notice and identify violence at its early stages, but rather seem to be in “waiting” for the next extreme case to be reported. According to the data received from 7 agencies across Albania, we can observe the incidence of CAN among children aged 11, 13 and 16 per 1000 children attending education. The incidence of all forms of CAN as derived from the records of eligible agencies is 1.5 / 1000 overall for children aged 11, 13 and 16 years old. Specifically, for the children aged 11 years old, the incidence is estimated at 1.5 / 1,000 and for children aged 13 and 16 years old at 1.3 and 1.6 / 1,000 respectively.
- **Almost every form of violence is present in the life of children who report abuse and neglect in public institutions and civil society organisations.** The incidence of physical and psychological violence is more present in the lives of children compared to sexual violence. However girls report a higher rate of sexual violence compared to boys. Out of 28 reported cases of sexual violence in 75% of them girls were the victims of abuse. Meanwhile when all forms of CAN are grouped and compared together (as per age group), we can see that there are no major differences in the forms of violence against children with a minor difference for children 13 years old. In overall the study found that all forms of violence are present in children's and young people's lives and data tells us that children are victims of different forms of violence throughout their childhood.

- **Children who have dropped out of school or that have education-related problems report higher rates of violence. CBSS study also found that most of the children who report violence are also attending school.** From the data we can observe that only a minority of children do not attend school (14.2%) compare to 60 per cent of children that do attend. Meanwhile quite a substantial percentage of children (24.2%) have dropped out of school and this is reflected in a slightly higher percentage of boys (27%) compare to girls (21%). This could tell us two things: a) children whose cases get reported to the agencies have a bigger chance to have dropped out of school compare to national average (approx. 3%) and b) that violence against children has an effect on the overall emotional, psychological and physical health of the child. The agencies report that they collect a set of data into the education-related problems faced by children when they are reported as victims of violence. However looking into the reported data we can see that in overall 45 per cent of all the cases have not specified any details into what is the education-related problem of the child. When we look into the 55% of cases, where data has been registered, we observe that in overall only 27 per cent of children do not report education-related problems, while 57 per cent of children do not attend the school regularly. Only a small fraction of children attend specialised education classes, meaning that the majority of children attend regular schools and classes with only 13 per cent of children in overall reporting a learning disability.

- **CBSS study demonstrates that female children victims of violence work at a higher rate than male children.** When we observe the age group of 13 years old we see a considerable difference at the percentage of female children working in domestic unpaid work, compare to boys of the same age. This could correspond with the start of puberty in children and the fact that they are expected by family to take a higher responsibility to help the family and other children. This trend continuous into the next age group of 16 years old, where we again see a higher number of female children working compare to boys.

- **Violence has a considerable influence on the behaviour-related problems of children.** In 90 per cent of the cases the agencies collected various information related to children's behaviour while only on 10 per cent of them they have not specified the information. When it comes to identified behaviour-related problems, only 30 per cent of cases show that children did not have any consequences from violence. In overall we can say that a large number of children report problems at home as one of the main behaviour related problems, with almost 31 per cent of children reporting that they have been running away from home. The agencies report that 33 per cent of children explain the behavioural problems as related to their peers. Violent behaviour (30%), problems at school (19%) and criminal involvement (15%) are behaviour-related problems recorded by the agencies. When it comes at the gender differences, 11 years old male children report that 65 per cent of them have problems at home compare to 47 per cent of girls. Violent behaviour is also reported at a high rate (43.5%) at boys aged 11 compare to girls that was reported in only 29 per cent of cases, meanwhile

runways are reported similarly at all age groups. There is a striking difference at the inappropriate sexual behaviour between boys and girls, with the latest reporting the highest rate. In overall almost 7 per cent of agencies report that children have inappropriate sexual behaviour related to their age, with girls counting for almost 12 per cent, while boys (all age groups) are reported only at the rate of 2 per cent. This difference tells us that girls aged between 11-13-16 years of age have been exposed to a higher degree of sexual violence compared to boys of the same age groups.

- **Most of the children victims of abuse and neglect live with their married parents followed by divorce parents and single parent family respectively.** We observed that every form of abuse is at its peak when parents are married compare to divorced or single parent family status. None of the children reported to the agencies was living in non-biological family. It is striking to see that sexual violence against children is reported almost at the same rate in the married parents and single parent families, which raises several questions into factors that that impact the married and single parent families and their direct influence into violence against children.
- **Poverty, house inadequacy and financial problems are contributing factors towards violence against children in Albania.** In 56 per cent of cases of child physical abuse agencies reported that children live in inadequate house conditions. The sources of family income are not a major factor but the income itself is. Although in majority of cases parents were reported to work full-time, still their income it was not sufficient to the family needs. Low household income and financial problems in the family are in the majority of cases an important factor in violence against children. Almost 63 per cent of children physical violence cases are reportedly coming from very low to low income families with 60% of agencies reporting that families have financial problems.
- **The larger the number of co-habitants per family the higher is the rate of abuse on children.** When CBSS study looked into data reported on sexual violence against children some of the family characteristics seemed to have a major impact into creating an enabling environment that feed sexual abuse. Agencies report that at least 96 per cent of children leave with 5 or more co-habitants in their household, while less than 50 per cent of children in other forms of abuse report to live under the same conditions. The same children report that they live in the same family household with other relatives (25%) and parent's partner (18%).
- **In all reported cases of violence against children adult males were the main perpetrators of every form of abuse.** Cases do not show major differences between the main perpetrator and the form of violence exercised, with a minor difference in sexual abuse where 80% of all perpetrators are men. Although research suggests that usually mothers exercise more physical discipline, in our reported cases we saw that in 73 per cent of them men were also the main abusers of their children and siblings.

- **The age of the perpetrator is an important factor in violence against children.** First of all it can tell us if the abuse is happening among children or it's from an adult towards a child. CBSS classified the perpetrators in 7 age-groups the oldest being >65 years of age. One of the characteristics observed is that 18 years old and 19-24 years old tend to perpetrate physical and sexual abuse against children at a higher rate compare to other age groups, while psychological abuse and neglect is reported for age groups 25-34 and 35-44 years old.
- **The level of education and unemployment of adult perpetrators are fundamental factors that contribute to violence against children.** CBSS research found that violence against children expressed in all its forms is strongly related to the education level of the perpetrator. Few cases of violence against children are related to perpetrators who have graduated from High School (with the exception of sexual violence against children) and University, while at the same time there were no cases of sexual abuse related to perpetrators who hold a university degree. The largest number of cases of violence against children is related to perpetrators, who have not attended school or have attended elementary and secondary education. Analysis of the CBSS cases shows that perpetrators who were not employed counted for almost half of all the forms of child abuse, while only in 1/3 of cases the violence was related to perpetrators who were employed or had a job.
- **Social services are the main institution where the majority of alleged and confirmed cases of violence against children are reported followed by police.** Data reported from the agencies shows that social services were contacted in more than 80 per cent of alleged cases recorded in the study with police being reported in 34 per cent of cases of physical abuse, education services in 24 per cent of cases and medical/health services in 28 per cent of cases, while only 25 per cent to the legal services. Even when the violence against children was confirmed, the cases were reported to social services, followed by police and mental/health services. Only 18 per cent of cases of physical violence for example, were reported to legal services, which show a pattern that although violence against children has been confirmed the agencies in more than 82 per cent of cases did not report or follow the cases to the appropriate legal authorities, even when they constituted a criminal offence such as sexual violence (21%). This paradigm it's worrisome because cases did not follow the legal channels, which would enable the perpetrators to be sentenced by a court and legal remedies be made available to children victims of violence. The same pattern seems to follow the mental health services, with 7 per cent of cases of sexual violence against children being reported.
- **Although violence against children constitutes a criminal offence against children very few legal actions were taken by the agencies to report the perpetrators.** As the data were collected for years 2010 and 2011, it reflects the lack of awareness on legal processes and measures to protect children from violence. We observed in 29 per cent of physical violence cases agencies took no legal action, in only 4 per cent of cases of sexual abuse the agencies

seek judicial action to remove parents' rights, in 32 per cent of cases judicial action was taken to prosecute the abuser, in 25 per cent of cases agencies used emergency protection procedures or court orders (14%). In majority of cases (68%) the agencies reported to social services and police with no court involvement. It is difficult to assess what steps did take the social services / police authority and whether they brought any of the cases to the prosecution, as we had no opportunity to look into police and social services archives. What data tells us so far is that in cases of violence against children get reported to social services and from there measures are not taken sufficiently to bring justice to children who have suffered and survived violence against them.

- **Children continue to live in the same family premises even when extreme forms of abuse are reported to have been exercised by a member of the family.** The CBSS study considered also the measures that were implemented by the agencies towards the family in order to provide care and protection for the child victim. Data shows that in 43 per cent of cases of sexual abuse the child was left with the family with no further care provided, in 18 per cent of cases the child remained with the family while an intervention plan was implemented, while only in 14 per cent of cases the child was moved away from the family thanks to the cooperation of a family member. The agencies reported that in overall 50 per cent of cases of sexual abuse there was no out of home placement implemented to protect children, with a higher rate for neglect (62%). In 14 per cent of cases of sexual violence children were put in shelters, with a lower percentage for neglected children being placed in shelters (7%).
- **The majority of cases of violence against children are referred to psychological services.** In overall the majority of sexual abuse cases were referred to psychological services (89%) followed by other child counselling (86%), domestic violence counselling (61%) and other family counselling (68%). When we look into services received by the child we again see the same trend, where psychological services provided assistance in 89 per cent of cases of sexual abuse followed by other child counselling services (79%), while family counselling counted for 64 per cent of cases and domestic violence counselling in 46 per cent of cases.
- **Prevention of CAN in Albania is neither streamlined among the system of child protection nor to other child-related services.** The education system does identify, register and reports few cases of CAN, while child protection system doesn't provide short and long-term interventions to children and parents alike. As the system of social care is focused mainly on providing economic aid it lacks a long-term vision to raise public awareness in general population on consequences of child abuse and neglect. Either other sectors such as education and health implement information and education campaigns on how parents can build healthy relationships with children because they lack the knowledge on CAN. This further stresses the importance on establishing, a national mechanisms and database to identify, to report, refer and register CAN cases.

- **Agencies file completeness is achieved at a high degree and information related to child victims, perpetrators and caregivers is collected. However information get less when detailed data is required on specifics of each case such as history of abuse, previous allegations etc. Only two agencies report to have electronic databases / archives.** CBSS study compared the data collected by agencies is that first of all, general information related to the child is collected in the majority of cases such as age and gender (respectively 100% each) while when it comes to the education of the child only 55 per cent of information is collected and disability is diagnosed only in 82 per cent of cases. The information related to the incident is recorded in majority of cases (above 90%), while when we look into the details of the abuse, we witness that at times there is considerable amount of data “lost” or otherwise not collected from the agencies. The pattern follows all the form of violence against children with the lowest percentage related to nature of injury in physical abuse cases (65%). The information on perpetrator of the violence is collected by agencies in considerable detail, yet we see a variation in rates of data stratification. The agencies collected information on perpetrator such as gender and status of allegations (100% respectively), relationship to the child (100%), while data were not recorded at such high rates for nationality (70%), physical-mental disabilities of the perpetrator (62%). When it comes to register if perpetrators have a history of victimisation/abuse we see that only 27 per cent of files had any records on the issue. The same pattern followed the question if there were any previous similar allegations made towards the perpetrator, with 43 per cent of cases having recorded information. The information gets less persistent and accurate when the data on caregivers relates to their education level (57%), history of substance abuse (67%), previous history of victimisation/abuse (26%), history of CAN allegations (52%) etc. Information is found to be available on the family status (97%), number of co-habitants in the family premises (98%), identity of co-habitants (98%) and in a lesser degree information related to reports on other types of abuse in the family (82%) and other CAN victims (83%).

- **Albania needs continuous cross-agency case-based surveillance studies that can monitor on how the agencies report and respond to violence against children.** During the preparation of the CBSS Report the team witnessed that research and systematic studies of CAN case-surveillance and its consequences are missing in Albania. The constant recording of information and data into electronic databases could further facilitate the analysis and research, which could lead in the development of new legislation and policies, new services, procedures and protocols that can protect an ever larger number of children that fall victim of abuse and neglect.

CBSS STUDY: RECOMMENDATIONS

Albania has a long way to go before it can achieve nation-wide and sustainable child protection services. Nonetheless many steps have been taken to improve the situation and if this trend continues within few years a new standardised system of social services and supporting services will be in place. The research team has the following recommendations to make on behalf of the CBSS research process in Albania:

1. Violence against children is a serious threat to the right to life of every child. Non-accidental injuries against children are offences that have not received the necessary attention from authorities including the Ministry of Interior, Ministry of Health, the General Directorate of Police and the National Agency for Children's Rights (NACR). **The CBSS recommends yearly monitoring of non-accidental injuries against children in Albania by the NACR, which has the authority to collect data from all the ministries and public agencies in the country. Priority shall be given to strengthening of reporting from the health and education system, which because of their nature are often in contact with children and thus could detect early forms of abuse and neglect in children. The study of the non-accidental injuries could lead into new policy implications that may require developing new legislation, new structures or protocols for the protection of the right to life if children in Albania.**
2. **Albania needs to develop urgently a mandatory reporting system of violence against children from every public and private institution. The system needs to introduce new guidelines into referral, case management and new protocols of all practitioners** (social services, child protection agencies, health, police, education, mental health practitioners, NGO staff, crashes and kindergardens). The CBSS research team believes that the Ministry of Social Welfare and Youth (MoSWY) shall take the lead, based in the results of this study and others, in developing new by-laws and procedures, including the support for the approval of a new law for protection of children from violence. The CBSS study also suggests the development of instruments and standard procedures for the case-evaluation and case management. These procedures should be used in every step of the case management, including continuous monitoring and reporting of the situation of the child and the case itself. Data collection on CAN cases among agencies and service providers shall be made by using a set of core indicators and data required to be collected from all agencies dealing with CAN cases, including the use of standardized instruments to be placed online.
3. The uneven distribution of social services across the country by central and local authorities has been tackled by many reports. The new administrative re-organisation of Albania could be a good starting point for the re-organisation of social services and child protection services across the country. **The CBSS research suggests that policy-makers at the level of the MoSWY draft a new strategy on distribution of social services at national and local level, including setting up a new funding scheme with monetary contributions from national and local budgets. In this aspect the CSO's services shall have the opportunity to be funded by the state and local government budgets,**

while priority shall be given to the introduction of new community and family integrated services in every municipality of Albania.

4. Violence against children it's not only a personal and family issue. It has a negative outcome to human productivity and economic development of the country. The consequences of violence against children strain psycho-social services, health and education professionals. As such a victim of violence extends the suffering towards the society as a whole. **CBSS study recommends that the Ministry of Education and Sciences, the Ministry of Health, General Administration of Social Services and the NACR work together to implement the model of early detection of violence against children from crashes to kindergardens to schools, health clinics and hospitals. This could initiate further public awareness on violence against children that is so much needed in Albania, while also improve the access of children to services and consequently contribute to a better protection of children from violence and abuse. Further to this the study recommends that NACR establish a central data collection system accessible by all agencies and services that work on child protection and provide services for them and their parents. Data must be unified, filled and filed according to specific protocols approved by the highest authority possible.**
5. Children victims of violence display since early the signs of abuse and neglect, which often could be neglected or all together ignored by professionals across education, health, social services, legal and police sectors, if appropriate information and training is not provided. **CBSS study recommends that public sectors work jointly with civil society organisations in Albania to develop new training courses, practices and materials tailored to the needs of the professionals. At the same time each Ministry shall develop a professional code of conduct protecting children from violence. Priority shall be given to the introduction of such professional rules especially by the Ministry of Education, Ministry of Health, Ministry of Justice etc.**
6. As it has been often stated in this report, Albania lacks well-developed services for children who survive abuse and violence at home or other premises. Currently the services are very limited in scope and are mainly run by NGO's. **The CBSS study advises that the NACR in consultation with CSO's to develop a new model of services for children victims of abuse and neglect that takes into consideration safety, protection and welfare needs of the child. Such services must be multi-disciplinary and inter-agency coordinated based on standart procedures for each intervention. CBSS recommends that MoSWY supports and strengthen the services of ALO 116 (Albanian National Child Helpline) as one of the main entry points for children reporting violence, while attention shall be given to establishment of community based family services (in health centers and day-care centers), parent behaviour awareness programmes, awareness programmes for children at school etc.**
7. Decision-makers hold a direct responsibility towards protection of children from violence and development of laws, policies and services that can provide care, protection and redress to the victims. **The study strongly recommends that in order to develop new policies the Ministry of Social Welfare and Youth develops a National Action Plan on Violence against Children that will**

strengthen the efforts for systematic monitoring and reporting of CAN cases and the accountability of service providers towards the victims.

8. Justice system plays a fundamental role to provide legal protection and remedies to all victims of abuse and neglect. The fact is that most CAN cases are not reported to the justice system. **The CBSS research suggests that the Magistrates School takes the lead in training and awareness of prosecutors and judges across Albania on the new criminal standards of protection of children from violence. Ministry of Justice shall issue legal recommendations for all professionals in justice system on how to deal with legal cases of violence against children. Meanwhile judges need to set up examples of holding accountable in front of the law parents and public officials that abuse and neglect children from their position of authority or power. Setting examples helps to show to the society that any form of violence against children won't be tolerated and go unsentenced.**
9. Poverty and employment are some of the major factors that influence violence against children. A wide body of research in many countries suggests that the provision of cash handouts for poor and deprived families has a positive impact in the reduction of violence against children. **CBSS research strongly recommends an immediate and general overview of the "economical aid" distribution in Albania in order to include violence against children as one of the elements to be taken into consideration in providing support to the caregivers who do not exercise violence against children. Further to this issue, the evaluation of the families shall also review the use of violence against children and spouses / partners as one of the reasons to interrupt money handouts in families that are part of the scheme or who wish to join it.**
10. One of the areas that has often been considered as the main reason to why children continue to live with caregiver-perpetrator of abuse is that the Family Code of Albania does not clearly defines to what parental rights and responsibilities are towards the children and when they can be removed. Taking this into consideration, the **CBSS research strongly recommends to the Ministry of Justice to initiative a general overview of the Family Code of Albania, which should result in new amendments in order to include a new chapter or articles related to parental rights and responsibilities towards their children. This should bring the Albanian family legislation in line with other European Union countries and the recommendations of the UN Committee on the Rights of the Child for Albania.**

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