RESEARCH REPORT

STOP

IN-DEPTH ANALYSES OF ABUSE AND NEGLECT INDICATORS MEASURED IN THE FRAMEWORKOF THE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) 2021/22 SURVEY CONDUCTED IN ALBANIA

Ending
Violence
Against
Woman

SEPTEMBER 2023

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IN-DEPTH ANALYSES OF ABUSE AND NEGLECT INDICATORS MEASURED IN THE FRAMEWORK OF THE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN (HBSC) 2021/22 SURVEY CONDUCTED IN ALBANIA

September 2023

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INTRODUCTION

Child and adolescent maltreatment is a global problem with serious life-long consequences. The elimination of violence against children is called for in several targets of the 2030 Agenda for Sustainable Development but most explicitly in Target 16.2: "end abuse, exploitation, trafficking and all forms of violence against and torture of children. In addition, WHO Global Plan of Action published in 2016 aims to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.

Definition: *Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power*.

According to the *Global Status Report on Preventing Violence Against Children* (2020), globally, it is estimated that one out of two children aged 2–17 years suffer some form of violence each year. Worldwide, close to 300 million children aged 2–4 years regularly experience violent discipline by their caregivers. A third of students aged 11–15 years worldwide have been bullied by their peers in the past month, and 120 million girls are estimated to have suffered some form of forced sexual contact before the age of 20 years. Emotional violence affects one in three children, and worldwide one in four children lives with a mother who is the victim of intimate partner violence. An estimated 40150 children worldwide were victims of homicide in the year 2017. The global homicide rate for 0–17 year olds was 1.7 per 100 000 population, and the rate for boys of 2.4 per 100 000 was over twice that in girls (1.1 per 100 000 population). The COVID-19 pandemic and societies'response to it has had a dramatic impact on the prevalence of violence against children and is likely to have long-lasting negative consequences[1].

Over their lifetime, children exposed to violence are at increased risk of mental illness and anxiety disorders; high risk behaviours like alcohol and drug abuse, smoking and unsafe sex; chronic diseases such as cancers, diabetes and heart disease; infectious diseases like HIV; and social problems including educational under attainment, further involvement in violence, and crime.

The information about the magnitude and determinants of adolescent abuse, and especially sexual abuse during childhood in Albania continues to be scarce. After the fall of the communist regime in 1990, Albania has been undergoing a rapid political and socioeconomic transition associated with a high level of social mobility, massive emigration and high rates of unemployment[2]. These socioeconomic changes are associated with increasing rates of unhealthy lifestyle/behavioural characteristics, which are reflected in an excessive morbidity and mortality indicators from non-communicable diseases[3]. Evidences from Albania show that adolescent abuse is a concerning issue. According to HBSC 2017/18, the lifetime prevalence of physical abuse was 31,3%, emotional abuse 16%, and emotional neglect 14,2%.

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The content of this report is responsibility of the authors and, in no cases, should be considered as an opinion of the UNFPA Office in Albania.

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2   Albanian Institute of Public Health. National health report: Health status of the Albanian population. Tirana, Albania, 2014. http://www.ishp.gov.al/wp-content/uploads/2015/01/Health-report-English-version.pdf (accessed: June 11, 2015).

BACKGROUND INFORMATION ON HBSC

The study "Health Behaviours in School-Age Children 11, 13 and 15 Years" (HBSC) is the only international study of the WHO Regional Office for Europe, that goes beyond its geographical boundaries. This study focuses on adolescent health-related behaviours in a large number of countries.

Being a fully-fledged member of this project has also made it possible to follow a periodic cycle of conducting this study, a cycle that is suggested and mandatory for all members of this network. This periodicity is applied every 4 years on the basis of the use of a standard questionnaire, as a survey instrument, distributed by the project management office in all member states. The International Protocol is reviewed during each survey cycle in preparation for the next phase of data collection. Following review, existing items may be retained, modified or replaced. New topics may also be introduced

The use of an international-prototype questionnaire, unique to all member countries, with minor adjustments to the health-educational specificities of our country (and every other member) is a necessary condition for carrying out this study. Consequently, the questionnaire at hand, which is the main research instrument applied in Albania, is identical to the one used by all member states.

At the same time, the questionnaire is the same as the questionnaire used from the beginning of the study for our country until today. This fact makes it possible to compare data and draw conclusions about the behaviours of school-aged children between different countries applying this project, as well as to compare these data across different time periods within the same country, pointing to behavioural changes, as well as developmental trends for different behaviours in adolescents. Such data make it possible to anticipate adolescent behavioural developments with sound government policies in their respective countries, favouring the success of these policies and achieving national-level objectives.

Albania has become part of the network of countries participating in the HBSC study since 2007. In 2009, our country participated in the HBSC 2009-2010 study, along with 43 other countries from Europe and North America. Since 2013, Albania became part of both HBSC European Reports .

The study aims to achieve a set of objectives of a general nature for all member states, but also a set of objectives specific to each country in particular. Among these goals we can mention:

- To initiate and sustain national and international research on health and well-being, health behaviour and the social context of health in school-aged children;

- To contribute to theoretical, conceptual and methodological development in the area of research on health and well-being, health behaviour and the social context of health in school-aged children;

- To collect relevant data on school-aged children and to monitor health and wellbeing, health behaviours and social contexts of school-aged children in member countries;

- To contribute to the global knowledge base on adolescent health, with a particular focus on health and well-being, health behaviour and the social context of health;

- To disseminate findings to relevant audiences including researchers, health and education policy makers, health promotion practitioners, teachers, parents and young people;

- To link to WHO strategic objectives for child and adolescent health;

- To inform and support the development of health promotion programmes and interventions with school-aged children;

- To promote and support the establishment of national expertise on health and wellbeing, health behaviour and on the social context of health in school-aged children;

- To establish and strengthen an international network of experts in the field of adolescent health.

The end goal of the HBSC study is to improve the health and well-being of young people. There are a number of ways in which the survey could influence policy, through:

- Increase national and international research capacity

- Generate evidence on adolescent health

- Benchmark for change

- Advocacy

The main areas of HBSC include:

- Family affluence

- Peer's relationships

- School environment

- Health behaviours

- Risk behaviours

- Sexual behaviours

- Body image

- Bullying

- Health complaints

- Injuries and violence

- Life satisfaction

- Oral health

- Self-rated health

- COVID-19

The novelty of the HBSC study is that young people participating in this study are not only "subject" to study, but at the same time they are partners in creating a database that will influence policymakers' decision making, public health experts, teachers, parents and other important stakeholders in the place where these young people live. Their participation provides a deep and comprehensible vision of what they would like to be growing socially in this current period of development.

The HBSC study has been and will be an appeal for policymakers and professionals to hear more about their children's voice, stemming from the data of the study in question, and to ensure that these voices guide their efforts to coping with and confronting health problems throughout its breadth, today and in the future. The periodic data of this study are important challenges for positive developments in the field of health and in all other areas such as social, economic, educational, etc., within which school-aged children grow and develop.

Methodology

HBSC is a school-based study, based on self-administration of questionnaires by children in classes. The international standard questionnaire developed and updated every four years enables the collection of common data across all participating countries and thus enables the quantification of patterns of key health behaviours, health indicators and contextual variables. These data allow comparisons to be made between countries, enabling subsequent studies to analyse trends.

Study design

During May 2022, a cross-sectional study was conducted in all 12 prefectures of Albania among children aged 11, 13 and 15 years. Three age groups of children were sampled according to time periods that represent the onset of adolescence - age 11; the challenge of physical and emotional change - age 13; the years when very important life and career decisions are beginning to be made – age 15.

Target population

The specific population selected for the sample included children of school age 11, 13, and 15 years, that is, those in their 12th, 14th and 16th. According to the study protocol, it was strongly recommended that the first priority should be to produce *a basic country sample.*

The overall number of study participants was 5545, but 91 questionnaires were excluded from the analysis because they were incomplete or without valid data. Response rate in the study was: 5454/5545=98.3%.

Data collection

The administration of the questionnaire was made in the school class and the average time to complete the questionnaire was 35-40 minutes. Confidentiality was extremely important, as a procedure to ensure the anonymity of students through the process of data collection.

The interviewers, besides the instructions provided to the pupils at the beginning of the questionnaire, also informed verbally all students and instructed them further regarding the anonymity and confidentiality of the survey. The study included only those pupils who completed the questionnaire.

The mandatory questionnaire contains the following issues:

- Demographic factors and family affluence
- Family communication
- Peer Culture
- School experience
- Electronic Media Communication
- Health and Wellbeing
- Health-related behaviours and BMI
- Risk Behaviours
- Injuries
- Sexual Health
- COVID-19

Regarding to child and adolescent maltreatment, the questions (part of optional questionnaire) measure lifetime and last 12 months exposure to physical abuse and neglect, psychological abuse and neglect, sexual abuse and witnessing domestic violence. The items are referred to as the Short Child Maltreatment Questionnaire (SCMQ), developed by Sethi etal., (2016) for the WHO Regional Office for Europe. The SCMQ focuses on child maltreatment so measures only acts of violence against children by those in a position of power or trust. It is for use in the general population and does not target specific vulnerable groups.

Field work

The filed work was conducted during the period 9-30 May 2022.

Ethical issues of the survey

All students were informed about the aim and objectives of the study and were explained in sufficient details the particular aspects related to the anonymity of the survey. The study was approved by the Ethical Council at the University of Medicine, Tirana on 5th April 2022 and the process was confirmed by the Ministry of Education and Sports. Additionally, the Faculty of Medicine informed the Commissioner for Information about the survey.

Content of the report

This report includes the main findings of HBSC study 2021/22 regarding to adolescent abuse issues of Albanian schoolchildren, including almost all topics addressed in the questionnaire. In the Results part, it continues with description and in-depth analyses of each measured indicator explaining also the content of the questions. Descriptive results are presented disaggregated by sex and age of the adolescents, as well as by other socio-demographic factors (family affluence, residence, parent employment). Lastly, for the topics with sufficient data, comparisons were made with the previous HBSC round which was conducted in Albania in 2017/18.

This in-depth (secondary) data analysis mainly tackled the following issues:

- o In-depth assessment and secondary analysis of the prevalence and distribution of different types of adolescent maltreatment (physical, emotional, sexual, neglect)
- o Assessment of the main (independent) demographic and socioeconomic determinants of adolescent maltreatment in Albanian children.
- o Assessment of the association of adolescent maltreatment with socio-demographic and socioeconomic characteristics and behavioural/lifestyle factors.
- o Assessment of the association between categories of adolescent maltreatment (physical, sexual, emotional, neglect).

The in-depth analysis consisted of a robust statistical analysis based on the databases pertinent to the aforementioned studies. Several statistical techniques and tests are employed for assessing the association between characteristics of adolescent abuse and demographic factors, socioeconomic characteristics and other potential determinants (predictors). Binary logistic regression was the main statistical technique employed for assessing the independent determinants/predictors of characteristics of the different type of adolescent abuse.

Findings generated from the in-depth analysis were summarized and synthesized based on the scientific principles of research methodology.

RESULTS

Measurement of child abuse and maltreatment, restricted only to young people aged at least 15 years, included assessment of lifetime and/or past month physical abuse, emotional abuse and sexual abuse. The main findings of the current secondary analysis are presented in the sections below.

Summary table: Prevalence of adolescent abuse in Albania during HBSC 2017/18 and HBSC 2021/22

Lifetime indicator	HBSC 20217/18	HBSC 2021/22
Physical Abuse	31.4%	33.1%
Emotional Abuse	16.1%	16.2%
Emotional Neglect	14.2%	15.6%
Sexual Abuse	3.4%	3.8%
Witnessing of family violence	5.1%	7.1%

PHYSICAL ABUSE

Lifetime Physical Abuse

Initially, young people were asked whether a parent or other adult in the household had ever hit, beaten, kicked or physically tried to hurt them in any way. This variable is referred to as "lifetime physical abuse".

Overall, the prevalence of lifetime physical abuse (at least once over the life span) was 33.1%.

Hence, <u>one out of three schoolchildren aged 15 years reported lifetime physical abuse</u>.

Figure 1 presents the prevalence of lifetime physical abuse (at least once in lifetime) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of lifetime physical abuse was slightly higher:

- in girls than in boys (about 34% vs. 32% respectively, P=0.20),

- in children residing in urban areas compared to those living in rural areas (around 35% vs. 29% respectively, P=0.01),

- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (35% vs. 33% respectively, P=0.61),

- among children with employed mothers compared to those with unemployed mothers (approximately 34% vs. 32% respectively, P=0.24) and,

- among children from less affluent families compared with their wealthier counterparts (about 34% vs. 32% respectively, P=0.19) [Figure 1].

Figure 1. Prevalence of <u>lifetime physical abuse</u> (at least once over the life span) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 1 presents the association of lifetime physical abuse (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on lifetime physical abuse (i.e., at least once over the life span) was significantly related only to the following characteristic:

- <u>Urban residence</u> (OR=1.3, 95%CI=1.1-1.7).

On the other hand, there was evidence of weak and non-significant relationships with the following variables:

- female gender (OR=1.1, 95%CI=0.9-1.4) and,
- a lower family affluence score (OR=1.2, 95%CI=0.9-1.4).

There was no association of lifetime physical abuse with parental employment.

Table 1. *Multivariable-adjusted association of <u>lifetime physical abuse</u> with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey*

VARIABLE	OR*	95%CI*	P-value*
Gender:			
Boys	1.00	reference	0.308
Girls	1.11	0.91-1.36	
Place of residence:			
Rural areas	1.00	reference	0.011
Urban areas	1.33	1.07-1.66	
Father's employment:			
Yes	1.00	reference	0.693
Other	1.07	0.76-1.50	
Mother's employment:			
Yes	1.00	reference	0.269
Other	0.89	0.71-1.10	
Family affluence score:			
Above median (score:12-19)	1.00	reference	0.153
Below median (score 6-11)	1.16	0.95-1.42	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

Last Year Physical Abuse

Next, the same question for physical abuse was asked about the frequency of occurrence in the past 12 months preceding the survey. This variable is referred to as "last year physical abuse".

Overall, the prevalence of last year physical abuse (at least once) was 11.3%.

Hence, about <u>one out of nine schoolchildren aged 15 years reported last year physical abuse</u>.

Figure 2 presents the prevalence of last year physical abuse (at least once) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of last year physical abuse was similar in rural and urban children (about 11% in each), but it was a bit higher:

- in girls compared to boys (about 12% vs. 11% respectively, P=0.71),

- among children whose fathers were employed compared to their counterparts whose fathers were unemployed (about 11% vs. 9% respectively, P=0.52),

- among children with unemployed mothers compared to those with employed mothers

(approximately 12% vs. 11% respectively, P=0.33) and,

-   among children from less affluent families compared with their wealthier counterparts (about 12% vs. 10% respectively, P=0.09) [Figure 2].
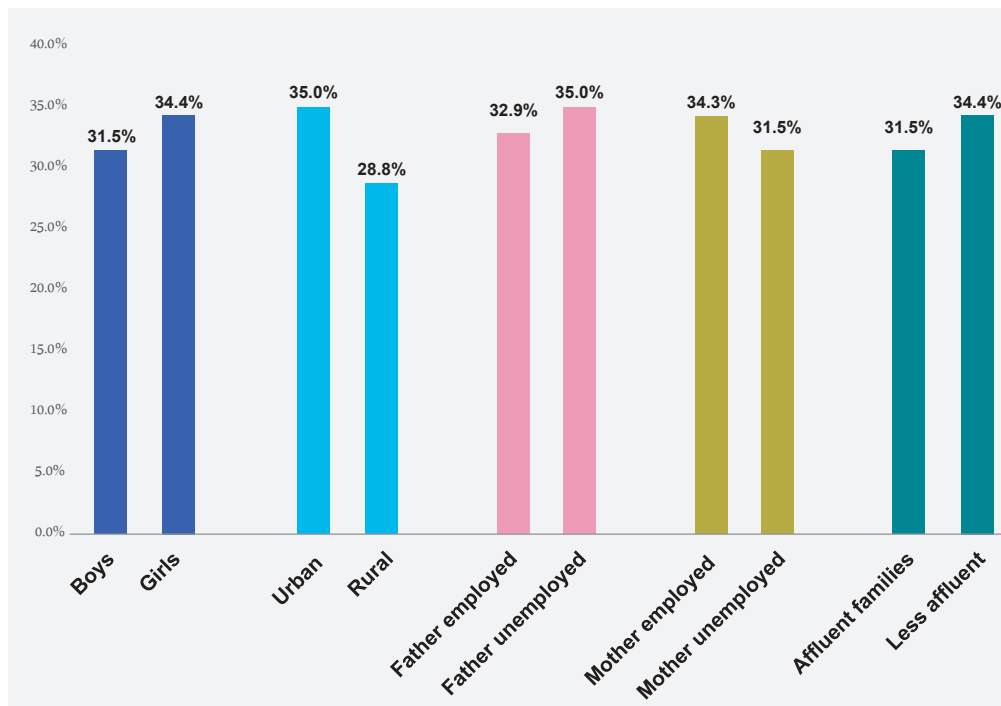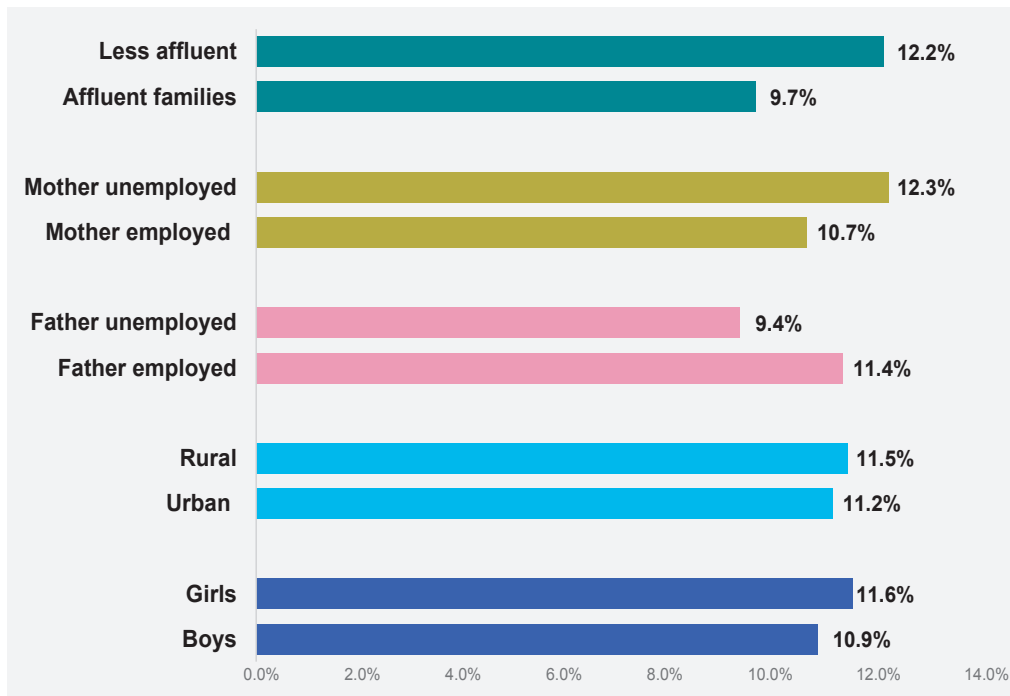

Figure 2. Prevalence of <u>last year physical abuse</u> (at least once) by socio-demographic characteristics of schoolchildren, HBSC 2022 survey

Table 2 presents the association of last year physical abuse (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on last year physical abuse (i.e., at least once over the last year) was related to the following characteristic:

-   a <u>lower family affluence</u> score (OR=1.3, 95%CI=1.0-1.8).

On the other hand, there was no evidence of significant relationships with gender, place of residence, or paternal employment status (Table 2).

Table 2. Multivariable-adjusted association of <u>last year physical abuse</u> with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Gender:			
Boys	1.00	reference	0.678
Girls	1.07	0.78-1.46	
Place of residence:			
Rural areas	1.00	reference	0.768
Urban areas	1.05	0.75-1.47	
Father's employment:			
Yes	1.00	reference	0.336
Other	0.76	0.44-1.32	
Mother's employment:			
Yes	1.00	reference	0.229
Other	1.22	0.88-1.68	
Family affluence score:			
Above median (score:12-19)	1.00	reference	0.089
Below median (score 6-11)	1.31	0.96-1.79	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

EMOTIONAL ABUSE

Lifetime Emotional Abuse

Subsequently, young people were asked whether a parent or other adult in the household had ever sworn at them, insulted them, humiliated them, threatened them or made the young people felt unwanted (referred to as "lifetime emotional abuse").

Overall, the prevalence of lifetime emotional abuse (at least once over the life span) was 16.2%.

Hence, about <u>one out of six schoolchildren aged 15 years reported lifetime emotional abuse</u>.

Figure 3 presents the prevalence of lifetime emotional abuse (at least once over the life span) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of lifetime emotional abuse was higher:

- in girls compared to boys (about 19% vs. 12% respectively, P<0.01),

- in children residing in urban areas compared to those from rural areas (about 18% vs. 12% respectively, P<0.01),

- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (about 18% vs. 16% respectively, P=0.52),

- among children with employed mothers compared to those with unemployed mothers (approximately 17% vs. 14% respectively, P=0.08) and,

- among children from more affluent families compared with their worse off counterparts (16.2% vs. 15.5% respectively, P=0.70) [Figure 3].

Figure 3. Prevalence of <u>lifetime emotional abuse</u> (at least once over the life span) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 3 presents the association of lifetime emotional abuse (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on lifetime emotional abuse (i.e., at least once over the life span) was related to the following characteristics:

- <u>female</u> gender (OR=1.8, 95%CI=1.4-2.3) and,
- <u>urban</u> residence (OR=1.6, 95%CI=1.2-2.1).

Furthermore, there was evidence of an inverse but only borderline statistically significant association with the following factor:

- maternal <u>unemployment</u> status (OR=0.8, 95%CI=0.6-1.0).

On the other hand, there was no evidence of significant relationships with paternal employment status, or family influence score (Table 3).

Table 3. Multivariable-adjusted association of <u>lifetime emotional abuse</u> with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Gender:			
Boys	1.00	reference	**<0.001**
Girls	1.78	1.36-2.34	
Place of residence:			
Rural areas	1.00	reference	0.003
Urban areas	1.57	1.16-2.12	
Father's employment:			
Yes	1.00	reference	0.378
Other	1.21	0.79-1.85	
Mother's employment:			
Yes	1.00	reference	0.085
Other	0.78	0.58-1.04	
Family affluence score:			
Above median (score:12-19)	1.00	reference	0.544
Below median (score 6-11)	0.92	0.71-1.20	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

Last Year Emotional Abuse

Next, the same question for emotional abuse was asked about the frequency of occurrence in the past 12 months preceding the survey. This variable is referred to as "last year emotional abuse".

Overall, the prevalence of last year emotional abuse (at least once) was 10.1%.

Hence, about <u>one out of ten schoolchildren aged 15 years reported last year emotional abuse</u>.

Figure 4 presents the prevalence of last year emotional abuse (at least once) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of last year emotional abuse was higher:

- in girls compared to boys (about 12% vs. 8% respectively, P<0.01),
- in children residing in urban areas compared to those from rural areas (about 11% vs. 8% respectively, P=0.04),
- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (about 12% vs. 10% respectively, P=0.35),

- among children with employed mothers compared to those with unemployed mothers (10.3% vs. 9.6% respectively, P=0.67) and,

- among children from less affluent families compared with their better-off counterparts (10.5% vs. 9.7% respectively, P=0.58) [Figure 4].
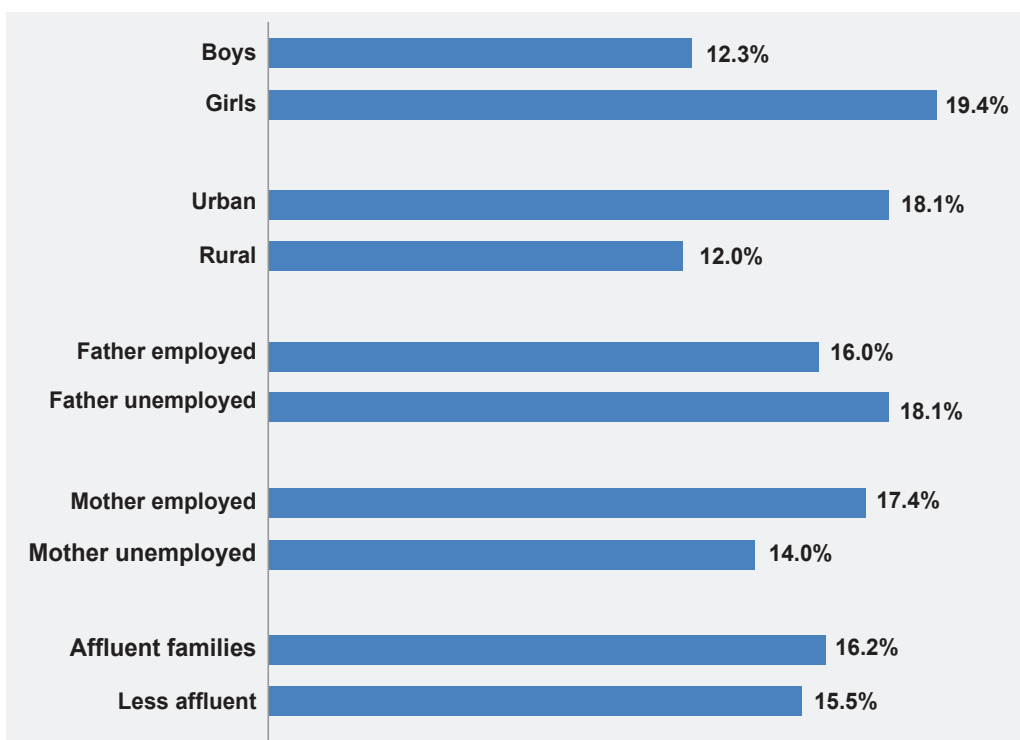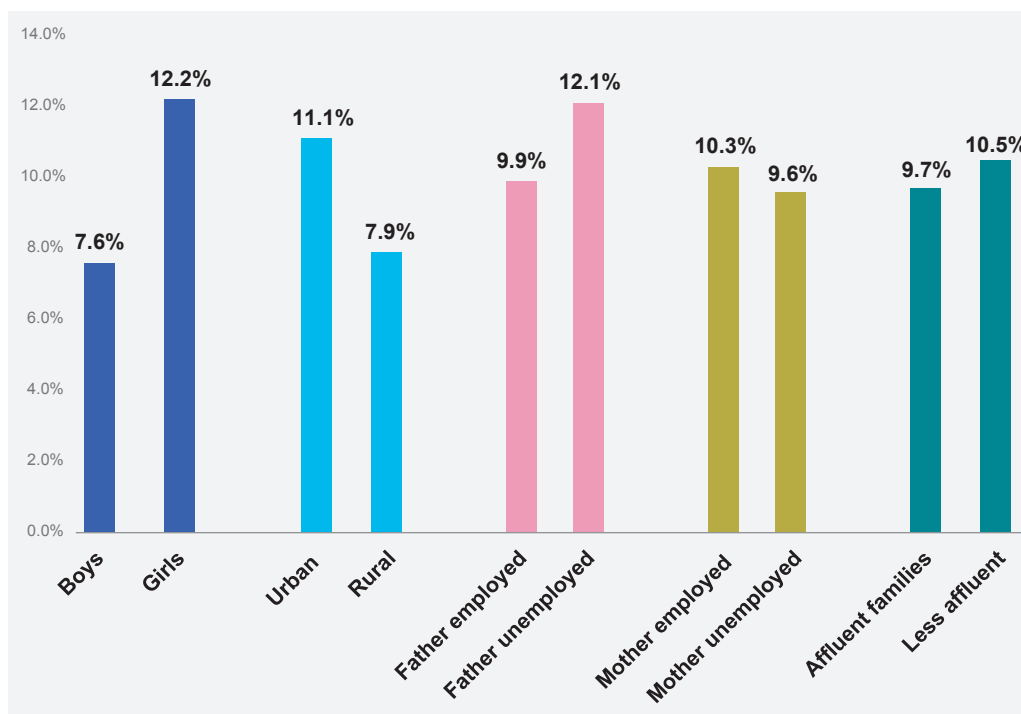

Figure 4. Prevalence of <u>last year emotional abuse</u> (at least once) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 4 presents the association of last year emotional abuse (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on last year emotional abuse (i.e., at least once over the life span) was related to the following characteristics:

- <u>female</u> gender (OR=1.8, 95%CI=1.3-2.5) and,

- <u>urban</u> residence (OR=1.5, 95%CI=1.0-2.2).

On the other hand, there was no evidence of significant relationships with parental employment status, or family affluence score (Table 4).

Table 4. Multivariable-adjusted association of <u>last year emotional abuse</u> with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Gender:			
Boys	1.00	reference	0.001
Girls	1.76	1.26-2.47	
Place of residence:			
Rural areas	1.00	reference	0.035
Urban areas	1.49	1.03-2.16	
Father's employment:			
Yes	1.00	reference	0.326
Other	1.29	0.78-2.12	
Mother's employment:			
Yes	1.00	reference	0.760
Other	0.95	0.67-1.34	
Family affluence score:			
Above median (score:12-19)	1.00	reference	0.776
Below median (score 6-11)	1.05	0.76-1.45	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

SEXUAL ABUSE

Lifetime Sexual Abuse

Young people aged 15+ years were subsequently asked about sexual abuse in their respective contexts and household circumstances. More specifically, they were asked whether someone at least five years older and/or an adult had attempted or actually had sexual intercourse with them. This variable is referred to as "lifetime sexual abuse".

Overall, the prevalence of lifetime sexual abuse (at least once over the life span) was 3.8%.

Hence, about <u>one out of twenty-five schoolchildren aged 15 years reported lifetime sexual abuse</u>.

Figure 5 presents the prevalence of lifetime sexual abuse (at least once over the life span) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of lifetime sexual abuse was higher:

- in boys compared to girls (5.2% vs. 2.7% respectively, P<0.01),

- in children residing in rural areas compared to those from urban areas (4.0% vs. 3.7% respectively, P=0.79),

- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (4.5% vs. 3.8% respectively, P=0.54),

- among children with unemployed mothers compared to those with employed mothers (4.1% vs. 3.8% respectively, P=0.80) and,

- among children from more affluent families compared with their poorer counterparts (4.9% vs. 2.5% respectively, P=0.01) [Figure 5].

Figure 5. Prevalence of <u>lifetime sexual abuse</u> (at least once over the life span) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 5 presents the association of lifetime sexual abuse (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on lifetime sexual abuse (i.e., at least once over the life span) was related to the following characteristics:

- <u>male</u> gender (OR=1.8, 95%CI=1.1-3.0) and,

- a <u>higher family affluence</u> score (OR=2.0, 95%CI=1.2-3.4).

On the other hand, there was no evidence of significant relationships with place of residence, or parental employment status (Table 5).

Table 5. *Multivariable-adjusted association of <u>lifetime sexual abuse</u> with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey*

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Gender:			
Girls	1.00	reference	0.018
Boys	1.83	1.11-3.01	
Place of residence:			
Rural areas	1.00	reference	0.682
Urban areas	0.90	0.53-1.52	
Father's employment:			
Yes	1.00	reference	0.301
Other	1.51	0.69-3.30	
Mother's employment:			
Yes	1.00	reference	0.501
Other	1.19	0.71-2.00	
Family affluence score:			
Below median (score 6-11)	1.00	reference	0.011
Above median (score:12-19)	2.00	1.17-3.42	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

Last Year Sexual Abuse

Next, the same question for sexual abuse was asked about the frequency of occurrence in the past 12 months preceding the survey. This variable is referred to as "last year sexual abuse".

Overall, the prevalence of last year sexual abuse (at least once) was 3.1%.

Hence, about <u>one out of thirty-three schoolchildren aged 15 years reported last year sexual abuse</u>.

Figure 6 presents the prevalence of last year sexual abuse (at least once) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey.

The prevalence of last year sexual abuse was similar (3.1%) in children residing in rural areas and those from urban areas, but it was higher:

- in boys compared to girls (5.2% vs. 1.4% respectively, P<0.01),

- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (4.6% vs. 3.0% respectively, P=0.25),

- among children with unemployed mothers compared to those with employed mothers (3.9% vs. 2.7% respectively, P=0.18) and,

- among children from more affluent families compared with their poorer counterparts (3.9% vs. 2.0% respectively, P=0.03) [Figure 6].
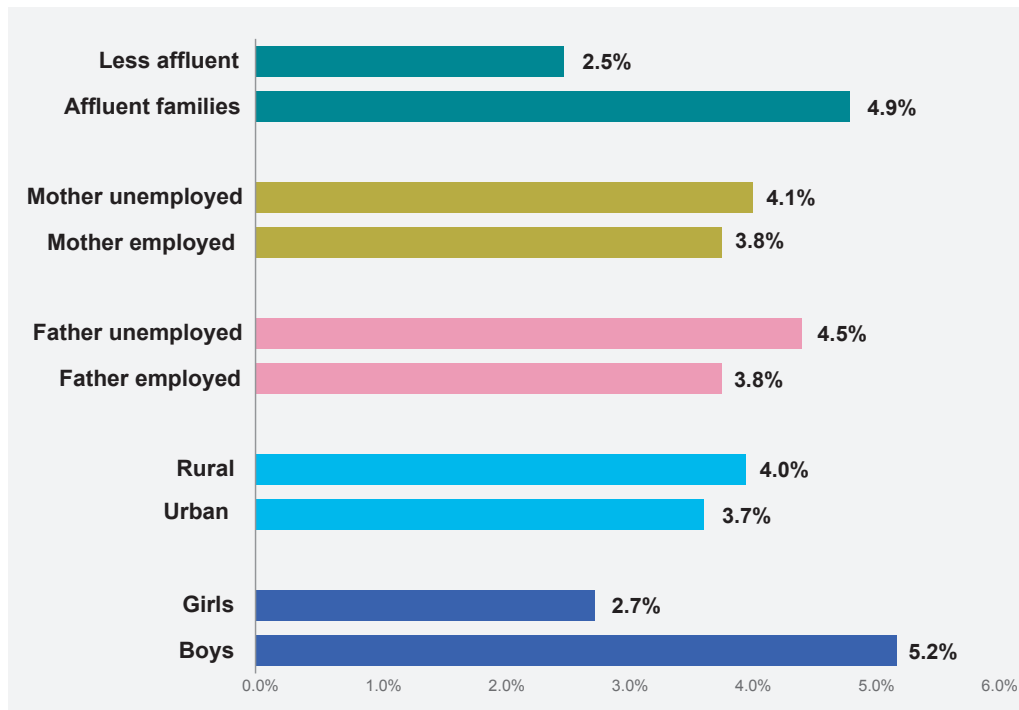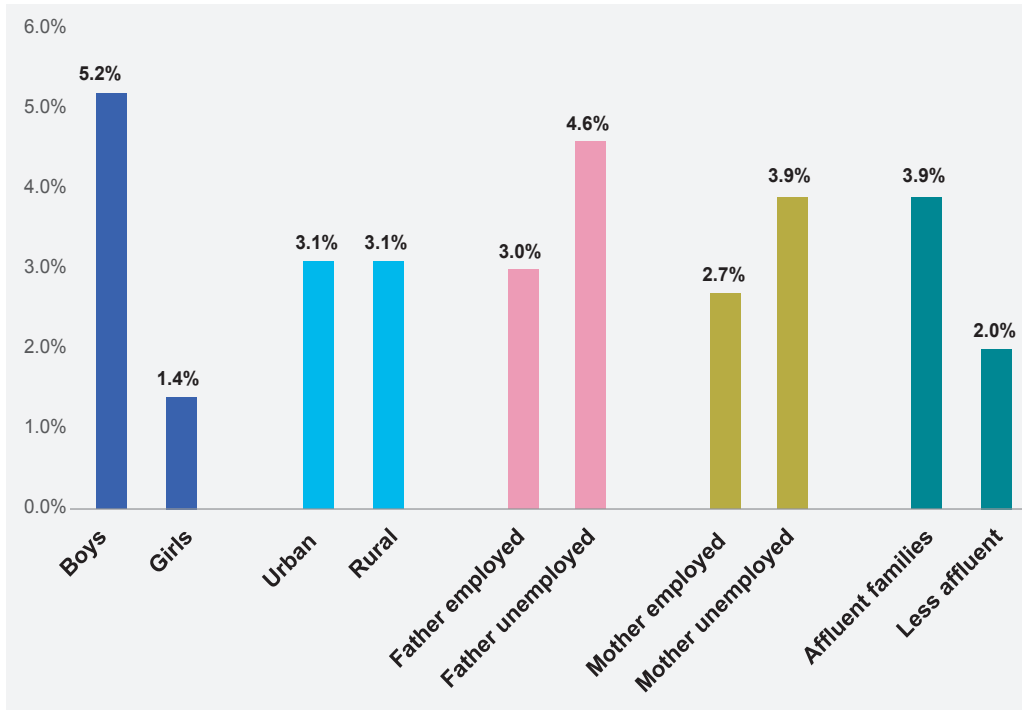

Figure 6. Prevalence of <u>last year sexual abuse</u> (at least once) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 6 presents the association of last year sexual abuse (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on last year sexual abuse (i.e., at least once over the life span) was related to the following characteristics:

- <u>male</u> gender (OR=3.7, 95%CI=1.9-7.0) and,
- a <u>higher family affluence</u> score (OR=1.9, 95%CI=1.0-3.4).

Furthermore, there was a borderline statistically significant association with:

- <u>maternal unemployment</u> (OR=1.7, 95%CI=0.9-3.0).

On the other hand, there was no evidence of significant relationships with place of residence, or paternal employment status (Table 6).

Table 6. Multivariable-adjusted association of <u>last year sexual abuse</u> with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey

VARIABLE	OR*	95%CI*	P-value*
Gender:			
Girls	1.00	reference	<0.001
Boys	3.68	1.94-6.97	
Place of residence:			
Rural areas	1.00	reference	0.785
Urban areas	1.09	0.59-2.03	
Father's employment:			
Yes	1.00	reference	0.241
Other	1.66	0.71-3.89	
Mother's employment:			
Yes	1.00	reference	0.082
Other	1.67	0.94-2.96	
Family affluence score:			
Below median (score 6-11)	1.00	reference	0.046
Above median (score:12-19)	1.86	1.01-3.42	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

EMOTIONAL NEGLECT

Lifetime Emotional Neglect

Similar to the aforementioned questions on abuse, only young people aged 15 years were asked about emotional neglect in their respective contexts and household circumstances. More specifically, young people were asked whether there were times when there was no adult living with them who made children felt loved. There were two such questions on emotional neglect: lifetime and last year.

Overall, the prevalence of lifetime emotional neglect (at least once over the life span) was 15.6%.

Hence, about <u>one out of six schoolchildren aged 15 years reported lifetime emotional neglect</u>.

Figure 7 presents the prevalence of lifetime emotional neglect (at least once over the life span) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of lifetime emotional neglect was higher:

- in girls compared to boys (about 22% vs. 8% respectively, P<0.01),
- in children residing in urban areas compared to those from rural areas (around 16% vs. 14% respectively, P=0.33),
- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (15.7% vs. 15.4% respectively, P=0.91),
- among children with employed mothers compared to those with unemployed mothers (about 17% vs. 14% respectively, P=0.17) and,
- among children from less affluent families compared with their wealthier counterparts (around 17% vs. 14% respectively, P=0.17) [Figure 7].

Figure 7. Prevalence of lifetime emotional neglect (at least once over the life span) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 7 presents the association of lifetime emotional neglect (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on lifetime emotional neglect (i.e., at least once over the life span) was related to the following characteristics:

- female gender (OR=3.3, 95%CI=2.4-4.4) and,

- maternal employment (OR=1.3, 95%CI=1.0-1.8).

On the other hand, there was no evidence of significant relationships with place of residence, or paternal employment status, or family affluence score (Table 7).

Table 7. Multivariable-adjusted association of lifetime emotional neglect with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey

VARIABLE	OR*	95%CI*	P-value*
Gender:			<0.001
Boys	1.00	reference	
Girls	3.26	2.41-4.40	
Place of residence:			0.213
Rural areas	1.00	reference	
Urban areas	1.20	0.90-1.61	

Father's employment:			0.820
Yes	1.00	reference	
Other	0.95	0.61-1.49	
Mother's employment:			0.056
Yes	1.00	reference	
Other	1.33	1.00-1.79	
Family affluence score:			0.299
Above median (score:12-19)	1.00	reference	
Below median (score 6-11)	1.15	0.88-1.51	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

Last Year Emotional Neglect

Overall, the prevalence of last year emotional neglect (at least once) was 10.3%.

Hence, <u>one out of ten schoolchildren aged 15 years reported last year emotional neglect</u>.

Figure 8 presents the prevalence of last year emotional neglect (at least once) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of last year emotional neglect was higher:

- in girls compared to boys (about 14% vs. 6% respectively, P<0.01),
- in children residing in rural areas compared to those from urban areas (10.8% vs. 10.1% respectively, P=0.67),
- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (13.8% vs. 9.8% respectively, P=0.11),
- among children with unemployed mothers compared to those with employed mothers (10.6% vs. 10.2% respectively, P=0.80) and,
- among children from less affluent families compared with their wealthier counterparts (around 11% vs. 9% respectively, P=0.21) [Figure 8].
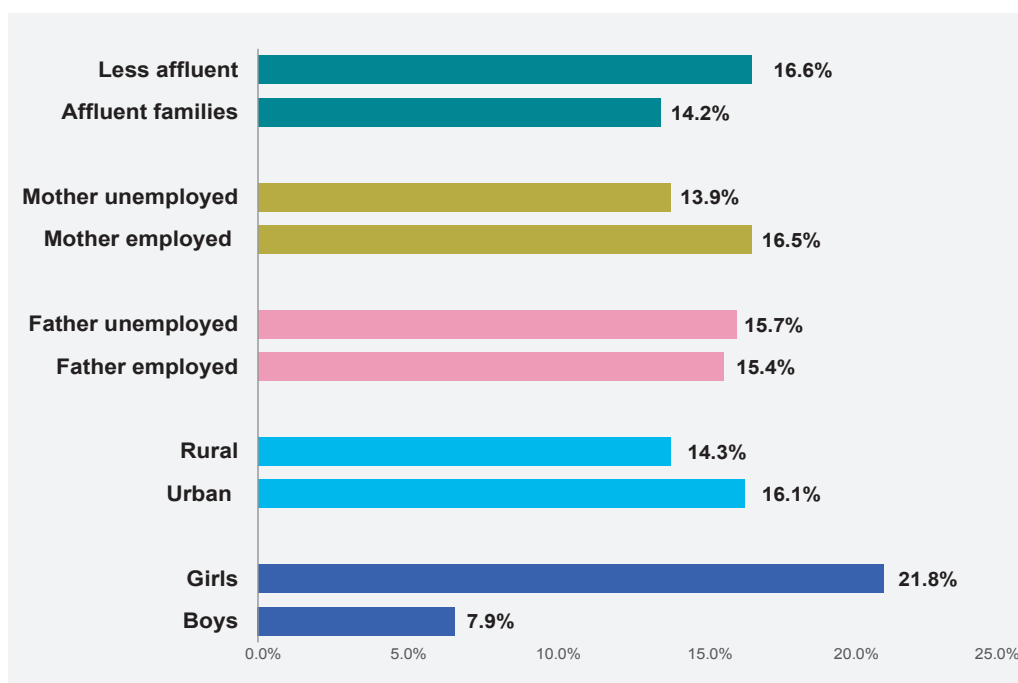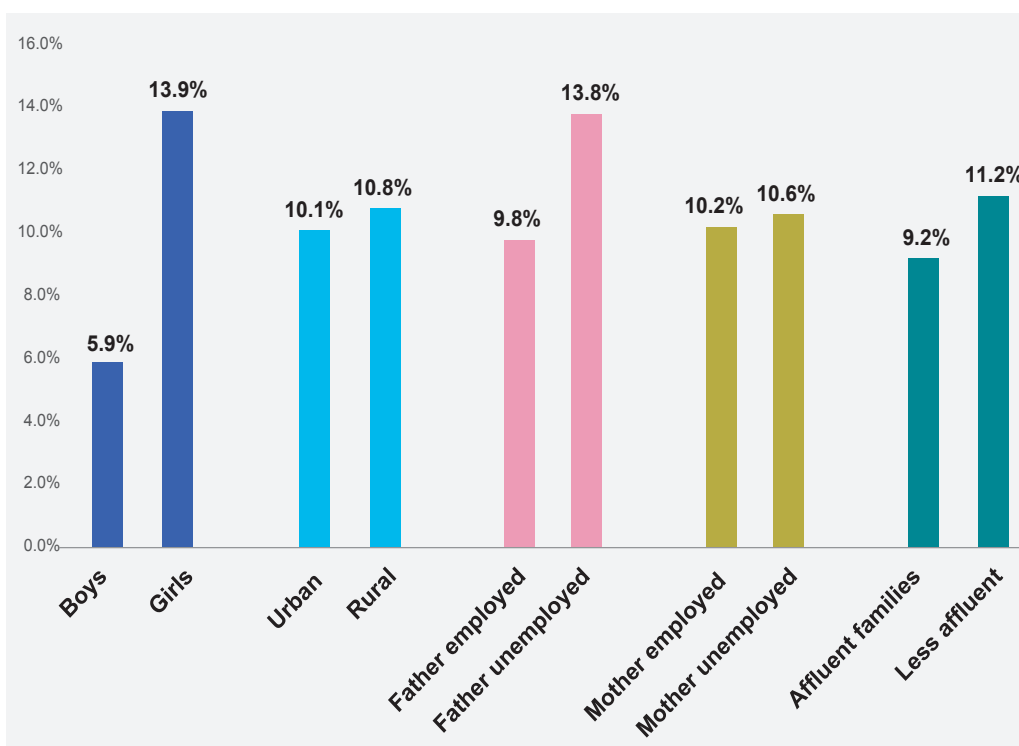
Figure 8. Prevalence of <u>last year emotional neglect</u> (at least once) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 8 presents the association of last year emotional neglect (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on last year emotional neglect (i.e., at least once over the life span) was related to the following characteristic:

- <u>female</u> gender (OR=2.6, 95%CI=1.8-3.7).

On the other hand, there was no evidence of significant relationships with place of residence, parental employment status, or family affluence score (Table 8).

Table 8. Multivariable-adjusted association of <u>last year emotional neglect</u> with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Gender:			
Boys	1.00	reference	<0.001
Girls	2.56	1.79-3.66	
Place of residence:			
Rural areas	1.00	reference	0.901
Urban areas	0.98	0.69-1.38	
Father's employment:			
Yes	1.00	reference	0.237
Other	1.34	0.83-2.18	
Mother's employment:			
Yes	1.00	reference	0.701
Other	0.94	0.66-1.32	
Family affluence score:			
Above median (score:12-19)	1.00	reference	0.435
Below median (score 6-11)	1.14	0.82-1.58	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

WITNESSING OF FAMILY VIOLENCE

Lifetime Witnessing of Family Violence

Only young people aged 15 years were asked about witnessing of family violence in their respective contexts and household circumstances. More specifically, young people were asked whether they had seen or heard one of their parents/carers being slapped, kicked, punched, beaten or deliberately hurt by a partner or ex-partner in their homes.

Overall, the prevalence of lifetime witnessing of family violence (at least once over the life span) was 7.1%.

Hence, one out of fourteen schoolchildren aged 15 years reported lifetime witnessing of family violence.

Figure 9 presents the prevalence of lifetime witnessing of family violence (at least once over the life span) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of lifetime witnessing of family violence was higher:

- in girls compared to boys (7.5% vs. 6.5% respectively, P=0.41),

- in children residing in urban areas compared to those from rural areas (7.3% vs. 6.5% respectively, P=0.56),

- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (11.3% vs. 6.5% respectively, P=0.03),

- among children with unemployed mothers compared to those with employed mothers (8.0% vs. 6.5% respectively, P=0.24) and,

- among children from less affluent families compared with their wealthier counterparts (7.8% vs. 6.2% respectively, P=0.20) [Figure 9].

Figure 9. Prevalence of <u>lifetime witnessing of family violence</u> (at least once over the life span) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 9 presents the association of lifetime witnessing of family violence (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on lifetime witnessing of family violence (i.e., at least once over the life span) was related to the following characteristic:

-   <u>paternal unemployment</u> (OR=1.8, 95%CI=1.1-3.1).

On the other hand, there was no evidence of significant relationships with gender of the children, place of residence, maternal employment status, or family affluence score (Table 9).

Table 9. Multivariable-adjusted association of <u>lifetime witnessing of family violence </u>with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey

VARIABLE	OR*	95%CI*	P-value*
Gender:			
Boys	1.00	reference	0.771
Girls	1.06	0.73-1.54	
Place of residence:			
Rural areas	1.00	reference	0.180
Urban areas	1.34	0.88-2.04	
Father's employment:			
Yes	1.00	reference	0.025
Other	1.82	1.08-3.07	
Mother's employment:			
Yes	1.00	reference	0.403
Other	1.18	0.80-1.75	
Family affluence score:			
Above median (score:12-19)	1.00	reference	0.292
Below median (score 6-11)	1.23	0.84-1.81	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

Last Year Witnessing of Family Violence

Overall, the prevalence of last year witnessing of family violence (at least once) was 3.9%.

Hence, <u>one out of twenty-five schoolchildren aged 15 years reported last year witnessing of family violence</u>.

Figure 10 presents the prevalence of last year witnessing of family violence (at least once) according to the socio-demographic characteristics of schoolchildren included in the HBSC 2022 survey. The prevalence of last year witnessing of family violence was higher:

- in girls compared to boys (4.7% vs. 3.3% respectively, P=0.18),
- in children residing in rural areas compared to those from urban areas (4.2% vs. 3.8% respectively, P=0.69),
- among children whose fathers were unemployed compared to their counterparts whose fathers were employed (8.1% vs. 3.4% respectively, P<0.01),

- among children with unemployed mothers compared to those with employed mothers (5.3% vs. 3.0% respectively, P=0.02) and,

- among children from less affluent families compared with their wealthier counterparts (4.6% vs. 3.2% respectively, P=0.14) [Figure 10].
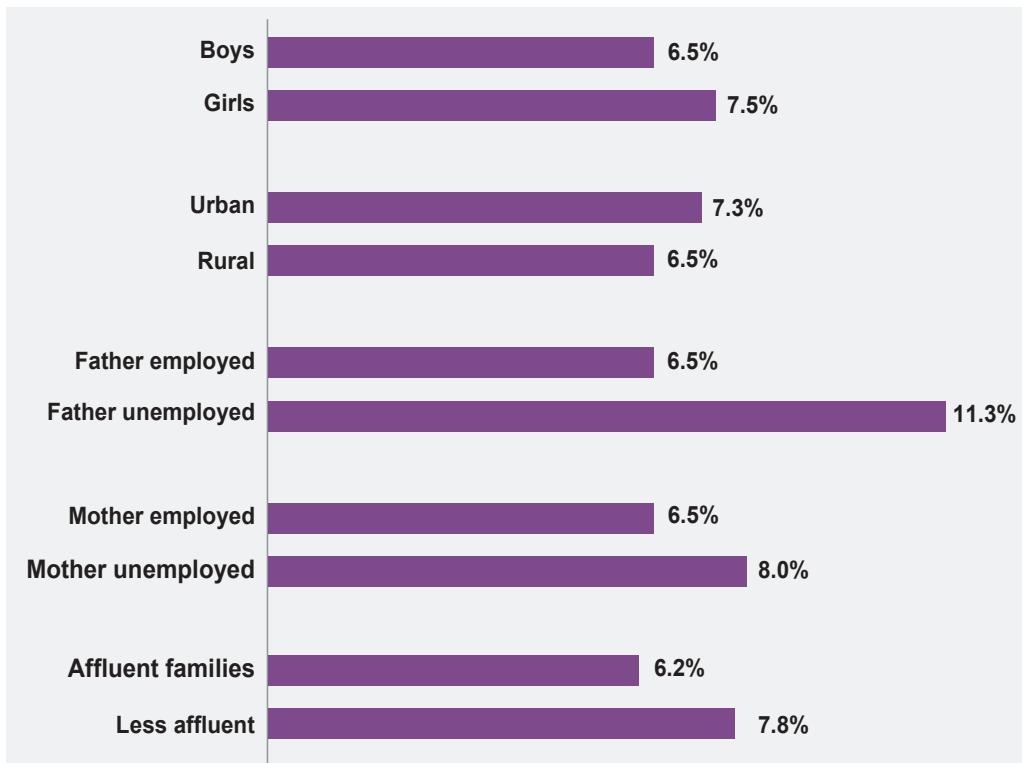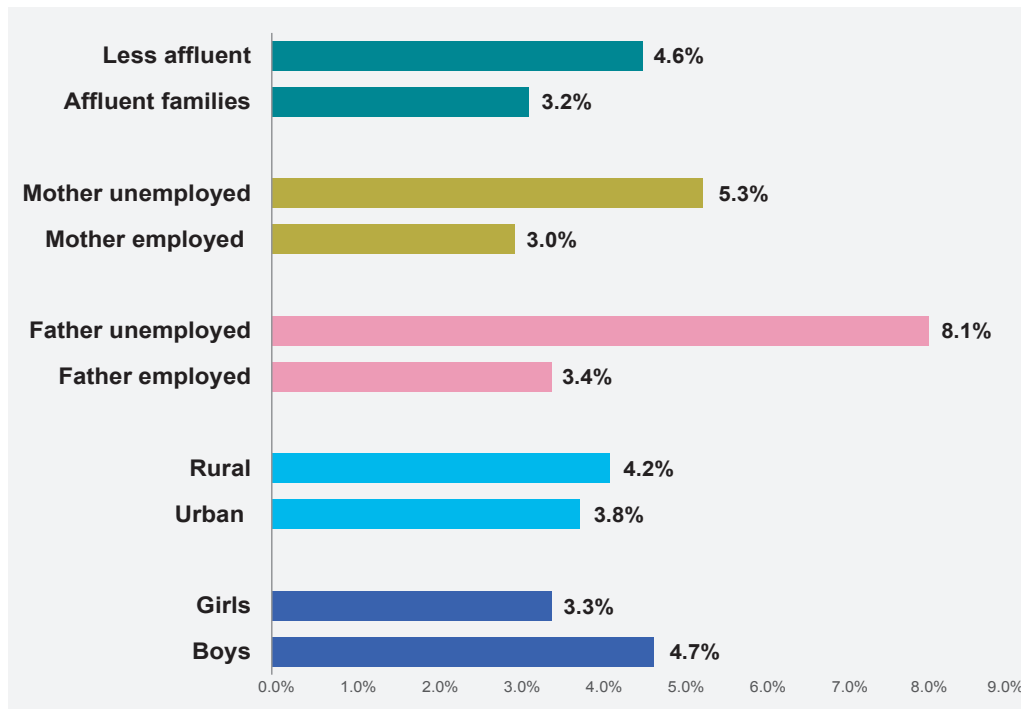

Figure 10. Prevalence of <u>last year witnessing of family violence</u> (at least once) by socio-demographic characteristics of schoolchildren, HBSC 2022

Table 10 presents the association of last year witnessing of family violence (dichotomized into: never vs. at least once) with sociodemographic characteristics of schoolchildren included in the HBSC 2021/22 survey.

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors, a positive response on last year witnessing of family violence (i.e., at least once over the life span) was related to the following characteristics:

- <u>male</u> gender (OR=1.7, 95%CI=1.0-2.8),

- <u>paternal unemployment</u> (OR=2.4, 95%CI=1.3-4.5) and,

- <u>maternal unemployment</u> (OR=1.6, 95%CI=1.0-2.7) – this association was only borderline statistically significant.

On the other hand, there was no evidence of significant relationships with place of residence, or family affluence score (Table 10).

Table 10. Multivariable-adjusted association of <u>last year witnessing of family violence</u> with sociodemographic characteristics of schoolchildren included in the HBSC 2022 survey

VARIABLE	OR*	95%CI*	P-value*
Gender:			
Girls	1.00	reference	0.054
Boys	1.66	0.99-2.78	
Place of residence:			
Rural areas	1.00	reference	0.848
Urban areas	1.06	0.61-1.84	
Father's employment:			
Yes	1.00	reference	0.008
Other	2.37	1.25-4.49	
Mother's employment:			
Yes	1.00	reference	0.075
Other	1.61	0.95-2.71	
Family affluence score:			
Above median (score:12-19)	1.00	reference	0.137
Below median (score 6-11)	1.50	0.88-2.57	

* Odds ratios (OR: at least once vs. never), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. All variables presented in the table were entered simultaneously into the logistic regression models.

Summary of Abuse and Neglect Indices

- <u>Lifetime physical abuse</u> was significantly more prevalent in urban children compared to their rural counterparts, irrespective of the other socio-demographic characteristics. Hence, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of lifetime physical abuse with urban residence:

  - compared to children residing in rural areas, children who resided in urban areas had 30% higher odds of reporting lifetime physical abuse.

- <u>Last year physical abuse</u> was more prevalent in children pertinent to poorer families compared to their wealthier counterparts, irrespective of the other socio-demographic characteristics. Thus, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of last year physical abuse with a lower family affluence score:

  - compared to those pertinent to wealthier families, schoolchildren belonging to poorer families had 30% higher odds of reporting last year physical abuse.

- <u>Lifetime emotional abuse</u> was more prevalent in girls and among urban residents. Hence, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of lifetime emotional abuse with female gender and urban of residence:

  - compared to boys, girls had 80% higher odds of reporting lifetime emotional abuse.

  - compared to children residing in rural areas, children who resided in urban areas had 60% higher odds of reporting lifetime emotional abuse.

- <u>Last year emotional abuse</u> was more prevalent in girls and among urban residents. Thus, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of last year emotional abuse with female gender and urban of residence:

  - compared to boys, girls had 80% higher odds of reporting last year emotional abuse.

  - compared to children residing in rural areas, children who resided in urban areas had 50% higher odds of reporting last year emotional abuse.

- <u>Lifetime sexual abuse</u> was more prevalent in boys and among children pertinent to better off families. Hence, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of lifetime sexual abuse with male gender and children from wealthier families:

  - compared to girls, boys had 80% higher odds of reporting lifetime sexual abuse.

  - compared to children pertinent to poorer families, the odds of reporting lifetime sexual abuse were two times higher among children who belonged to wealthier families.

- <u>Last year sexual abuse</u> was, similarly, more prevent in boys and among children pertinent to better off families. Thus, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of last year sexual abuse with male gender and children from wealthier families:

  - compared to girls, the odds of reporting last year sexual abuse were 3.7 times higher among boys.

  - compared to children pertinent to poorer families, the odds of reporting last year sexual abuse were 1.9 times higher among children who belonged to wealthier families.

- <u>Lifetime emotional neglect</u> was more prevalent in girls and among children whose mothers were employed. Hence, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of lifetime emotional neglect with female gender and children from wealthier families:

  - compared to boys, the odds of reporting lifetime emotional neglect were 3.3 times higher in girls.

  - compared to children with unemployed mothers, children whose mothers were employed had 30% higher odds of reporting lifetime emotional neglect.

- Last year emotional neglect was more prevalent in girls than in boys. Thus, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of lifetime emotional neglect with female gender:

  - compared to boys, the odds of reporting last year emotional neglect were 2.6 times higher in girls.

- Lifetime witnessing of family violence was more prevalent in children whose fathers were unemployed. Hence, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of lifetime witnessing of family violence with paternal unemployment:

  - compared to children with employed fathers, children whose fathers were unemployed had 80% higher odds of reporting lifetime witnessing of family violence.

- Last year witnessing of family violence was more prevalent in boys and among children whose parents were unemployed. Hence, after controlling for all the other socio-demographic factors, there was evidence of an independent positive association of last year witnessing of family violence with male gender and parental unemployment:

  - compared to girls, the odds of reporting last year witnessing of family violence were 1.7 times higher in boys.

  - compared to children with employed fathers, the odds of reporting last year witnessing of family violence were 2.4 times higher among children whose fathers were unemployed.

  - compared to children with employed mothers, the odds of reporting last year witnessing of family violence were 1.6 times higher among children whose mothers were unemployed; however, the association of last year witnessing of family violence with maternal employment status was only borderline statistically significant.

Associations Between Different Types of Abuse and Violence Indices

- Lifetime physical abuse vs. lifetime emotional abuse

Table 11 presents the association between lifetime physical abuse with lifetime emotional abuse. There was evidence of a very strong association between lifetime physical abuse and lifetime emotional abuse. Thus, about 36% of the children who reported lifetime physical abuse reported also lifetime emotional abuse compared with only 6% of those who did not report lifetime physical abuse (Fisher's exact test: P<0.001).

Table 11. *Association between lifetime physical abuse with lifetime emotional abuse, HBSC 2022 survey*

Lifetime emotional abuse	Lifetime physical abuse	
	Never	At least once
Never	1151 (93.7)	387 (63.8)
At least once	78 (6.3)	220 (36.2)
Total	**1229 (100.0)**	**607 (100.0)**

■ Lifetime physical abuse vs. lifetime sexual abuse

Table 12 presents the association between lifetime physical abuse with lifetime sexual abuse. There was evidence of a significant association between lifetime physical abuse and lifetime sexual abuse. Hence, 6.4% of the children who reported lifetime physical abuse reported also lifetime sexual abuse compared with 2.4% of those who did not report lifetime physical abuse (Fisher's exact test: P<0.001).

Table 12. *Association between lifetime physical abuse with lifetime sexual abuse, HBSC 2022 survey*

Lifetime sexual abuse	Lifetime physical abuse	
	Never	At least once
Never	1200 (97.6)	566 (93.6)
At least once	30 (2.4)	39 (6.4)
Total	**1230 (100.0)**	**605 (100.0)**

■ Lifetime emotional abuse vs. lifetime sexual abuse

Table 13 presents the association between lifetime emotional abuse with lifetime sexual abuse. There was evidence of a strong and significant association between lifetime emotional abuse and lifetime sexual abuse. Thus, about 41% of the children who reported lifetime sexual abuse reported also lifetime emotional abuse compared with only 15% of those who did not report lifetime sexual abuse (Fisher's exact test: P<0.001).

Table 13. *Association between lifetime emotional abuse with lifetime sexual abuse, HBSC 2022 survey*

Lifetime emotional abuse	Lifetime sexual abuse	
	Never	At least once
Never	1502 (84.9)	40 (58.8)
At least once	267 (15.1)	28 (41.2)
Total	**1769 (100.0)**	**68 (100.0)**

■ Lifetime witnessing of family violence vs. lifetime physical abuse

Table 14 presents the association between lifetime witnessing of family violence with lifetime physical abuse. There was evidence of a very strong and significant association between lifetime witnessing of family violence and lifetime physical abuse. Hence, about 73% of the children who reported lifetime witnessing of family violence reported also lifetime physical abuse compared with only 30% of those who did not report lifetime witnessing of family violence (Fisher's exact test: P<0.001).

Table 14. *Association between lifetime witnessing of family violence with lifetime physical abuse, HBSC 2022 survey*

Lifetime physical abuse	Lifetime witnessing of family violence	
	Never	At least once
Never	1188 (69.8)	35 (26.9)
At least once	514 (30.2)	95 (73.1)
Total	**1702 (100.0)**	**130 (100.0)**

■ Lifetime witnessing of family violence vs. lifetime emotional abuse

Table 15 presents the association between lifetime witnessing of family violence with lifetime emotional abuse. Similarly, there was evidence of a very strong and significant association between lifetime witnessing of family violence and lifetime emotional abuse. Hence, about 58% of the children who reported lifetime witnessing of family violence reported also lifetime emotional abuse compared with only 13% of those who did not report lifetime witnessing of family violence (Fisher's exact test: P<0.001).

Table 15. *Association between lifetime witnessing of family violence with lifetime emotional abuse, HBSC 2022 survey*

Lifetime emotional abuse	Lifetime witnessing of family violence	
	Never	At least once
Never	1481 (86.9)	54 (42.2)
At least once	224 (13.1)	74 (57.8)
Total	**1705 (100.0)**	**128 (100.0)**

■ Lifetime witnessing of family violence with lifetime sexual abuse

Table 16 presents the association between lifetime witnessing of family violence with lifetime sexual abuse. Likewise, there was evidence of a strong and significant association between lifetime witnessing of family violence and lifetime sexual abuse. Thus, 18% of the children who reported lifetime witnessing of family violence reported also lifetime sexual abuse compared with only 2.8% of those who did not report lifetime witnessing of family violence (Fisher's exact test: P<0.001).

Table 16. Association between lifetime witnessing of family violence with lifetime sexual abuse, HBSC 2022 survey

Lifetime sexual abuse	Lifetime witnessing of family violence	
	Never	At least once
Never	1667 (97.2)	105 (82.0)
At least once	48 (2.8)	23 (18.0)
Total	**1715 (100.0)**	**128 (100.0)**

ASSOCIATION OF ADOLESCENT ABUSE WITH LIFESTYLE

Association of Abuse and Neglect Indices with Smoking Status

Table 17 presents the association of lifetime smoking (outcome variable) dichotomized into: "never" vs. "at least 1-2 days during lifetime" with violence and neglect indices included in the in-depth analyses, after controlling for all sociodemographic characteristics of schoolchildren included in HBSC 2021/22 survey.

Table 17. Independent association of <u>lifetime smoking with abuse and neglect indices</u> controlling for sociodemographic characteristics of schoolchildren, HBSC 2022 survey

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Lifetime physical abuse:			
Never	1.00	reference	<0.001
At least once	1.82	1.43-2.32	
Last year physical abuse:			
Never	1.00	reference	<0.001
At least once	1.89	1.33-2.69	
Lifetime emotional abuse:			
Never	1.00	reference	<0.001
At least once	2.01	1.49-2.71	
Last year emotional abuse:			
Never	1.00	reference	<0.001
At least once	2.17	1.51-3.11	
Lifetime sexual abuse:			
Never	1.00	reference	<0.001
At least once	4.61	2.76-7.71	
Last year sexual abuse:			
Never	1.00	reference	<0.001
At least once	3.93	2.17-7.14	
Lifetime emotional neglect:			
Never	1.00	reference	<0.001
At least once	2.26	1.66-3.07	

Last year emotional neglect:			
Never	1.00	reference	**<0.001**
At least once	2.50	1.74-3.59	
Lifetime witnessing of family violence:			
Never	1.00	reference	<0.001
At least once	2.73	1.82-4.10	
Last year witnessing of family violence:			
Never	1.00	reference	<0.001
At least once	2.72	1.55-4.77	

* Odds ratios (OR: at least 1-2 days during lifetime vs. never smoking), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. Each row in the table presents the independent association of the respective abuse and neglect indices after controlling simultaneously for all socio-demographic factors (gender, place of residence, father's employment, mother's employment, and family affluence score).

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors (Table 17), lifetime smoking (at least 1-2 days) was independently related to all the following violence and neglect indices:

- lifetime physical abuse (OR=1.8, 95%CI=1.4-2.3),

- last year physical abuse (OR=1.9, 95%CI=1.3-2.7),

- lifetime emotional abuse (OR=2.0, 95%CI=1.5-2.7),

- last year emotional abuse (OR=2.2, 95%CI=1.5-3.1),

- lifetime sexual abuse (OR=4.6, 95%CI=2.8-7.7),

- last year sexual abuse (OR=3.9, 95%CI=2.2-7.1),

- lifetime emotional neglect (OR=2.3, 95%CI=1.7-3.1),

- last year emotional neglect (OR=2.5, 95%CI=1.7-3.6),

- lifetime witnessing of family violence (OR=2.7, 95%CI=1.8-4.1) and,

- last year witnessing of family violence (OR=2.7, 95%CI=1.6-4.8).

Based on these findings (Table 17), it can be concluded that all violence and neglect indices analysed are independent predictors of lifetime smoking, as summarized below:

- compared to non-smokers, <u>the odds of lifetime physical abuse were 1.8 times higher among children who were lifetime smokers</u>,

- compared to non-smokers, <u>the odds of last year physical abuse were 1.9 times higher among children who were lifetime smokers</u>,

- compared to non-smokers, <u>the odds of lifetime emotional abuse were 2 times higher among children who were lifetime smokers</u>,

- compared to non-smokers, <u>the odds of last year emotional abuse were 2.2 times higher among children who were lifetime smokers</u>,

- compared to non-smokers, <u>the odds of lifetime sexual abuse were 4.6 times higher among children who were lifetime smokers</u>,

- compared to non-smokers, <u>the odds of last year sexual abuse were 3.9 times higher among children who were lifetime smokers</u>,

- compared to non-smokers, <u>the odds of lifetime emotional neglect were 2.3 times higher among children who were lifetime smokers</u>,

- compared to non-smokers, <u>the odds of last year emotional neglect were 2.5 times higher among children who were lifetime smokers</u>,

- compared to non-smokers, <u>the odds of lifetime witnessing of family violence were 2.7 times higher among children who were lifetime smokers</u> and,

- compared to non-smokers, <u>the odds of last year witnessing of family violence were 2.7 times higher among children who were lifetime smokers</u>.

Association of Abuse and Neglect Indices with Alcohol Intake

Table 18 presents the association of lifetime alcohol consumption (outcome variable) dichotomized into: "never" vs. "at least 1-2 days during lifetime" with violence and neglect indices included in the in-depth analyses, after controlling for all sociodemographic characteristics of schoolchildren included in HBSC 2021/22 survey.

Table 18. Independent association of <u>lifetime alcohol consumption with abuse and neglect indices</u> controlling for sociodemographic characteristics of schoolchildren, HBSC 2022

VARIABLE	OR*	95%CI*	P-value*
Lifetime physical abuse:			
Never	1.00	reference	<0.001
At least once	2.39	1.94-2.94	
Last year physical abuse:			
Never	1.00	reference	0.290
At least once	1.19	0.86-1.64	
Lifetime emotional abuse:			
Never	1.00	reference	<0.001
At least once	1.71	1.31-2.23	
Last year emotional abuse:			
Never	1.00	reference	0.048
At least once	1.40	1.00-1.95	

Lifetime sexual abuse:			
Never	1.00	reference	0.001
At least once	2.39	1.42-4.02	
Last year sexual abuse:			
Never	1.00	reference	0.003
At least once	2.57	1.38-4.79	
Lifetime emotional neglect:			
Never	1.00	reference	<0.001
At least once	2.01	1.53-2.65	
Last year emotional neglect:			
Never	1.00	reference	<0.001
At least once	1.86	1.34-2.59	
Lifetime witnessing of family violence:			
Never	1.00	reference	0.006
At least once	1.74	1.18-2.58	
Last year witnessing of family violence:			
Never	1.00	reference	0.879
At least once	1.04	0.60-1.80	

* Odds ratios (OR: at least 1-2 days during lifetime vs. never alcohol intake), 95%Cis and p-values from multivariable-adjusted binary logistic regression models. Each row in the table presents the independent association of the respective abuse and neglect indices after controlling simultaneously for all socio-demographic factors (gender, place of residence, father's employment, mother's employment, and family affluence score).

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors (Table 18), lifetime alcohol consumption (at least 1-2 days) was independently related to all the following violence and neglect indices:

- lifetime physical abuse (OR=2.4, 95%CI=1.9-2.9),

- lifetime emotional abuse (OR=1.7, 95%CI=1.3-2.3),

- last year emotional abuse (OR=1.4, 95%CI=1.0-1.9),

- lifetime sexual abuse (OR=2.4, 95%CI=1.4-4.0),

- last year sexual abuse (OR=2.6, 95%CI=1.4-4.8),

- lifetime emotional neglect (OR=2.0, 95%CI=1.5-2.7),

- last year emotional neglect (OR=1.9, 95%CI=1.3-2.6) and,

- lifetime witnessing of family violence (OR=1.7, 95%CI=1.2-2.6).

Conversely, there was no evidence of a significant relationship with last year physical abuse (OR=1.2, 95%CI=0.9-1.6), or last year witnessing of family violence (OR=1.0, 95%CI=0.6-1.8) [Table 18].

Based on these findings, it can be concluded that most of the violence and neglect indices analysed are independent predictors of lifetime alcohol consumption, as summarized below:

- compared to non-drinkers, the odds of lifetime physical abuse were 2.4 times higher among children who were lifetime alcohol consumers,

- compared to non-drinkers, the odds of lifetime emotional abuse were 1.7 times higher among children who were lifetime alcohol consumers,

- compared to non-drinkers, the odds of last year emotional abuse were 1.4 times higher among children who were lifetime alcohol consumers,

- compared to non-drinkers, the odds of lifetime time sexual abuse were 2.4 times higher among children who were lifetime alcohol consumers,

- compared to non-drinkers, the odds of last year sexual abuse were 2.6 times higher among children who were lifetime alcohol consumers,

- compared to non-drinkers, the odds of lifetime emotional neglect were 2 times higher among children who were lifetime alcohol consumers,

- compared to non-drinkers, the odds of last year emotional neglect were 1.9 times higher among children who were lifetime alcohol consumers and,

- compared to non-drinkers, the odds of lifetime witnessing of family violence were 1.7 times higher among children who were lifetime alcohol consumers.

Association of Abuse and Neglect Indices with Physical Activity

Table 19 presents the association of the frequency of vigorous physical activity (outcome variable) dichotomized into: "≤2 times/week" vs. "≥3 times/week" with violence and neglect indices included in the in-depth analyses, after controlling for all sociodemographic characteristics of schoolchildren included in HBSC 2021/22 survey.

Table 19. Independent association of <u>inadequate physical activity with abuse and neglect indices</u> controlling for sociodemographic characteristics of schoolchildren, HBSC 2022

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Lifetime physical abuse:			
Never	1.00	reference	0.363
At least once	1.10	0.90-1.37	
Last year physical abuse:			
Never	1.00	reference	0.072
At least once	1.34	0.97-1.85	
Lifetime emotional abuse:			
Never	1.00	reference	0.273
At least once	1.16	0.89-1.52	

Last year emotional abuse:			
Never	1.00	reference	0.097
At least once	1.33	0.95-1.85	
Lifetime sexual abuse:			
Never	1.00	reference	0.729
At least once	1.09	0.66-1.83	
Last year sexual abuse:			
Never	1.00	reference	0.034
At least once	1.88	1.05-3.36	
Lifetime emotional neglect:			
Never	1.00	reference	0.165
At least once	1.21	0.92-1.60	
Last year emotional neglect:			
Never	1.00	reference	0.073
At least once	1.36	0.97-1.89	
Lifetime witnessing of family violence:			
Never	1.00	reference	0.097
At least once	1.39	0.94-2.06	
Last year witnessing of family violence:			
Never	1.00	reference	0.078
At least once	1.63	0.95-2.81	

[*] *Odds ratios (OR: ≤2 times/week vs. ≥3 times/week), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. Each row in the table presents the independent association of the respective abuse and neglect indices after controlling simultaneously for all socio-demographic factors (gender, place of residence, father's employment, mother's employment, and family affluence score).*

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors (Table 19), inadequate frequency of vigorous physical activity (≤2 times/week) was independently related to the following violence and neglect indices:

- last year physical abuse (OR=1.3, 95%CI=1.0-1.9) – a finding which was borderline statistically significant,

- last year emotional abuse (OR=1.3, 95%CI=1.0-1.9) – borderline statistically significant,

- last year sexual abuse (OR=1.9, 95%CI=1.1-3.4),

- last year emotional neglect (OR=1.4, 95%CI=1.0-1.9) – borderline statistically significant,

- lifetime witnessing of family violence (OR=1.4, 95%CI=0.9-2.1) – a finding which was borderline statistically significant and,

- last year witnessing of family violence (OR=1.6, 95%CI=1.0-2.8) – borderline statistically significant.

On the other hand, an inadequate frequency of vigorous physical was not significantly related to lifetime physical abuse (OR=1.1, 95%CI=0.9-1.4), lifetime emotional abuse (OR=1.2, 95%CI=0.9-1.5), lifetime sexual abuse (OR=1.1, 95%CI=0.7-1.8), or lifetime emotional neglect (OR=1.2, 95%CI=0.9-1.6) [Table 19].

Based on these findings, it can be concluded that many of the violence and neglect indices analysed are independent predictors of physical activity, as summarized below:

- compared to those with adequate levels of physical activity, the odds of last year physical abuse were 1.3 times higher among children with inadequate frequency of physical activity,

- compared to those with adequate levels of physical activity, the odds of last year emotional abuse were 1.3 times higher among children with inadequate frequency of physical activity,

- compared to those with adequate levels of physical activity, the odds of last year sexual abuse were 1.9 times higher among children with inadequate frequency of physical activity,

- compared to those with adequate levels of physical activity, the odds of last year emotional neglect were 1.4 times higher among children with inadequate frequency of physical activity,

- compared to those with adequate levels of physical activity, the odds of lifetime witnessing of family violence were 1.4 times higher among children with inadequate frequency of physical activity and,

- compared to those with adequate levels of physical activity, the odds of last year witnessing of family violence were 1.6 times higher among children with inadequate frequency of physical activity.

Association of Abuse and Neglect Indices with Breakfast Consumption

Table 20 presents the association of the frequency of breakfast consumption during weekdays (outcome variable) dichotomized into: "≤4 days/week" vs. "5 days/week" with violence and neglect indices included in the analyses, after controlling for all sociodemographic characteristics of schoolchildren included in HBSC 2021/22 survey.

Table 20. Independent association of <u>inadequate breakfast consumption with abuse and neglect indices</u> controlling for sociodemographic characteristics

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Lifetime physical abuse:			
Never	1.00	reference	0.010
At least once	1.32	1.07-1.64	
Last year physical abuse:			
Never	1.00	reference	0.001
At least once	1.90	1.32-2.74	
Lifetime emotional abuse:			
Never	1.00	reference	0.018
At least once	1.41	1.06-1.87	
Last year emotional abuse:			
Never	1.00	reference	<0.001
At least once	2.03	1.38-2.98	
Lifetime sexual abuse:			
Never	1.00	reference	0.055
At least once	1.73	0.99-3.02	
Last year sexual abuse:			
Never	1.00	reference	0.055
At least once	1.94	0.99-3.81	
Lifetime emotional neglect:			
Never	1.00	reference	0.047
At least once	1.34	1.00-1.78	
Last year emotional neglect:			
Never	1.00	reference	0.003
At least once	1.76	1.22-2.55	
Lifetime witnessing of family violence:			
Never	1.00	reference	0.236
At least once	1.28	0.85-1.94	
Last year witnessing of family violence:			
Never	1.00	reference	0.053
At least once	1.81	0.99-3.32	

[*] *Odds ratios (OR: ≤4 days/week vs. 5 days/week), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. Each row in the table presents the independent association of the respective abuse and neglect indices after controlling simultaneously for all socio-demographic factors (gender, place of residence, father's employment, mother's employment, and family affluence score).*

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors (Table 20), inadequate frequency of breakfast consumption during weekdays (≤4 days/week) was independently related to the following violence and neglect indices:

- lifetime physical abuse (OR=1.3, 95%CI=1.1-1.6),

- last year physical abuse (OR=1.9, 95%CI=1.3-2.7),

- lifetime emotional abuse (OR=1.4, 95%CI=1.1-1.9),

- last year emotional abuse (OR=2.0, 95%CI=1.4-3.0),

- lifetime sexual abuse (OR=1.7, 95%CI=1.0-3.0),

- last year sexual abuse (OR=1.9, 95%CI=1.0-3.8),

- lifetime emotional neglect (OR=1.3, 95%CI=1.0-1.8),

- last year emotional neglect (OR=1.8, 95%CI=1.2-2.6) and,

- last year witnessing of family violence (OR=1.8, 95%CI=1.0-3.3).

Conversely, there was no evidence of a significant association between inadequate breakfast consumption and lifetime witnessing of family violence (OR=1.3, 95%CI=0.9-1.9) [Table 20].

Based on these findings, it can be concluded that most of the violence and neglect indices analysed are independent predictors of breakfast consumption during weekdays, as summarized below:

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, the odds of lifetime physical abuse were 1.3 times higher among children who do not consume breakfast during all of the weekdays,

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, the odds of last year physical abuse were 1.9 times higher among children who do not consume breakfast during all of the weekdays,

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, the odds of lifetime emotional abuse were 1.4 times higher among children who do not consume breakfast during all of the weekdays,

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, the odds of last year emotional abuse were 2 times higher among children who do not consume breakfast during all of the weekdays,

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, the odds of lifetime sexual abuse were 1.7 times higher among children who do not consume breakfast during all of the weekdays,

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, the odds of last year sexual abuse were 1.9 times higher among children who do not consume breakfast during all of the weekdays,

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, <u>the odds of lifetime emotional neglect were 1.3 times higher among children who do not consume breakfast during all of the weekdays</u>,

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, <u>the odds of last year emotional neglect were 1.8 times higher among children who do not consume breakfast during all of the weekdays</u> and,

- compared to those who comply with WHO recommendations for eating breakfast during all 5 weekdays, <u>the odds of last year witnessing of family violence were 1.8 times higher among children who do not consume breakfast during all of the weekdays</u>.

Association of Violence and Abuse Indices with Fruit Consumption

Table 21 presents the association of the frequency of fruit consumption (outcome variable) dichotomized into: "less than daily" vs. "daily" with violence and neglect indices included in the in-depth analyses, after controlling for all sociodemographic characteristics of schoolchildren included in HBSC 2021/22 survey.

Table 21. Independent association of <u>inadequate fruit consumption with abuse and neglect indices</u> controlling for sociodemographic characteristics of schoolchildren, HBSC 2022

VARIABLE	OR[*]	95%CI[*]	P-value[*]
Lifetime physical abuse:			
Never	1.00	reference	0.034
At least once	1.24	1.02-1.52	
Last year physical abuse:			
Never	1.00	reference	0.001
At least once	1.74	1.27-2.38	
Lifetime emotional abuse:			
Never	1.00	reference	0.003
At least once	1.49	1.15-1.93	
Last year emotional abuse:			
Never	1.00	reference	0.018
At least once	1.48	1.07-2.04	
Lifetime sexual abuse:			
Never	1.00	reference	0.711
At least once	1.10	0.67-1.79	
Last year sexual abuse:			
Never	1.00	reference	0.537
At least once	0.83	0.47-1.49	

Lifetime emotional neglect:			
Never	1.00	reference	<0.001
At least once	1.76	1.35-2.30	
Last year emotional neglect:			
Never	1.00	reference	0.035
At least once	1.41	1.03-1.95	
Lifetime witnessing of family violence:			
Never	1.00	reference	0.764
At least once	1.06	0.73-1.55	
Last year witnessing of family violence:			
Never	1.00	reference	0.766
At least once	1.08	0.65-1.81	

Odds ratios (OR: less than daily vs. daily), 95%CIs and p-values from multivariable-adjusted binary logistic regression models. Each row in the table presents the independent association of the respective abuse and neglect indices after controlling simultaneously for all socio-demographic factors (gender, place of residence, father's employment, mother's employment, and family affluence score).

In multivariable-adjusted binary logistic regression models controlling simultaneously for all sociodemographic factors (Table 21), inadequate frequency of fruit consumption (less than daily) was independently related to all the following abuse and neglect indices:

- lifetime physical abuse (OR=1.2, 95%CI=1.0-1.5),

- last year physical abuse (OR=1.7, 95%CI=1.3-2.4),

- lifetime emotional abuse (OR=1.5, 95%CI=1.2-1.9),

- last year emotional abuse (OR=1.5, 95%CI=1.1-2.0),

- lifetime emotional neglect (OR=1.8, 95%CI=1.4-2.3) and,

- last year emotional neglect (OR=1.4, 95%CI=1.0-2.0).

On the other hand, fruit consumption was not significantly related to lifetime sexual abuse (OR=1.1, 95%CI=0.7-1.8), last year sexual abuse (OR=0.8, 95%CI=0.5-1.5), lifetime witnessing of family violence (OR=1.1, 95%CI=0.7-1.6), or last year witnessing of family violence (OR=1.1, 95%CI=0.7-1.8) [Table 21].

Based on these findings, it can be concluded that many of the violence and neglect indices analysed are independent predictors of fruit consumption, as summarized below:

- compared to those with daily consumption of fruits, <u>the odds of lifetime physical abuse were 1.2 times higher among children with inadequate fruit intake</u>,

- compared to those with daily consumption of fruits, <u>the odds of last year physical abuse were 1.7 times higher among children with inadequate frequency of fruit intake</u>,

- compared to those with daily consumption of fruits, <u>the odds of lifetime emotional abuse were 1.5 times higher among children with inadequate frequency of fruit intake</u>,

- compared to those with daily consumption of fruits, <u>the odds of last year emotional abuse were 1.5 times higher among children with inadequate frequency of fruit intake</u>,

- compared to those with daily consumption of fruits, <u>the odds of lifetime emotional neglect were 1.8 times higher among children with inadequate frequency of fruit intake</u> and,

- compared to those with daily consumption of fruits, <u>the odds of last year emotional neglect were 1.4 times higher among children with inadequate frequency of fruit intake</u>.

CONCLUSIONS AND RECOMMENDATIONS

Measuring violence and abuse in school-based surveys is of paramount importance for several reasons:

■ Student Safety: The primary reason for measuring violence and abuse in schools is to ensure the safety and well-being of students at their home premises and beyond. Understanding the extent and nature of domestic violence and abuse allows educators and policymakers to implement effective preventive measures and support systems.

■ Identifying Trends: Collecting data on domestic violence and abuse helps in identifying trends and patterns over time. This information can be used to assess whether anti-violence programs and other interventions are effective in reducing incidents of domestic violence and abuse.

■ Targeted Interventions: Detailed measures of violence and abuse can help schools and communities tailor their interventions to address specific issues. For example, if data reveals that physical violence is a prevalent form of abuse, schools can focus on digital safety education.

■ Policy Development: Policymakers rely on data to create legislation and policies that protect students. Measures of violence and abuse in schools provide evidence to support the development of laws and regulations that promote a safe and inclusive learning environment at school premises and elsewhere.

■ Resource Allocation: School districts often have limited resources. Data on violence and abuse can help allocate these resources more effectively. Schools can invest in programs and services that target the most pressing issues based on the data.

■ Prevention and Early Intervention: Early detection of domestic violence and abuse is critical for preventing long-term harm to students. By measuring and monitoring these incidents, schools can intervene promptly and provide support to both victims and perpetrators.

■ Community Awareness: Publicizing the findings of school-based studies on violence and abuse raises awareness in the community. This can foster a sense of responsibility among parents, teachers, and students to work together to combat these issues.

- ■ Research and Evaluation: Researchers often rely on data from school-based studies to explore the causes and consequences of violence and abuse. This research can inform evidence-based interventions and policies.

- ■ Long-Term Impact: Domestic violence and abuse of children can have long-lasting effects on students' physical and mental health, academic performance, and overall well-being. Measuring these issues helps quantify the potential long-term impact on individuals and society.

- ■ Creating a Positive School Culture: Schools that actively measure and address violence and abuse are more likely to foster a positive and inclusive school culture where students feel safe, respected, and supported in their educational journey.

- ■ All in all, measuring domestic violence and abuse in school-based studies is essential for promoting a safe and nurturing learning environment at home and beyond, supporting student well-being, and informing policies and interventions that can lead to a more inclusive and violence-free home environment.

From this perspective, the in-depth analysis of Albanian report of HBSC 2021/22 on violence against adolescents highlights important correlates of different types of child abuse including physical, emotional and sexual abuse.

The current analysis revealed a slight increase in the prevalence of self-reported domestic violence among Albanian schoolchildren. An increase in self-reported domestic violence among Albanian schoolchildren can be influenced by various factors and dynamics within the family and broader society. It is important to note that an increase in self-reports does not necessarily mean that the incidence of domestic violence itself is increasing; rather, it may reflect an increased willingness or awareness among children to report such incidents.

Some reasons for this increase in self-reported domestic violence among Albanian schoolchildren could include:

- ■ Increased Awareness and Education: Schools and communities in Albania may be implementing more comprehensive programs to educate children about different forms of violence, including domestic violence. This awareness-raising can empower Albanian children to recognize and report abusive behaviour.

- ■ Reduced Stigma: As societal attitudes toward domestic violence evolve, there may be reduced stigma associated with reporting abuse in Albania. Children may feel more supported and less ashamed when disclosing their experiences.

- ■ Access to Information: With increased access to the Internet and social media, Albanian children have greater exposure to information about domestic violence, its consequences, and the importance of reporting it. They may be more informed about their rights and options.

- Supportive School Environments: Schools that prioritize a safe and supportive environment encourage students to speak up about their experiences. Teachers and counselors may play a significant role in fostering trust and providing resources in the Albanian context.

- Peer Influence: Peer conversations and support networks can also influence Albanian children's decisions to report domestic violence. If they see friends or peers discussing their experiences and seeking help, they may be more inclined to do the same.

- Changes in Family Dynamics: Shifts in family dynamics, such as separation or divorce, can lead to increased reporting of domestic violence. Albanian children may feel safer reporting abuse when they perceive a change in their family structure.

- Mandatory Reporting Laws: In Albania, there is a mandatory reporting law that requires certain professionals, such as teachers and healthcare providers, to report suspected cases of child abuse or neglect. These laws can lead to an increase in self-reports of cases of domestic violence among Albanian schoolchildren.

- Media Coverage: High-profile cases of domestic violence or public awareness campaigns may prompt Albanian children to report incidents they may have previously kept hidden.

- Parental Modelling: If Albanian children witness parents or caregivers seeking help or reporting domestic violence, they may be more likely to follow suit.

- Improved Reporting Mechanisms: Schools and organizations in Albania may have improved reporting mechanisms in place, making it easier for children to disclose incidents of domestic violence.

- Crisis Situations: In times of crisis, such as the COVID-19 pandemic, there may be an increase in domestic violence incidents among children in Albania, leading to more self-reports by affected children.

It is important to acknowledge that while increased reporting is generally positive, it may also indicate a higher prevalence of domestic violence, which necessitates comprehensive intervention and support for affected children in Albania. Additionally, ensuring that children who report domestic violence receive appropriate counseling, protection, and legal support is crucial to their well-being.

The main recommendations of this report are based not only on the main findings of the in-depth analysis, but also in the main international documents presented by CDC and WHO. The main strategies of intervention represent different levels of the ecologic model intended to impact individual behaviours and also the relationships, families, schools, and communities that influence risk and protective factors for adolescent abuse. Below are presented the main recommendations divided in different levels:

At individual and family level

■ *Strengthening adolescent and youth's skills* is an important component of a comprehensive approach to preventing adolescent and youth violence. The likelihood of violence increases when adolescent have under-developed or ineffective skills in the areas of communication, problem-solving, conflict resolution and management, empathy, impulse control, and emotional regulation and management[v]. *Universal school-based programs* work in childhood and adolescence to enhance interpersonal and emotional skills, including communication and problem solving, empathy, emotional awareness and regulation, conflict management, and team work,. This approach also provides information about violence, seeks to change the way adolescent think and feel about violence, and provides opportunities to practice and reinforce skills.

Skill-development has an extensive and robust research base, which shows building youth's interpersonal, emotional, and behavioral skills can help reduce both youth violence perpetration and victimization[v]. Enhancing these skills can also impact risk or protective factors for youth violence, such as substance use and academic success[v]. These life skills can help youth increase their self-awareness, accuracy in understanding social situations, ability to avoid risky situations and behaviors, and capacity to resolve conflict without violence. Universal school-based programs are a widely used approach to help youth develop skills to prevent violence and engage in healthy behaviors. These school-based approaches often include guidance to teachers and other school personnel on ways to build youth's skills, monitor and manage behavior, and build a positive school climate to reduce aggression and violence, such as bullying, and support academic success. These approaches are typically delivered to all students in a particular grade or school. These approaches are recommended to be used in all grade levels but are primarily used in elementary and middle schools.

■ *Involving adolescents in after-school programs* provide opportunities for them to strengthen their social and academic skills and become involved in school and community activities to expand their prosocial experiences and relationships.

■ *Increase knowledge and educate parents on child sexual abuse* and its repercussions, and strengthen skills that will help reduce the risks of child sexual abuse.

■ *Promote family environments that support healthy development*. The family environment plays a key role in shaping youth's physical, emotional, social, and behavioral health, and this influence extends from early childhood through late adolescence and beyond[v]. Many evidences show that nurturing and supportive family environments where caregivers build warm and caring relationships with children, monitor children's activities and friendships, set age-appropriate expectations and rules, and use consistent and nonviolent discipline significantly lower the risk for adolescent abuse and other adolescent health risk behaviors. The promotion of positive family environments throughout a child's development is connected to caregivers' knowledge about healthy and age-appropriate child development as well as the ways families communicate, manage behavior, and resolve conflict. Some of

the approaches that can help families create and maintain supportive environment are: *early childhood home visitation program* and *parenting skill and family relationship programs[15]*. During this decade many interventions are carried out for improving and expanding home visiting programme in Albania. However, efforts are still required to implement this program throughout the country.

At community level

- Creating protective community environments in which young people develop is a necessary step towards achieving population-level reductions in adolescent and youth violence. *Reduce exposure to community-level risks* and *outreach activities* are approaches that have showed a positive impact in change community norms about the acceptability of violence. these interventions need to be intensified even more in Albania[15].

- *Public engagement and education campaigns* using communication strategies (e.g., framing and messaging or social marketing), a range of communication channels (e.g., mass or social media) and community-based efforts (e.g., neighbourhood screenings and discussions) to reframe the way people think and talk about child abuse and neglect and who is responsible for preventing it. Effective frames highlight a problem and point the audience toward solutions. The national and local campaigns must continue for changing social norms to support parents and positive parenting. In addition, these campaigns need to raise the awareness of the community and increase knowledge on child and adolescents abuse, to change attitudes for this type of abuse and encourage prevention initiatives, and services where information may be obtained and help sought.

- The meaningful involvement of adolescents should be emphasized in all proposed interventions and actions (WHO, 2018).

At institutional level

- Teachers and school authorities have a unique role to play along with the family environment regarding the comprehensive education of schoolchildren. Efforts should be made to reach and inform adolescents in an effective manner about different types of abuse and neglect. Similarly, adolescents should learn about with health education, what leads to a healthy lifestyle, including reproductive health topics. The same information content should be provided to in-school and out-of school adolescents, acknowledging that there are challenges to delivering curriculum-based approaches out of schools. As the WHO recommends, comprehensive education for teens should be complemented by other interventions, including activities aiming at engaging parents, teachers and other key actors.

- As WHO recommends, training and supporting teachers and service providers and re-orienting the systems they are part of, are crucial to delivering the many effective preventive and curative interventions available. These efforts should go beyond the top-

down approaches to involving adolescents, parents, teachers, community members, service providers and managers to identify the factors contributing to the poor quality and reach of these services and to define and implement evidence-based approaches that are tailored to the local context.

- Teachers often lack good quality training and support on comprehensive education content and on strategies for participatory facilitation and non-judgemental, positive approaches. Therefore, combined efforts should be made to ensure that both teachers and schools have ample support to deliver comprehensive education effectively, and to engage parents and families in this process.

- Since the sexual abuse among adolescent is present, there is a strong recommendation to include Sexual Education subject (which also includes child abuse issues) in the compulsory curriculum for adolescents between the age of 14-18 years.

- Provision of quality care and education early in life. Preschool enrichment with family engagement programs, in general, have documented positive impacts on the child's cognitive skills, school achievement, social skills, and conduct problems and are effective in reducing child abuse and neglect.

- The implementation of existing protocols by professionals from different sectors should be encouraged, in order to guarantee the prevention, control and treatment of child and adolescent abused.

- There is still need for strengthening the capacities of all professionals providing specialized services (social workers, police, prosecutors, judges, doctors, psychologists and teachers) on how to handle cases of sexual abuse. Additionally, there is need for training media professionals on adolescents and youth abuse issues, focusing on sexual abuse cases in order to raise awareness, knowledge and their competences that will lead to a more responsible and empathetic treatment of adolescent sexual abuse by media outlines.

Finally, the findings of HBSC 2021/22 should be used as guidelines for all interventions, such as campaigns, new strategies and action plans, and establishing new specialist support services or extending existing ones.

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