

Situation analysis on the prevention of child maltreatment in Albania: *the way forward*



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ABSTRACT

This situation analysis report on prevention of child maltreatment in Albania has been prepared with the cooperation of many stakeholders from different ministries, such as Social Welfare and Youth, Education, Justice, the police as well as nongovernmental organizations. Studies conducted in Albania suggest that many children needlessly suffer from child maltreatment. As in other countries, most maltreatment occurs in the community and may not come to the attention of child protection agencies. It is nevertheless a grave public health and societal problem with far-reaching consequences for the mental, physical and reproductive health of children, and for societal development. Health systems have a key role to play, not only in providing high-quality services for children who experience violence, but also in detecting and supporting families at risk. They should also implement prevention programmes such as home visitation and parenting support, and hospital-based interventions to support parents, along with programmes against abusive head trauma. Collaborative actions are required between all partners in order to tackle this public health and societal problem. One way of ensuring this is to develop a national policy on the prevention of child maltreatment.

Keywords

Child abuse – prevention and control

Violence – prevention and control

Health policy

National health programmes

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ACRONYMS

ACE	adverse childhood experience
ADHS	Albanian Demographic and Health Survey
ANCH	ALO 116 – Child Help Line
BECAN	Balkan Epidemiological study on Child Abuse and Neglect
CM	child maltreatment
COMBI	communication for behavioural impact
CPU	Child Protection Unit
CRC	Convention on the Rights of the Child
CRCA	Children's Human Rights Centre of Albania
CRU	Children's Rights Unit
CSA	child sexual abuse
CSO	civil society organization
GP	general practitioner
IECD	Institutions for Executing Criminal Decisions
INSTAT	National Institute of Statistics of Albania
MICS	Multiple Indicator Cluster Survey
NSDI	National Strategy for Development and Integration
NGO	nongovernmental organization
SAPCR	State Agency for the Protection of Child Rights
UNESCO	United Nations Economic, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
WHO	World Health Organization

PREFACE

Child maltreatment has long been regarded as a criminal justice and social issue, and has only recently been seen in a public health perspective. This approach supports the view that child maltreatment is not inevitable and argues that prevention is more cost-effective than dealing with the consequences. Evidence gathered elsewhere such as in the European report on preventing child maltreatment indicates that organized responses by society can prevent child maltreatment. Child abuse and neglect are a product of social, cultural, economic and biological factors, and occur in all societies and countries in the World Health Organization (WHO) European Region. They are a leading cause of health inequality and social injustice, with the socioeconomically disadvantaged more at risk.

Studies conducted in Albania suggest that many children needlessly suffer from child abuse and neglect. These studies have shown that, as in other countries, most child abuse and neglect occurs in the community and may not come to the attention of child protection agencies. They are nevertheless grave public health and societal problems with far-reaching consequences for the mental, physical and reproductive health of children, and for societal development. Maltreatment is also closely linked to other adverse childhood experiences. The consequences of such adversity may affect people throughout the life-course, with high societal costs.

This situation analysis report on prevention of child maltreatment in Albania has been prepared with the cooperation of many stakeholders from different ministries, such as Social Welfare and Youth, Education, Justice, the police as well as nongovernmental organizations. The documents and studies that have been examined show that the scale of the problem in Albania is large, and that many victims of maltreatment do not come to the attention of the health and child protection services. Health systems have a key role to play, not only in providing high-quality services for children who experience violence, but also in detecting and supporting families at risk. They should also implement prevention programmes such as home visitation and parenting support, and hospital-based interventions to support parents, along with programmes against abusive head trauma. The health sector is also best placed to advocate for preventive approaches within an evaluative framework.

The development of the Situation analysis of the prevention of child maltreatment in Albania was initiated and supported by WHO as part of the WHO Biannual Collaborative Agreement between the Ministry of Health, Albania and the WHO Regional Office for Europe. This report was presented in draft form at a policy dialogue with stakeholders from different ministries and sectors, civil society and international organizations. Many of the comments that were made have been incorporated in the report. I am grateful for the political commitment and leadership of my colleagues, especially those from the Ministry of Social Welfare and Youth, and Ministry of Education. Collaborative actions are required between all partners in order to tackle this public health and societal problem. One way of ensuring this is to develop a national policy on the prevention of child maltreatment.

Dr Milva Ekonomi

Deputy Minister Ministry of Health, Albania

EXECUTIVE SUMMARY

Child abuse and neglect are increasingly recognized and serious threats to the nation's children. This report is an initial attempt to describe and analyse the actual system, service provision, policy and legislation with the aim of better preventing child maltreatment in Albania.

The consequences of child abuse, both immediate and long term, and exposure to different adverse childhood experiences (ACEs) in childhood have a serious impact on physical and emotional well-being, as well as the health and development of children.

Several studies in Albania have found an unjustifiably high prevalence of abuse and neglect in children. The results from the ACE study in Albania showed that the most frequently reported forms of abuse and neglect were physical (40%), psychological (50%), sexual (6%), and witnessing the mother being treated violently (around 30%). The highest rates were found in Albania compared to the eight other countries that conducted the ACE survey. Even higher rates of child abuse were presented in the Balkan Epidemiological study on Child Abuse and Neglect (BECAN) study in Albania. The prevalence of physical abuse was 59%, psychological abuse 69%, sexual harassment 11%, and sexual abuse 4.9%. The prevalence of neglect was 26%. Results obtained from studies on the attitudes toward child discipline showed that 28.6% of participants thought that children should be slapped for the mistakes they make, while 7.7% said that they beat their children with a belt or hard object.

As part of the response, the Government of Albania has prepared several policy documents targeting protection of child victims of abuse and neglect. These include the Action Plan for Children, 2012–2015; National Strategy for Development and Integration, 2007–2013 (NSDI); the National Strategy on Gender Equality and Domestic Violence, 2007–2010; the Strategic Document on Reproductive Health, 2009–2015; and the Public Health and Health Promotion Strategy – Towards a Healthy Country with Healthy People.

In Albania, children's rights and their best interests are protected by several laws. These are the Law on the Protection of the Rights of the Child, Family Law, Law for the Pre-University Educational System, Law on Measures against Domestic Violence, Law on Protection from

Discrimination, and Law on the People's Advocate of Albania. Within the amendments of the Law on People's Advocate of Albania, there is a special section for the protection and promotion of children's rights. The current policy and legal framework of the country enables a suitable platform for the prevention of child maltreatment, but there is a need for stronger policy and legal reinforcement and monitoring.

Several relevant sectors work in the area of prevention and protection of child maltreatment: social, health, education, police, justice and others. Some nongovernmental organizations also provide services for children. At the central level, there is the National Council for Protection of Child Rights, and at the state level, the State Agency for the Protection of Child Rights (SAPCR). At the local level (Regional Council) is the Unit for the Rights of the Child, and the Children's Protection Unit at the municipality level to work with non-profit organizations in line with rules determined by the Council of Ministers. Health services for violence against children are part of the basic package of primary health-care services, which is provided in both urban and rural areas. Furthermore, these services are an integral part of reproductive health. Existing services are mainly focused on the detection and protection of victims, and further efforts are needed to develop preventive programmes and evidence-based practices tailored to the country context.

In line with the *European report on preventing child maltreatment, Investing in children: the European child maltreatment prevention action plan 2015–2020* and the country context, the following recommendations are proposed:

- **Develop a national policy.** Although a child protection strategy is being developed in 2016, there is a need for a comprehensive action plan for the prevention of child maltreatment, which would coordinate the actions of the different sectors. Such a plan should specify who does what, to whom, when and where – this could be stand alone or incorporated into the strategy.
- **Enforce the law on corporal punishment more thoroughly.** The State should promote and encourage non-violent forms of discipline as

alternatives to corporal punishment through social marketing campaigns, thereby changing the traditional norm of violent discipline.

- **Implement evidence-based preventive programmes.** The majority of services provided by institutions in the country are focused on detecting abuse and protecting children from further maltreatment. More emphasis should be placed on implementing evidence-based prevention programmes such as home visits, positive parenting, preventing abusive head trauma, teaching children to recognize signs of sexual abuse, and pre-school and school preventive programmes.
- **Strengthen the systemic response for prevention, multisectoral collaboration and capacity building.** The health, social, police, education and justice sectors should adopt a coordinated approach to delivering quality services for recording, detecting, treating, preventing and protecting children.
- **Improve data collection for monitoring, evaluation and research.** The differences between the recorded cases of abused and neglected children and research data indicate the requirement for improving the system for data collection. The health and social protection system also needs strengthening in order to adopt standardized approaches and collect valid data on mortality, morbidity, socioeconomic status and risk factors.
- **Address equity in prevention of child maltreatment.** The relevant data suggest that the development of national and local action plans and programmes should take into account socioeconomic inequalities such as by rural/urban areas and region.

1. INTRODUCTION

Child maltreatment (CM) is a significant public health problem that has a serious impact on the health and well-being of children. Globally, millions of children suffer from some form of violence. At the WHO Consultation meeting on child abuse prevention in 1999, CM was defined as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting 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” (1). Four types of CM are recognized: physical, sexual and emotional (psychological) abuse, and neglect (1).

World Health Assembly resolution WHA 56.24 put violence on the international agenda, highlighting the importance of this major public health problem (2). Later in 2005, the Regional Committee resolution, EUR/RC55/R9 on the prevention of injuries in the WHO European Region, gave high priority to the prevention of violence and unintentional injury (3). The United Nations Secretary-General’s study on violence against children brought renewed policy attention to end violence against children (4). The United Nations Convention on the Rights of the Child (CRC) has been an influential instrument for protecting children and preventing violence, supporting the best interests of the child (5).

Involvement of different disciplines or a “health-in-all-polices” approach to preventing violence is of crucial importance, and is in line with Health 2020: the European policy framework on health and well-being, and the Sustainable Development Goals (6).¹ The *European report on preventing child maltreatment* provides policy-makers with evidence-based preventive practices to tackle CM (7). The WHO Regional Committee resolution, EUR/RC64/R6: *Investing in children: the European child and adolescent health strategy 2015–2020* and *Investing in children: the European child maltreatment prevention action plan 2015–2020* puts emphasis on improving the health and well-being of children, and reducing the burden of maltreatment and other adverse childhood experiences (ACE) (8).

In Albania, the problem of CM has been addressed by numerous stakeholders, including the Government, ministries, public institutions and nongovernmental organizations (NGOs). The country has made impressive gains in improving the policy and legal framework, but additional efforts are required. This includes developing protocols, guidelines and tools for child protection. In particular, there is a need for greater coordination of the intersectoral response to prevent CM (7).

¹ Sustainable Development Goals (<http://www.un.org/sustainabledevelopment/>).

2. SCOPE OF THE DOCUMENT

This document was presented at a national policy dialogue on prevention of child maltreatment in Albania on 2 December 2015. Feedback was obtained on the next steps (Annex 2). Its intended target audience is policy-makers and practitioners.

This document reports on a policy analysis to assess the current situation of CM in Albania, and makes suggestions on how to better prevent it. The aim is to identify gaps and further actions that stakeholders can take to improve the CM prevention policy and evidence-based programming. The framework and evidence base in the *European report on preventing child maltreatment* and

Investing in children: the European child maltreatment prevention action plan 2015–2020 (8) was used as the basis.

Semi-structured interviews were conducted with key stakeholders in Albania in October 2015, focusing on four main pillars: policy framework, legal framework, programmes and sources of information on the burden. This was supplemented by an Internet search for key documents from projects, organizations, agencies (World Health Organization [WHO], United Nations Children’s Fund [UNICEF], United Nations Economic, Scientific and Cultural Organization [UNESCO], and Council of Europe)

and government websites to identify policies, laws, regulations, programmes, and services on CM prevention and protection.² To describe the scale of the problem, data

² The following search terms both in Albanian and English were used: child maltreatment, child abuse and neglect, prevention, protection, domestic violence, ombudsman, children's rights, and child protection organizations.

were obtained from community surveys, and routine information sources from protection, health and judicial services. CM prevention services were provided by the social, health, educational, police and justice sectors, and NGOs (see Annex 1 for the list of relevant stakeholders met during the assessment mission).

3. KEY FACTS AND FIGURES ON CHILDREN IN ALBANIA

The Constitution of the Republic of Albania was adopted by Parliament on 22 November 1998, protecting the democratic values of a national, sovereign, independent State. The Constitution of Albania specifies the structure of the Government of Albania, the rights and duties of the country's citizens, the procedure for passing laws, and defines Albania as a parliamentary republic based on the separation and balancing of legislative, executive and judicial powers (9).

Albania is considered to be the "youngest" country in Europe. According to the Census of 2011, children account for 30% (847 312) of the total population. Children 0–4 years of age make up 5.8% (163 493); those 5–9 years 6.4% (181 697); 10–14 years 8.3% (233 376) and 15–19 years around 10% (268 746), as presented in Fig. 1 (10).

According to the latest Census on Population and Housing in the Republic of Albania, 2011, the total resident population of Albania was 2 821 977. Compared to the 2001 Census, the population has declined by 8%, from 3 069 275. Ethnic minorities make up less than 1.5% of the population, and comprise mainly ethnic Greeks (0.87%), Macedonians (0.2%) and Roma (0.3%).

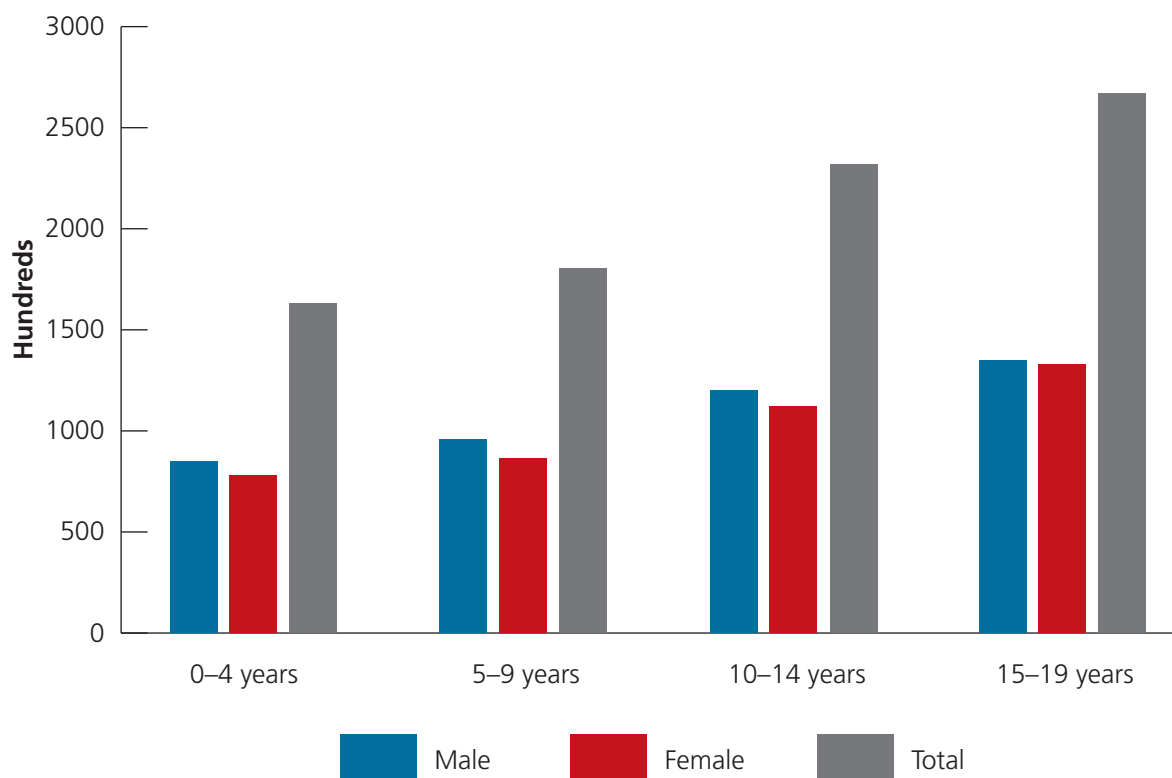
Compared to most of the other European countries, Albania has a large rural population (46%), which has major consequences for different child welfare dimensions, leading to housing and material deprivation, and difficulty in accessing social services. Out of the total population of 268 746 children aged 15–19 years, 11 859 were currently

married; of these, 2557 were males and 9302 were females, as per the Census data. There is also a large migrant workforce, which leaves its children with other carers.

Education in Albania is covered by public and private schools. The illiteracy rate for the population aged 10 years and above is 2.8%; 96.2% of this age group currently attend or have completed school. Additionally, 10.7% of the total population aged 10 years and above is educated to the tertiary level, a significant increase from the 2001 Census (5.5%). Of the population aged 10 years and above, 14.9% are educated up to the primary school level, 40.9% to the lower secondary school level, and 28.4% to the upper secondary level, including both general and vocational schools. Women account for 53.4% of those with primary education compared to 46.6% of men. At the country level, only 1.0% of children in the age group of 7–15 years of age had never attended school (10).

According to the National Institute of Statistics of Albania (INSTAT), the infant mortality rate (deaths per 1000 live births) in Albania has decreased sharply in the past decade in both sexes. In males, it declined from 16.3 per 1000 live births (in 2004) to 9.2 (in 2013). In girls, the infant mortality rate decreased from 13.6 (in 2004) to 6.5 (in 2013) (11). The overall under-five mortality rate declined from 20.7 deaths (per 1000 live births) in 2002 to 8.4 deaths (per 1000 live births) in 2013 (11). According to the absolute poverty rate, 17.7% of children live in absolute poverty, while 1.8% of children live in extreme poverty (12).

Fig. 1. Distribution of children by age group, sex, total as per Census 2011



4. THE EXTENT OF CHILD MALTREATMENT IN ALBANIA

4.1 Background

Child abuse and neglect is a complex health and social phenomenon. It is very difficult to define the real extent of the problem, mainly because victimization of children remains underreported, and because a uniform surveillance and monitoring system is lacking. WHO estimates that in the WHO European Region, 55 million children (29.1%) have experienced emotional abuse, 44 million (22.9%) physical abuse, 31 million (16.3%) physical neglect, and 18 million (9.6%) sexual abuse by the time they are 18 years old. There were 850 reported homicides in children under 15 years of age each year, of which 20% were among girls (7, 13, 14).

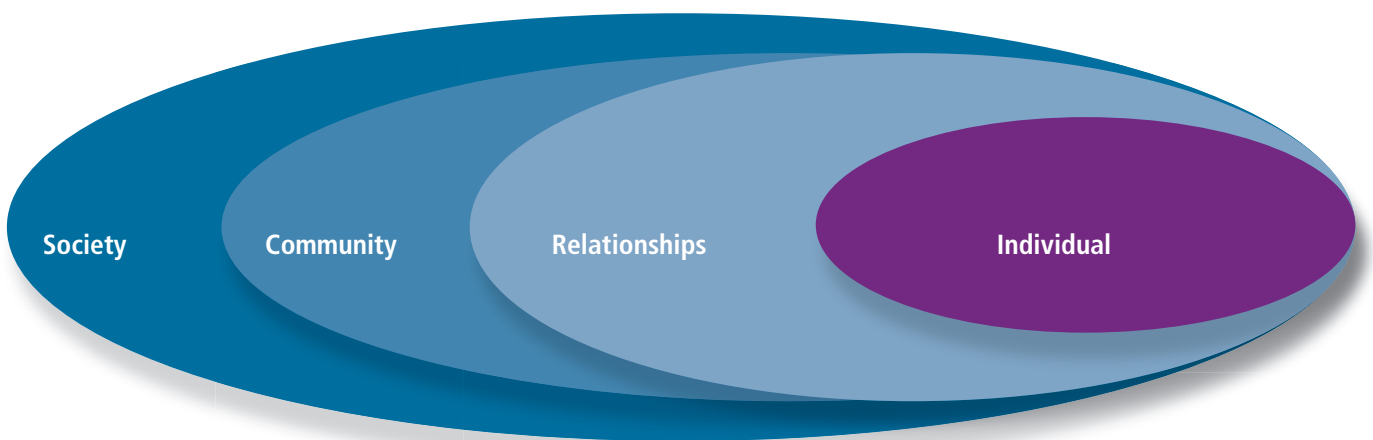
ACEs include both CM and household dysfunction, such as living with a family member with alcohol or drug use problems, mental illness, or who has been imprisoned, or witnessing domestic violence or parental separation. These affect children's development and well-being, resulting in long-term consequences such as health-harming behaviours, which may lead to mental, physical and sexual ill health and even early death (7, 13–15).

An ecological model and public health approach to the problem have been proposed by WHO for the prevention of interpersonal violence, including CM (Fig. 2) (7, 16, 17). There is a complex interaction of risk factors at the individual level (biological and personal characteristics, age, sex, personal history), relationship level (individual's

relationships with family members, relatives, friends and others), community level (socioeconomic disadvantage, poor social capital, availability of alcohol and drugs, violent and deprived neighbourhoods, workplaces, schools and other social networks) and at a societal level (social norms that support acceptance of violence, economic inequalities, poverty, societal conflicts, weak legislation or policy to protect against CM). Intersectoral preventive programmes that address these risk factors have been identified (7).

The problem of CM and other ACEs was studied in eight eastern European countries (Albania, the former Yugoslav Republic of Macedonia, Latvia, Lithuania, Montenegro, Romania, the Russian Federation, and Turkey). The combined analysis of these studies has shown that ACEs are very common in these countries and that there is a strong association with health-harming behaviours in young adults, with much higher risks of alcohol and substance use, tobacco use, risky sexual behaviours, early pregnancy and attempted suicide (18).

Fig. 2. Ecological model of interpersonal violence prevention



4.2 Studies of child maltreatment in Albania

A study entitled “Community survey on prevalence of adverse childhood experiences in Albania” was conducted on a representative sample of university students in 2012 (N = 1437; 67.6% females, 32.4% males) (19). Results indicated a high prevalence of CM, with physical (around 40%), emotional (around 50%) and sexual abuse (around 6%), and witnessing the mother being treated violently (around 30%). The highest rates were seen in Albania compared to the other countries that conducted ACE surveys. About 14% of the students reported at least four ACEs and almost half of them reported two or more ACEs. Smoking, alcohol and drug abuse were all positively associated with witnessed and experienced physical, emotional and sexual abuse. Student’s rural residence and origin, low parental education, father’s unemployment and low income level were significant predictors of witnessed and experienced physical abuse, bullying and fights. Different forms of violence and other ACEs disaggregated by gender are presented in Table 1. There

was a strong association between ACEs and health-harming behaviours.

The project “Balkan Epidemiological survey on Child Abuse and Neglect” (BECAN) conducted in nine Balkan countries (Albania, Bosnia & Herzegovina, Bulgaria, Croatia, Greece, Romania, Serbia, the former Yugoslav Republic of Macedonia and Turkey) aimed to identify the number of reported and discovered cases of abuse and neglect of children (age group 11–16 years). In Albania, it was conducted on a sample of 3328 children (54% girls and 46% boys). The results indicated that the prevalence of ever experiencing psychological abuse was 69% (62% in the past 12 months). For physical abuse, the lifetime prevalence was 59% (48% in the past 12 months). The prevalence of sexual harassment was 11% (9% over the past 12 months), while that of sexual violence was 4.9% (4% over the past 12 months). The prevalence of neglect was 26% and incidence 22%. The data disaggregated by gender indicated that girls reported higher rates of abuse (70% prevalence/63% incidence), compared to boys (67% prevalence/60% incidence) (20).

Table 1. Distribution of adverse childhood experiences (ACEs) in Albania, 2012

ACE (during the first 18 years of life)	Male (%)	Female (%)	Total (%)
Physical abuse	44.4	40.1	41.5
Emotional abuse	51.1	51.1	51.1
Sexual abuse	8.8	4.7	6
Physical neglect	10.1	4.8	6.5
Emotional neglect	15.7	9.1	11.2
Household dysfunction			
Illicit drug use	2.1	1.3	1.6
Alcohol misuse	21.7	20.0	20.5
Mental illness in the family	6.4	6.9	6.8
Witnessed mother being treated violently	30.9	29.7	30.1
Incarcerated family member	2.6	4.3	3.8
Separated/divorced parents	8.2	5.9	6.6

Source: Community survey on prevalence of adverse childhood experiences in Albania. Copenhagen: World Health Organization Regional Office for Europe; 2014.

Albania conducted the “Health Behaviour in School-aged Children” (HBSC) study in 2012/2013, on a representative sample of 4898 pupils (2507 girls and 2391 boys) who attend school. Around 35% of the children aged 11, 13 and 15 years reported that they had been injured at least once during the past year, in such a manner that they needed medical intervention. Out of these, 11% required serious medical interventions, including hospitalization (21). Modules on child maltreatment were not included but are planned for the future.

The study “Violence against children in Albania, 2006” was conducted on 1500 children. Every second child at home and every third child in school stated that the violence against them was justifiable. The majority of respondents stated that physical violence is more harmful than psychological violence. It therefore seems that psychological abuse is perceived as acceptable and

justifiable, both at home and in school. Additionally, physical violence was found to be more common among the less educated households, whereas psychological violence was more frequent in households with more years of schooling (22).

According to the results obtained from a study on victims of domestic violence in 2013 and parental attitudes toward child discipline, 28.6% of the participants thought that children should be slapped for mistakes that they make, while 7.7% said that they beat their children with a belt or hard object. Twenty-six per cent of the participants thought that their children should be punished and made to do housework, 35% used alternative punishments (e.g. forbidding them to play with mates, or making the child stay in his/her room). However, 6.9% of participants stated that slapping or beating children with a belt or stick cannot be considered as domestic violence (23).

“Domestic violence in Albania: national population-based survey” in 2013 assessed the impact of domestic violence on children. The study generally focused on violence against women, ($N = 646\ 878$), but provided data on children who witnessed violence as well. Thus, around 86.4% of women reported that their children witnessed domestic violence, 42.8% reported that domestic violence caused learning problems in their children, 31.2% reported that their children lived in fear, 19.2% reported that their children were hurt or injured due to the domestic violence, and 5.5% reported that their children left home to live with their relatives (24).

The “Study on children in street situation in Albania”, 2014 was based on an observational count of children from 0 to 18 years of age with some connection to the street (living and/or working there on a seasonal or transitory basis). A total of 2014 children were identified in August 2013 and 2527 children in October 2013. The main demographic findings showed that the majority of children in street situations were boys aged 10–17 years (in both counting phases). Twice as many boys were seen than girls (70.1%/29.9% in wave 1; 74% boys/26% girls in wave 2). Furthermore, 30% reported that their parents forced them to work, while 4% reported pressure from other adults (25).

“Children on the move in Albania”, 2014 studied the issue of children’s movement (children who are obliged to move for various social and economic reasons). The findings indicated that the main groups of children affected by movement in Albania were children who have migrated but return to Albania periodically, children in street situations, trafficked children, and Roma or Egyptian children. Even though the majority of Albanians connect the frequent movements of this community to its customs and traditions, reports showed that their movement is based on their living conditions, which are characterized by poverty, disadvantage, low employment and social exclusion (26).

The national study “Reforming economic aid: from survival to investment in poverty reduction”, 2011 showed that 26% of families with children up to 18 years, and 28% of all children benefit from monthly cash aid. Around 23% of

families with children up to 18 years of age live below the line of absolute poverty, with 10% living below the line of extreme poverty. From the overall conclusions, it was implied that household economic aid was unlikely to eliminate poverty for families and meet the needs for children’s livelihood (12).

The Institute of Statistics (INSTAT) of the Republic of Albania, in collaboration with the International Labour Organization (ILO)/International Programme on the Elimination of the Child Labour (IPEC), conducted the first national child labour survey, 2012 in Albania. The aim was to provide valuable information regarding the child labour situation in 7319 households, of which 6003 had children between the ages of 5 and 17 years. The results indicated that around 5.1% of all 5–17 year olds are child labourers, of whom 56% are engaged in hazardous work. Around 28.5% of working children are between the ages of 5 and 13 years (prohibited to work by national legislation) (27).

The 2008–09 Albania Demographic and Health Survey (ADHS) is a nationally representative survey that collects and provides information on the demographic and health characteristics of the population. The results showed that around 1% of young women and men aged 15–24 years had their first sexual intercourse before the age of 15 years. The new ADHS is planned to be conducted in 2016/17 and will have questions on corporal punishment by parents, and enable follow up of the trends in implementation of the law on the ban of corporal punishment and child disciplining.

Regarding child discipline, results showed that 68% of children were subjected to psychological punishment. Minor physical punishment was reported in 58% of children, while 14% were subjected to severe physical punishment. Furthermore, children in rural areas were twice as likely as those in urban areas to experience severe physical punishment (18% and 9%, respectively). Around 22% of children experienced non-violent disciplining. The data are somewhat different from those of the Albania Multiple Indicator Cluster Survey (MICS) 2005, which found that 49% of children experienced some kind of violent disciplining, 46% minor physical punishment, and 9% severe physical punishment (28, 29).

5. POLICY AND LEGAL FRAMEWORKS TO PROTECT CHILDREN FROM ABUSE AND NEGLECT IN ALBANIA

5.1 Policy framework

Several policy documents protect and prevent children from child abuse and neglect. The *National Strategy and Action Plan for Children 2005–2010* represents a significant step forward in relation to children's rights, underlining the need to systematically coordinate and harmonize intersectoral policies (30). The National Strategy has been the base for developing the *Action Plan for Children 2012–2015* (31). Objectives and measures for protection of children's rights focus on protection from violence, abuse and economic exploitation, and aim not only to protect children, but also prevent, detect and address the various forms of child exploitation and abuse (31).

Policies on children's rights are an important component of the *National Strategy for Development and Integration 2007–2013* (NSDI). Children are protected by ensuring their social and civil rights. (32).

The Social Inclusion Cross-cutting Strategy, 2007–2013 provides a comprehensive set of sector strategies. A sector strategy outlines the goals and strategic priorities that fall within the scope of the respective line ministry, and aims to consolidate fragmented strategies of various ministries. Targeted priority areas include alleviating child poverty; improving access to services for vulnerable groups; tackling barriers to participation for Roma, people with disabilities and older people; and reducing domestic violence (33).

The National Strategy on Gender Equality and Reduction of Gender-based Violence and Domestic Violence, 2011–2015 and the detailed action plans articulate ways by which to include gender issues in public policies, reduce gender disparities through women's inclusion in decision-making, empower women and girls, and prevent gender-based violence. It focuses on changing the society's attitudes, particularly those of young people; educating the population and launching awareness-raising campaigns; providing assistance to all victims of domestic

violence; and counselling and providing information to all victims on how to access supportive services and legal support (34).

The Strategic Document on Reproductive Health, 2009–2015 has objectives related to the prevention of CM such as: preventing problems of maltreatment and violent behaviour among children and adolescents; reducing the incidence and consequences of domestic violence; preventing abuse and neglect towards children; and promoting children's psychosocial development and mental well-being. Additionally, for adolescents, it is directed at preventing unwanted pregnancies and ensuring support for young adolescent mothers, as well as preventing and managing HIV/AIDS. Within the framework of this strategic document are the following objectives: preventing and protecting victims of gender-based violence (especially women and children); defining support structures at all three health-care levels to detect and prevent the effects of violence; improving the capacities of health-care and support personnel working in the reproductive health services to prevent and treat domestic violence; health promotion, education, awareness on the prevention and treatment of domestic violence; and establishing a unified health system to collect data and process information on violence (35).

The Public Health and Health Promotion Strategy: towards a healthy country with healthy people gives priority to and invests in prevention policies, such as social policies that create a supportive environment for good parenting, and health policies that promote reproductive health and well-being; high-quality health care during pregnancy, childbirth and early life; and high-quality developmental and preventive services (36).

The National Strategy and Action Plan for the Fight against Child Trafficking and the Protection of Child Victims of Trafficking, 2008–2010 focuses on the following strategic goals: (i) ensure the identification of all trafficked persons and provide for all forms of exploitation, and their

immediate referral to assistance services, including safeguarding their legal stay for recovery and reflection; (ii) ensure comprehensive social assistance and protection to all trafficked persons, according to individual needs and regardless of their willingness to cooperate with the authorities in criminal prosecution; and (iii) foster rehabilitation and social inclusion of trafficked persons (37).

Albania has made significant progress towards the development of a policy framework for protection against CM within various policy and strategic documents. Most of the policy documents focus on the aspects of protection of suspected cases of child abuse and neglect, while the prevention aspects are underestimated and should be further strengthened. The actual policy framework focuses on several preventive programmes: patronage nursing programmes (specially trained nurses who conduct home visits); social awareness campaigns to change societal attitudes, particularly those of young people; providing a supportive environment for good parenting; and behaviour change programmes in schools. At present, Albania is preparing several policy documents that could integrate and anticipate prevention as an essential and integral part of a system that is targeted at the well-being of children and combating child abuse and neglect. A focus on prevention of CM needs to be included in the following draft health policy documents that are under development in 2016: National Action Plan on Children (2016–2020) (expected June 2016), Action Plan of Health Promotion, 2016–2020 (June 2016), Strategy of Noncommunicable Diseases, Strategy of Reproductive Health, 2016–2020, and the Strategy of the Health Sector (planned to be developed up to June 2016).

Importantly, the Ministry of Social Welfare and Youth and its National Agency for Protection of Children's Rights with the support of the Council of Europe developed a white paper on child protection, "Future of integrated child protection system in Albania" (38). This presents a vision of how to improve children's outcomes in Albania through an effective and integrated child protection system and is an opportunity to integrate CM prevention programmes. The accompanying Law on Child Protection is also being developed (June 2016).

5.2 Legal framework in Albania

In the past nearly two decades, the Albanian Government has taken important steps to develop a legal framework that protects the human rights of vulnerable groups, especially children, in line with international

documents and standards, as well as ratifying international conventions/protocols. Although this process has been facilitated by the international community, more systematic harmonization in the legal framework is required by the national authorities.

According to the Albanian Constitution,³ Article 54, children, pregnant women and new mothers are entitled to special protection by the State. The same Article provides a regulation that children born out of matrimony have equal rights as those born in matrimony; and that every child has the right to be protected from violence, abuse, exploitation and use for work, especially under the minimum age for child labour, which can harm the child's health or endanger life and normal development.

Albania has made great progress towards developing the legal basis for prohibiting all forms of violence, especially the ban on corporal punishment in all settings, including home settings. Article 3(c) of the Law on the Protection of the Rights of the Child⁴ defines "psychological violence" as involvement of actions causing damage to the physical, mental, moral and social well-being of the child resulting, among other things, in constraints to his/her freedom of movement; degrading, threatening, intimidating, discriminating, and scornful handling; or other forms of hostile or rejecting treatment by parents, siblings, grandparents, legal representative, relatives or any other person responsible for child care. Article 3(ç) defines "physical violence" as "every attempt to damage or cause actual physical damage, or injury to the child, including corporal punishment, which is not accidental". Regarding sexual abuse, in Article 24, the Law states that the child shall be protected from trafficking, inducement and any form of sexual exploitation and abuse. He/she shall be protected from: (a) unlawful sexual activities; (b) prostitution or other unlawful sexual practices; (c) appearance or involvement in pornographic materials; and (d) child sale.

Corporal punishment is defined in Article 3(f): "as any form of punishment resorting to the use of force aimed to cause pain or suffering, even in the slightest extent, by parents, siblings, grandparents, legal representative, relative or any other person legally responsible for the child". Corporal punishment includes such forms as: beating, torturing, violent shaking, burning, slapping, kicking, pinching, scratching, biting, scolding, forced action and the use of substances that cause physical and mental discomfort. Article 21 of the same Law states that

³ Constitution of the Republic of Albania, 1998

⁴ Law on the Protection of the Rights of the Child, No. 10347, 2010

the child shall be protected from any form of: (a) physical and psychological violence; (b) corporal punishment and degrading and humiliating treatment; (c) discrimination, exclusion and contempt; (d) maltreatment and abandonment; (e) disrespect and neglect; (f) exploitation and abuse; and (g) sexual violence. In addition, Article 26 of the Law states: “No child shall be subjected to torture, punishment, and cruel, inhuman or degrading treatment.”

Corporal punishment is explicitly prohibited in schools, based on the Law for the Pre-University Educational System,⁵ 1995, Article 36(2) which states: “The individuality and human dignity of the pre-school child and pupil is respected. It is protected from physical and psychological violence, discrimination and isolation. In kindergarten and schools, it is categorically prohibited to have children made subject to corporal punishment or hazing.”

The Criminal Code,⁶ as amended in 2008, punishes “physical or psychological abuse of the child by the person who is obliged to care for him/her” with imprisonment from three months to two years (Article 124b). The last amendments of the Criminal Code⁷ in 2013 provide a guarantee for adequate protection of children from sexual crimes and economic exploitation. Such changes align the Albanian criminal legislation with international legislation, especially with the Council of Europe Convention (39). Article 1 adds: “to protect the best interest of children”. In addition, Article 50 (e/1) is amended as follows: “committing a crime during or after the legal orders for protection from domestic violence are issued”. In the Code, a new crime is added, specifically Article 107a, regarding violence of a sexual nature. Article 108 has been fully amended to offer protection from sexual crimes for children 14–18 years of age. Another novelty of the Code is sexual assault, including of children, defined in a new paragraph of Article 108a. Furthermore, child pornography is fully regulated by Article 117 of the Criminal Code, whose recent amendments consider possession, recruitment and other forms of pornography as a crime. Suitable attention is given to the protection of children from economic exploitation. Article 124b of the Criminal Code includes all forms of child exploitation. According to the new article: “Coercion, exploitation, inducement or use of children to work, provide incomes, beg or carry out actions that damage his/her mental and/or physical development, or education, is sentenced from two to five years imprisonment.”

The Law on measures against domestic violence⁸ through Article 1, aims: (i) to prevent and reduce domestic violence in all its forms by appropriate legal measures; (ii) to guarantee protection through legal measures of family members who are victims of domestic violence, paying special attention to children, the elderly and persons with disabilities. According to the Law, Article 3, “violence” is defined as any act or omission of one person against another, resulting in violation of physical, moral, psychological, sexual, social and economic integrity. “Domestic violence” is defined as any act of violence pursuant to point one of this Article committed between persons who are or used to be in a family relationship.

Protection of the child is also provided by the Law on Protection from Discrimination⁹ 2010, which ensures the right of every person: (i) to equality before the law and equal protection by law; (ii) to enable equal opportunities and possibilities to exercise rights, enjoy freedoms and take part in public life; (iii) to effective protection from discrimination and from every form of conduct that encourages discrimination.

The People’s Advocate (Ombudsman) was established in 1998, after the adoption of the Constitution of the Republic of Albania and in 1999, the Assembly adopted the Law on the People’s Advocate.¹⁰ This legal basis lays down virtually all the rights and functional duties of the People’s Advocate. The latest amendments of the Law on the People’s Advocate¹¹ (Law no. 155/2014 of 27.11.2014) provide the legal basis for the establishment of a special section for the protection and promotion of human and children’s rights within the structure of the People’s Advocate to guarantee the implementation of the Conventions on the Rights of the Child and promote children’s rights in the Parliament, Government and civil society. The People’s Advocate can also act as a mediator in interinstitutional relations, influence national policies and organize forums where the voice of children can be heard. The subsector focused on children’s rights has been set up within the Ombudsman’s office, with the prospect of turning it in the long run into an independent institution of the Children’s Ombudsman. Even though it is not exclusively tasked with addressing violence against children, it does have the powers to handle complaints relating to violence against children (and has actually considered some such cases).

⁵ Law for the Pre-University Educational System, No. 7952, 1995

⁶ Criminal Code Law No. 9859, 2008

⁷ Amendments of the Criminal Law No. 144/2013

⁸ Law on measures against domestic violence No. 9669, 2006

⁹ Law on Protection from Discrimination No. 10 221, 2010

¹⁰ Law on the People’s Advocate, No 8454, 1999

¹¹ Amendments of the Law on People’s Advocate, No. 155, 2014

The Law on family – Family Code of Albania, 2003¹² regulates marriage, maternity and paternity, parental responsibility, adoption and guardianship. Article 223 regulates the loss of parental responsibility: “Parents of a child may lose their parental rights through a conviction for committing or collaborating in a criminal act towards their child, as collaborators in a criminal act performed by their child, or if they have been convicted of family abandonment, as long as they have failed to fulfil their family obligations.” Removal of parental responsibility is provided by Article 228 in cases when a parent abuses their parental responsibility or shows grave negligence in its exercise, or creates a harmful effect on the education of the child. In such cases, upon request of the other parent, relatives of the child or prosecutor, his/her parental responsibility can be taken away.

Additional international binding and not binding documents signed by the Government of Albania are

available in Annex 3. The legal bases for the prevention and protection of children from abuse and neglect have been prepared and developed by relevant ministries of the Albanian Government. More effort is required to implement the measures imposed by the legal acts, followed by the development of specific by-laws, protocols and guidelines that would support law enforcement at the regional and local levels. Albania is among the countries that have made major progress in adopting the law on prohibiting corporal punishment in all settings. On the other hand, more effort and actions are needed in conducting public information campaigns and raising awareness about the harmful effects of corporal punishment and use of non-violent forms of discipline as alternatives. This would also include capacity-building activities at different levels to change the traditional norms, values and patterns.

6. SERVICES AND SYSTEMS FOR THE PREVENTION OF CHILD MALTREATMENT

6.1 Social protection sector

The institutional mechanisms at the local and central levels and how they interact to ensure the protection of children’s rights in Albania are regulated through the Law “On the Protection of Children’s rights” and secondary acts. This law provides the structural basis for its implementation at the central and local levels. At the central level, there is the National Council for Protection of Child Rights, which is an advisory body, working with the Minister responsible for coordinating action on the protection of child rights (the Minister of Social Welfare and Youth). The Ministry of Social Welfare and Youth has the mandate to supervise the legal framework for protection of children’s rights, and the State Agency for the Protection of Child Rights (SAPCR) coordinates these actions. One of the main priorities of SAPCR for 2013–2014 was to build a child protection system that provides support and adopts a

multidisciplinary approach to meet the needs of children and families (40).

At the subnational level, the Children’s Rights Unit (CRU) at the Regional Council, and the Children’s Protection Unit (CPU) at the municipality level work with non-profit organizations in line with the rules determined by the Council of Ministers (Articles 32–39). The CRUs and CPUs are responsible for coordinating and implementing child protection services, and managing suspected cases of child abuse and neglect. CRUs operate within the administrative structures of the Regional Council as a specific unit or as a unit attached to other structures dealing with social issues. Currently, there are 12 CRUs established and operating in all the Albanian regional councils. The CPU operates within the administrative structure of a municipality as a specific unit or as a unit attached to other structures dealing with social issues. It

¹² Family Code of Albania, No. 9062, 2003

has the duty to identify and manage cases of vulnerable children living in the catchment area of a municipality and under its jurisdiction. Currently, there are 202 CPUs operating all over the country. With the new territorial reform, it is expected that these structures will be reorganized.

In 2015, the “Protocol for Child Protection” was approved and according to an Inter-Ministerial Order,¹³ all child protection workers as well as members of the multidisciplinary teams/multiagency groups from health, education and law enforcement sectors are obligated to apply and follow it. The number of children at risk managed by the CPUs increased from 1321 cases in 2013 to 1407 in 2014. Out of the total number of cases, 314 were cases of abuse and neglect. Of these, 22.5% had experienced physical abuse, 23.5% psychological, 0.6% sexual and 53.7% neglect¹⁴ (40). The number of cases referred to and confirmed by the CPU is relatively small when compared to those reported in community surveys such as the ACE survey among young people and the BECAN survey, which run into tens of thousands. This implies that many children with CM go undetected.

An action plan “Help for children in a street situation”, coordinated by SAPCR, aims to protect children from all forms of abuse, exploitation and neglect. Sectors such as the social services, police, education, health and employment are involved through an integrated and coordinated approach to protect children and their families (40). About 400 children have been placed in nine residential government centres, and 360 children in 16 NGO centres (41).

A qualitative study was conducted in Albania in 2015 in order to explore the characteristics, social norms and service response to the issue of child sexual abuse (CSA) in the circle of trust. All children in Albania are vulnerable to CSA, irrespective of age group, sex, educational attainment, or socioeconomic status. Notwithstanding the significant improvements in the child protection system in Albania, there is a need to strengthen legislation and law enforcement, increase the number of CPUs and their staff, train personnel, as well as provide specialized, integrated services for the proper management of CSA cases in Albania (42).

¹³ Inter-Ministerial Order No. 10, Dt. 25/02/2015 “On the means, ways of collaboration and procedures of intervention for children at risk, for institutions and main structures for child protection”.

¹⁴ Internal report provided by the SACRP: Challenges and recommendations for the improvement of child protection service at the local level.

A national campaign was conducted in June 2014 with the motto “No to exploitation of children for begging and employment”, aiming to inform citizens about the exploitation of children in a street situation and to denounce this phenomenon. Additionally, since June 2014, a 24-hour free telephone line (116 006) is available to citizens to report these cases.

6.2 Health-care sector

Health-care services for children in Albania consist of primary health-care services and hospital services. Primary health care for children is provided by health centres integrated within the family medicine services (426 health centres and 1570 general practitioners [GPs] all over Albania). In urban areas, child care is provided by paediatricians and nurses, whereas in rural areas, child care is provided by GPs and family physicians, nurses and midwives. In urban areas, for children above 6 years of age, preventive care is provided by school physicians and/or GPs, and family physicians in charge of child care.¹⁵

Health services for children who undergo violence are part of the basic package of primary health-care services, which is provided in both urban and rural areas. Furthermore, these services are an integrated part of reproductive health services, which are included in the same health package, and have been reviewed and approved by a special decree of the Council of Ministers.¹⁶

In all Directorates of Public Health in Albania, there is a professional in charge of violence and gender issues. As of 2012, the Directorates of Public Health report to the Ministry of Health cases of violence that seek health care. A total of 440 reported cases of violence were treated by health-care personnel in 2013.¹⁷

In 2010, the Ministry of Health with support from the United Nations Population Fund (UNFPA) and in collaboration with the National Centre for Social Studies completed *A practical approach to gender-based violence. Guideline for health professionals*, including violence against children (43). This is a unified protocol for reporting, preventing, treating and referring victims of gender-based violence by health-care personnel. This guideline is implemented at all levels of the health-care system, including all services related to violence issues. Therefore, four years ago, the Ministry of Health

¹⁵ Health Insurance Fund, Albania (<http://www.fsdksh.com.al/>).

¹⁶ 16 Decision of Ministerial Council, No. 101, date 4.02.2015, “On approval of the package of health care in public primary health care, which is funded by the Insurance Health Fund”.

¹⁷ Ministry of Health, Albania (<http://www.shendetesia.gov.al/>).

implemented a training programme for primary health-care professionals (personnel of primary health-care centres: physicians, nurses, midwives, professionals at mother and child counselling centres in urban areas, maternity and hospital emergency services) on the reporting, prevention and treatment of cases of violence in the medical system. The training programme has been certified by the National Centre of Continuous Education. Since 2010, 4400 health professionals have been trained from all districts of Albania.

From 2012, the Ministry of Health and Ministry of Education have substantially reorganized health services in school settings, specifying the role of health professionals (physicians, nurses, dentists, psychologists) in charge of health care for children attending nine years of school and high schools in Albania. In 2012, in collaboration with United Nations agencies in Albania, and within the framework of the programme for reforming mother and child health-care services,¹⁸ a school-based package was adopted, consisting of 12 health promotional components in line with the WHO model. This model describes clearly the preventive and educational activities to be carried out by medical staff operating in schools. A component on prevention of violence against children and youth was included. The Department of Health Promotion at the Institute of Public Health has conducted capacity-building training for all health professionals in schools of Tirana and health promotion specialists in Albania.

In 2014, the Council of Ministers approved a decree¹⁹ (Article 2.31) that enables the standardization of the health information to be reported from all health-care providers, both public and private, in the Republic of Albania. Part of the information included in this decree is information about cases of violence that should be reported from health-care institutions in Albania. The system of mandatory reporting should be strengthened in Albania, as there is no legal obligation of mandatory reporting in the current Albanian legislation. Albania is in the process of improving the child protection system and introducing mandatory reporting, so that any person who suspects child abuse, neglect or similar behaviour is forced to report.

¹⁸ Albania success stories in improving mother and child health. Copenhagen: WHO Regional Office for Europe (http://www.euro.who.int/_data/assets/pdf_file/0016/154141/e95980.pdf).

¹⁹ Decree No. 327, dated 25.5.2014 of the Council of Ministers for *Specification of the format and means of data collection and reporting from public and private health care providers*.

6.3 Education sector

The Ministry of Education and Sport has declared the new academic year 2015–2016 as the year against school violence. Aimed at increasing knowledge, improving the quality of life, and providing strong and healthy Albanian children in all pre-university educational institutions, this ministry has prioritized the implementation of a national campaign for prevention of violence in schools. The action plan “Stop violence in schools” has been drafted in collaboration with other concerned ministries and civil society, and is implemented in all schools of the country.²⁰

The Ministry of Education and Sport and UNICEF Albania implemented a programme entitled COMBI (communication for behavioural impact), which was designed for basic education in elementary schools in Albania (levels 1–9) (44). The overall goal of COMBI is to ensure the protection of children from any form of violence (45).

At the regional level, all 12 Regional Directorates of Education have a specialist in charge of the issue of violence against children. These specialists also take part in the sessions of the multidisciplinary teams. They provide technical support, and help to develop and implement individual plans for child victims of violence.

In the past five years, school curricula in the pre-university system have improved considerably to include topics related to child violence and injuries. At the university level, since 2010, the Faculty of Public Health at the University of Medicine in Tirana has included in the curriculum of the Master of Sciences in Public Health the discipline of Epidemiology of injuries, applying the WHO curriculum modules of TEACH-VIP (46).²¹

Although schools provide psychological services,²² neither the distribution nor the coverage of these services is clear. This is due to the fact that the service is not established yet, or is established but not based on a specific ministerial order. Due to infrastructure problems or the geographical location of schools, not all educational institutions are covered by specialists. Also, 25.1% of school psychologists do not have the requisite academic qualifications specified by the regulations (40).

²⁰ Ministry of Education and Sport (<http://www.arsimi.gov.al>).

²¹ University of Medicine, Tirana (<http://www.umed.edu.al/faculties/faculty-of-public-health/programs-of-study.html>).

²² Order No. 344, Date 19.08.2013, “On establishing the Unit of Psycho-Social Service”

6.4 Police sector

The Ministry of Interior through its General Directorate of State Police is the institution in charge of the safety and protection of children from all forms of violence. The General Directorate of State Police has established a Child Protection Division, which is responsible for protecting children from exploitation, abuse, criminal activities towards them, and crimes committed by children. At the local level, a section for minors and domestic violence has been established at the General Directorate of State Police with branches in the 12 regions. They handle cases of domestic violence involving children, and detect and document cases of violence against children (45).

The activity of this sector (service) is supported by international acts, laws and by-laws for this purpose in Albania. The Criminal Code, Law "On the Protection of Children's Rights" and Law "On measures against domestic violence" constitute the legal basis for police action in cases of violence against children. According to the data available from the police (up to September 2015), there were 41 crimes registered in the age group of 0–18 years; 172 health crimes (physical abuse); two crimes against personal freedom; and 46 cases of child sexual abuse (of which eight cases were in the age group of 0–14 years, 18 in children aged 15–18 years; two incest cases and 18 cases of non-contact sexual violence). Furthermore, there were 12 exploited children and 47 abandoned children.

The Working Protocol for Child Protection specifies clearly the tasks of the State Police regarding cases of violence against children (47). According to this protocol, the police should make available friendly and appropriate environments for abused children. There are five friendly environments for children, in Tirana, Vlora, Fier, Korca and Shkodra, but these services are not fully functional.

In the past few years, capacity-building activities have been conducted as well as strengthening of professionals in the State Police on the referral system for child victims. However, there is a need to conduct countrywide capacity-building training.

6.5 Justice sector

The Ministry of Justice has established a separate department that deals with the study and development of the legal system in the field of justice for minors, in accordance with international acts. This Ministry addresses

domestic violence issues through the forensic medical service, bailiff's office and legal defence (45).

Since 2008, alternative sentences have been implemented for juveniles in Albania. These include limited freedom, suspending the execution of a sentence of imprisonment, probation, or working in the public interest, or home stay.²³ Since the introduction of alternative sentences, 1684 juveniles have been given one of the alternative sentences by the courts, which account for 18% of all cases at the national level (40).

The treatment of sentenced juveniles in the Institutions for Executing Criminal Decisions (IECD) is based on a Special Institution Regulation. In 2009, in Kavaja, an IECD for sentenced juveniles was established, which serves as a custodial institution for juveniles coming from other districts, such as Elbasan, Durrës and Kavaja. This institution provides rehabilitative educational programmes, vocational training, and sports and entertainment activities, in accordance with international standards (40).

In October 2014, the General Directorate of the Probation Service with the support of UNICEF launched the programme "Google mapping", which facilitated the identification of local probation service offices and welcome centres for implementation of alternative sentences for juveniles. This programme supports effective management of juveniles in conflict with the law, who have been given an alternative sentence to "work for the public interest", and will improve the cooperation between courts, local units and the probation service (40). In 2014, new amendments to the Ombudsman Law were approved, in which a separate section for protection of children's rights was created (Article 31).

The Ministry of Justice, in collaboration with UNICEF, has drafted the preliminary Strategy for Juvenile Justice 2015–2020, seeking to address a variety of challenges that children face. This document has been sent for consultation.

6.6 Nongovernmental organizations

Various NGOs in Albania work in the area of CM prevention and protection. For the purpose of this analysis, several NGOs have been identified and suggested by the relevant

²³ Law No. 10024, 2008, "On some changes and amendments" in the Law No. 8331, dated 21.04.1998, "On execution of penal decisions", DCM No. 302, dated 25.3.2009, "On approval of the Regulation 'On organization and functioning of the test service and determination of standards and procedures, for supervision of the test of alternative sentences'".

stakeholders in Albania, and are described below. The table of additional NGOs/civil society organizations (CSOs) working on the protection and prevention of child abuse and neglect are presented in Annex 4.

The Children's Human Rights Centre of Albania (CRCA) is a nongovernmental, non-political, non-religious and non-profit organization that has been working in Albania since 1997. Its mission is to promote respect for children and youth rights; to protect them from violence, abuse and exploitation; to develop children and youth rights in Albania; and to increase child and youth participation at the national and local levels. This is done through lobbying and advocacy, improving policy and legislation, capacity building, information and research, and establishment of good models of services for child care and protection. CRCA is the leading organization of the National Network for the Prevention of Child Abuse and Neglect. Together with UNICEF, it led the dialogue between CSOs and the Parliament in advancing child rights in Albania. A parliamentarian group called "Friends of Children" works together to raise the profile of children's rights in Parliament, with a special focus on violence against children (48).

ALO 116 – Child Help Line (ANCH) is a national service that aims to help children through phone counselling, and referring cases to governmental and nongovernmental institutions that provide services for the children. It opened on 1 June 2009 and is supported by UNICEF Albania and implemented by CRCA (49).

ARSIS is an NGO working in Tirana since 2005. It specializes in providing social support to children/youth

who are in difficulty or danger, as well as to advocate for their rights. The main target is prevention of marginalization, elaboration of policies that defend their rights, and active social support for disadvantaged people. It offers services to young individuals and communities that live under conditions of poverty, neglect, victimization, conflict, disapproval, exploitation, isolation, racism, or those who have problems with the law, are institutionalized, have dropped out of school and face social discrimination (49).

The Observatory for Children's Rights is a non-profit Albanian entity established in 2009 as part of the network of CSOs to monitor the situation of children in the country. Through their representatives at the regional level and in cooperation with local governments in municipalities and administrative units, the Observatory collects data from administrative records from health, education, social protection and other local authorities. Supported by UNICEF, the Observatory has set up a consolidated database (DevInfo) with indicators of children's social exclusion in Albania at the regional level. The Observatory is part of the local mechanism for handling cases of children at risk (50).

6.7 Assessment of existing interpersonal violence prevention programmes in Albania

Albania took part in the assessment for the *Global status report on violence prevention 2014* (14). The findings show that some CM prevention programmes are implemented while others need to be scaled up (Table 2).

Table 2. Evidence-based prevention practices and victim support services in Albania

KEY	YES/NO	Once/few times 1	Larger scale 2
Child maltreatment prevention programmes			
Home-visit programmes	YES	1	2
Parenting programme	YES	1	2
Training to recognize/avoid abusive situations	YES	1	2
Youth violence prevention programmes			
Preschool and school enrichment programmes	YES	1	2
Life skills and social development programmes	YES	1	2
Mentoring	NO	-	-
After-school supervision	NO	-	-
School anti-bullying	YES	1	2
Intimate partner violence prevention programmes			
Dating violence prevention in schools	YES	1	2
Microfinance and gender equity programme	NO	-	-
Social and cultural norms-change	YES	1	2
Sexual violence prevention programmes			
School and college programmes	NO	-	-
Physical environment changes	YES	1	2
Social and cultural norms change	YES	1	2
Victim services			
Child protection services	YES	1	2
Medicolegal services for sexual violence	YES	1	2
Mental health services	NO	-	-

Source: Global status report on violence prevention, 2014

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

This report was presented at a national policy dialogue with stakeholders from all sectors, civil society and international organizations on 2 December 2015 in Tirana, hosted by the Ministry of Health, Ministry of Social Welfare and Youth, Ministry of Education and Sport, and WHO (see Annex 2). The meeting was opened by the Deputy Ministers of Health, Social Welfare and Education, who called for the development of a national policy for prevention of CM, to be included with the Child Protection Strategy and Action Plan on Children for adoption in 2016. Although there is a strong legal framework to protect children, stricter enforcement is needed of the ban on corporal punishment. They acknowledged the need for better governance frameworks and capacity building of frontline workers in the health, social, justice and education sectors to strengthen mandatory reporting, information sharing and a multisectoral response in Albania. The emphasis being given to violence prevention programmes in schools in Albania is a welcome development. There was also a need for social marketing campaigns to support the legislation to change behaviour and the traditional norm of using violence in the society. They also called for multisectoral collaboration with prevention programmes to address violence against children in the new National Health Strategy, 2016–2020.

7.2 Recommendations

In line with the *European report on preventing child maltreatment (7)*, *Investing in children: the European child maltreatment prevention action plan (8)*, and taking into account the views and information obtained from relevant stakeholders in the country, including at the national policy dialogue, the following recommendations are proposed. These are in synergy with the interventions outlined in the white paper on child protection, “Future of integrated child protection system in Albania” (38).

1. Develop a national policy on prevention of child maltreatment. Child abuse and neglect are priority areas in several Albanian policy documents, but there is a lack of a comprehensive action plan to reduce the risks and burden of CM. The existing policy documents on CM

mainly focus on protection, and need to be supplemented with a national action plan on preventing CM. The Ministry of Health should develop a comprehensive action plan to prevent CM that would coordinate the actions of different sectors. Such a plan should specify who does what, to whom, how, when and where. The development of the National Action Plan on Children (2016–2020) in 2016, with its focus on child protection, provides an opportunity to ensure that the prevention of maltreatment of children is given the attention it deserves. Developing a prevention action plan would be an essential supplement to this in public health terms. This would require the establishment of a whole-of-government approach coordinated by a multisectoral body and would contribute significantly to improving prevention of CM in the country (7,8,31). Additional efforts should be made to harmonize the definition of CM in different national legislations. Prevention of CM should also feature in the forthcoming Strategy of the Health Sector 2016–2020 as an example of multisectoral engagement by health systems, and be mainstreamed into child and adolescent health policy and programming.

2. Enforce the law on corporal punishment more thoroughly. Although the country has taken appropriate legislative measures to ban corporal punishment in all settings, further efforts should be made to enforce the law and raise awareness about the harmful effects of such punishment. Raising awareness through social marketing campaigns should encourage the practice of non-violent forms of disciplining children as alternatives to corporal punishment (51), and advocate for positive parenting programmes (7,8,14,31).

3. Implement evidence-based prevention programmes. The majority of services provided by the institutions in the country, such as CPUs, are focused on detecting abuse and protecting children from further maltreatment. More emphasis is needed to implement evidence-based prevention programmes, such as home visits, positive parenting, preventing abusive head trauma, teaching children to recognize the signs of sexual abuse, and pre-school and school preventive programmes. The country has initiated some preventive programmes (see

Table 2), but they are not as widely available as the protection services (44,45). Programmes that are implemented should be monitored for effectiveness.

Preventive programmes specifically targeting CM. Home visits by patronage nurses (7,14) in Albania provide support, education and information on early childhood development. As a part of the primary health-care programme, they support families with a newborn child (11,14,28). Further strengthening of the capacities of health patronage nurses would contribute to effectively supporting families in reducing the risks of CM. A parenting education programme is being implemented on a small scale (see Table 2). Additional effort is needed to evaluate the effects of existing programmes in reducing CM, especially for the most vulnerable, poor or single-parent families (14). Evidence from elsewhere suggests that the more effective parenting programmes include Nurse-family partnerships, Incredible Years and Triple-P (7,8).

Mentoring and after-school supervision programmes, although officially in existence, have not been implemented. These should be further developed in order to provide management for children/adolescents, mostly from high-risk families (11,14,28,51). Besides the existing preschool and school enrichment programme, it is also important to improve the school curriculum to include prevention of CM. These include programmes that train children to recognize potentially abusive situations (7,8). On the other hand, the anti-bullying programmes, which are implemented on a larger scale as part of projects, should become an integral and regular part of preschool and school preventive programmes (30). Programmes for the prevention of child sexual abuse should be further strengthened. The health services, such as the nursing patronage system, systematic health examinations, paediatric inpatient and outpatient services should include special protocols in their standard procedures for detecting child abuse and neglect (7,8,14,50,52,53). In health settings such as primary care and paediatric services, it is important to strengthen capacities to identify families at risk of maltreatment and provide them with appropriate counselling programmes, advice and referral (7,8,14).

Other violence prevention programmes can also contribute to reducing CM. The dating violence programme has not been fully implemented in the country, but when implemented, can contribute significantly to developing healthy relationship skills among adolescent dating partners and reduce attitudes that are accepting of violence (7,8,14). Although there is a Law “On protection

of minors from use of alcohol”²⁴ that prohibits alcohol consumption by minors, further effort is needed to lower the levels of alcohol consumption among the young population. The availability of alcohol should be reduced in line with the recommendations of the European action plan to reduce the harmful use of alcohol, 2012–2020 (7,8,14,54,55).

4. Strengthen the systems response for prevention, multisectoral collaboration and capacity building.

The health, social, police, education and justice sectors should have a coordinated approach to delivering quality services for recording, detecting, treating and preventing maltreatment, and aim to develop an integrated system for protection. The roles and responsibilities of each of the actors in the multisectoral teams should be operationalized by clear standards and procedures of performance in preventing CM. Exchange of knowledge and best practices in the prevention of CM should be available for professionals from different sectors, using national, regional and international resources (7,8,14). The use of materials such as TEACH-VIP and the associated short courses on CM should be mainstreamed.

5. Improve data collection for monitoring, evaluation and research.

The differences between recorded cases of abused and neglected children and research data indicate the need to improve data collection (44,56,57). The health and social protection systems also need strengthening in order to adopt standardized approaches and collect valid data on mortality, morbidity, socioeconomic status and risk factors. Properly planned community surveys need to be intermittently conducted in order to monitor levels of CM in the community, which does not come to the attention of the health and child protection services. These studies would contribute to identifying the risk factors, forms of abuse and monitoring the progress in preventing CM in the country (7,8,14). The use of the CM module in the Health Behaviour in School-aged Children survey would be an important source of periodically monitoring progress in CM and represent value for money.

6. Address equity in prevention of child maltreatment.

It is very important to address regional inequalities when planning various preventive programmes (11,28,56,57). The relevant data suggest that the development of national and local action plans and programmes should consider rural/urban, regional, and socioeconomic factors when developing universal and targeted programmes in order to reduce inequalities (7,8,14,31).

²⁴ Law no. 9518, dated 18.04.2006 “On protection of minors from use of alcohol”

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ANNEX 1. LIST OF THE RELEVANT STAKEHOLDERS: ASSESSMENT MISSION ON PREVENTION OF CHILD MALTREATMENT

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*Assessment mission conducted in the period 5–8 October 2015; some stakeholders were contacted individually in addition.

ANNEX 2. SUMMARY REPORT OF THE NATIONAL POLICY DIALOGUE ON PREVENTION OF CHILD MALTREATMENT

A national policy dialogue on preventing child maltreatment was held in Tirana, Albania on 2 December 2015, hosted by the Ministry of Health, Ministry of Social Welfare and Youth, Ministry of Education and Sport, and the World Health Organization (WHO). Around 40 participants attended, representing the ministries of health, labour and social welfare, education, the Institute of Public Health of Albania, National Agency for Child Protection, civil society organizations, United Nations Children's Fund (UNICEF), Save the Children, Terre des Hommes and World Vision.

Dr Ledia Lazeri, Head of WHO Country Office in Albania, welcomed the participants and emphasized the whole-of-government approach aimed at prevention of child maltreatment, in line with Health 2020. Dr Dinesh Sethi, Programme Manager, Violence and Injury Prevention at the WHO Regional Office for Europe, highlighted the large burden placed on health systems and society due to the negative consequences of adverse childhood experiences (ACE) and the importance of preventing them.

The Deputy Minister of Social Welfare and Youth, Ms Gentjana Sula, described the strong legal framework to protect children. She noted, however, that enforcement of the ban on corporal punishment needed improvement. There was an opportunity to include prevention as an integral part of the new policy document that will be developed and is due for adoption in 2016 – the Child Protection Strategy and Action Plan on Children.

Deputy Minister of Health Dr Milva Ekonomi highlighted studies that showed the high prevalence of maltreatment, and said that this required a strong policy response. She emphasized the new National Health Strategy 2016–2020 as a vehicle for multisectoral working to address violence against children. She acknowledged the need for capacity building to enable health systems, and primary care and

other frontline workers, to strengthen their mandatory reporting and ensure a multisectoral response in Albania.

Deputy Minister of Education, Ms Nora Malaj, spoke about the emphasis being given to violence prevention programmes in schools in Albania. The aims of these were to change behaviour and contribute to shifting the traditional norms of using violence in the society.

Prevention of child maltreatment

Dr Dinesh Sethi spoke on “Investing in children: the European child maltreatment prevention action plan” and described how WHO would support Member States to attain the three objectives of the plan: better surveillance, stronger policy development and implementation of evidence-based prevention programmes. He emphasized the high societal costs due to maltreatment and the fact that investing in prevention was cost-effective.

Ms Dimitrinka Jordanova Peshevska, WHO consultant in violence prevention, and Dr Gentiana Qirjako, Institute of Public Health and Medical Faculty Tirana, presented a situation analysis on child maltreatment in Albania, developed in consensus with stakeholders from different sectors. They highlighted the strengths and gaps in the area of policy and legal frameworks, analysing the prevention and response services. The results of the country profile of Albania and the next steps and recommendations were also discussed.

Mrs Arba Lazareni, chief of the Child Protection Sector in the State Agency of Children Rights' Protection, presented an overview of the child protection system in Albania, emphasizing the role of the social and health sectors. She presented the new upcoming policy documents, such as the new Action Plan for Children 2016–2020, the new reform focused on juvenile justice, reform on social services as well as a white paper that aims to present the

vision for building an integrated system on child protection in Albania.

The representative of the Ministry of Health, Dr Nedime Ceka, after an overview of all levels of health system responses to child maltreatment, expressed the interest of the Ministry of Health in addressing child maltreatment issues in the new upcoming policy documents, such as the Strategy of the Health Sector 2016–2020, the Strategy of Reproductive Health and the new Action Plan on Health Promotion 2016–2020.

Findings from the ACE and sexual abuse studies

Dr Gentiana Qirjako, principal investigator of the Albanian adverse childhood experience (ACE) survey, showed that the most frequently reported forms of abuse and neglect were physical (40%), psychological (50%), sexual (6%), and witnessing the mother being treated violently (around 30%), with the highest rate in the Albanian population compared to the other nine countries that conducted the ACE survey.

Dr Qirjako presented a qualitative study conducted in Albania in 2015 on exploring the characteristics, social norms and service response to the issue of child sexual abuse (CSA) in the circle of trust. According to the opinion of professionals working in the child protection system, most CSA cases in Albania occur in the circle of trust. CSA affects all children in Albania irrespective of age group, sex, educational attainment, or socioeconomic status. The study conveyed the need for further improvement in the system for prevention of CSA in Albania.

Next steps

A wide-ranging debate followed, covering many important issues such as commitment by different sectors, the need for a national policy to coordinate preventive actions, the need to build capacity and allocate resources, and the importance of sharing data and expertise between different sectors to protect the rights of children and prevent ACEs. Participants agreed that developing a national plan to prevent child maltreatment is an essential policy tool to coordinate prevention actions between the different sectors. The policy momentum of the white paper on child protection presented an opportunity to incorporate preventive programmes. The situation analysis along with the workshop recommendations would be presented to all the ministries concerned.

- Develop a national policy, and enact and enforce laws on prevention of child maltreatment, and reduce the burden of child maltreatment.
- Implement evidence-based preventive programmes to target risk factors and enhance positive parenting.
- Strengthen the systemic response for prevention through better governance to ensure multisectoral collaboration and capacity building.
- Improve data collection for monitoring, evaluation and research, including from intermittent community surveys.
- Raise awareness of and change attitudes towards corporal punishment.
- Address equity in prevention of child maltreatment.

ANNEX 3. INTERNATIONAL AND NATIONAL LEGISLATIONS

International legislation applied in the country

- **United Nations Convention “On Child Rights”, ratified 1992**
- **Convention No. 138, 26 June 1973, ratified by Law No. 8086, on 13.3.1996** “Convention concerning Minimum Age for Admission to Employment of the International Labour Organization”
- **Convention No. 182, ratified with Law No. 8774, on 23.4.2001** “On the worst forms of Child Labour, 1999”, of the International Labour Organization
- **Hague Convention ratified with Law No. 8624, date 15.6.2000.** “Protection of Children and Co-operation in Respect of Intercountry Adoption”
- **European Convention of the European Council, ratified by Law No. 9359, date 24.03.2005** “On relationships with children”
- **Hague Convention, ratified by Law No. 9443, date 16.11.2005** “On Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children”
- **Hague Convention, ratified by Law No. 9446, date 24.11.2005** “On the civil aspects of International Child Abduction”
- **Council of Europe Convention, ratified by Law No. 9642, date 20.11.2006:** “On actions against trafficking in human beings”
- **Council of Europe Convention, Lanzarote 25.10.2007, ratified by Law 10071, date 9.2.2009** “Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse”
- **Council of Europe Convention, ratified by Law No. 10424, date 2.6.2011** “On the Legal Status of Children Born out of Wedlock”
- **Council of Europe Convention, 25.1.1996, ratified by Law No. 10425, date 2.6.2011** “On the exercise of children’s rights”

Protocols

- **Protocol to the United Nations Conventions** “to prevent, suppress and punish trafficking in persons, especially women and children”, **ratified by Law No. 8920, date 11.7.2002**
- **Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, Albania adhered in the Convention on 22.11.2007**
- **Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, ratified on 02.11.2007**
- **Optional Protocol to the Convention on the Rights of the Child “On the Communication Procedure”, ratified on 14.02.2013**

National legislation related to CMP

- **Law No. 7905, date 21.3.1995** “The Criminal Procedure Code of the Republic of Albania”, amended
- **Law No. 8116, date 29.3.1996** “The Civil Procedure Code of the Republic of Albania”, amended
- **Law No. 9062, date 8.5.2003** “Family Code”

- **Labor Code; Law No. 7961 date 12.07.1995**, amended by Law 8085 date 13.3.1996, and Law 9125 date 29.7.2003
- **Law No. 23/2012** "On some additions and amendments to Law No. 7895, date 27.1.1995 "Criminal code of the Republic of Albania", amended
- **Law No. 7952, date 21.6.1995** "On Pre-university Education System and the Guideline of the Minister of Education 'On Eliminating Violence in Schools'"
- **Law No. 7939, date 25.5.1995** "For migration", amended
- **Law No. 8328, date 16.4.1998** "On the Rights and Treatment of Persons Sentenced to Prison", amended
- **Law No. 8331, date 21.4.1998** "On Executing Criminal Decisions", amended
- **Law No. 8528, date 23.9.1999** "For encouraging/ promoting and protecting Breast-feeding"
- **Law No. 8153, date 31.10.1996** "On the status of Orphans"
- **Law No. 8872, date 29.3.2002** "On education and vocational education in the Republic of Albania", amended
- **Law No. 8876, date 4.4.2002** "On Reproductive Health", amended
- **Law No. 9355 date 10.03.2005** "On Social assistance and Services", amended
- **Law No. 9518, date 18.4.2006** "On Protecting Infants from Using Alcohol"
- **Law No. 9669, date 18.12.2006** "For taking measures against Domestic Violence"
- **Law No. 9695, date 19.3.2007** "On the Procedures of Adoption and the Albanian Committee of Adoption"
- **Law No. 9952, date 14.7.2008** "On Preventing and Controlling HIV/AIDS"
- **Law No. 10039, date 22.12.2008** "On Legal Assistance"
- **Law No. 10173, date 22.10.2009** "On the Protection of Witnesses and the Collaborators of Justice"
- **Law No. 10221 date 4.2.2010** "On Protection from Discrimination"
- **Law No. 10237 date 18.2.2010** "On Safety and Health at Work", amended
- **Law No. 10347 date 4.11.2010** "On the Protection of Children's Rights"
- **Law No. 69/2012** "On Pre-University Education System in the Republic of Albania"
- **Order No. 29, date 02.08.2013**, "On the Procedures of Attending Part Time Basic Education"
- **Order No. 31, date 02.08.2013** "On the Procedures of Attending Basic Education for Children who have not been at least through two Classes in basic Education"
- **Order No. 344, date 19. 08.2013** "For Establishing the Psychosocial Service Unit"
- **Law No. 10454 date 21.7.2011** "On the Transplant of Tissues, Cells and Human Body organs in the Republic of Albania"
- **Law No. 44/2012** "On Mental Health"
- **Law No. 93/2014** "On Involving and Providing Access to Persons with Disabilities"

ANNEX 4. TYPES OF SERVICES AND SUPPORT PROVIDED BY NGOs

Organization	Type of services	Type of support provided	Target groups	Location
ARSIS	Daily centre for children in street situations	Psychosocial support	Children in street situations, victims of trafficking and exploitation and their families	Tirana
Every Child	Child daily care and foster care	Piloting foster care in family	Children	Tirana, Shkodër
Kennedy Foundation	Shelter for abused children	Health service	Children 6–14 years	Korça
Daily centre “Field Flowers”	Daily centre	Child residential service	Child victims of trafficking; orphaned or abandoned children	Durrës
Today for the Future-Center for Community Development		Social services and psychological counselling for women and children	Women & children	Tirana, Puka, Durrës
Center for Service and Integrated Legal Practice		Free legal assistance, free psychosocial counselling, and promotion and protection of children’s rights	Child victims of violence; Roma children	Tirana
The Children’s Human Rights Centre of Albania & ALO 116	Advocacy for children’s rights & telephone helpline	Promoting respect for the rights of children and young people, protecting them from violence, abuse and exploitation; psychological counselling for child victims of violence	Child victims of violence	Tirana
Center for Legal and Civic Initiatives	Advocacy for women’s rights	Psychosocial and legal services for victims of domestic violence	Women and young girls who are victims of domestic violence	Tirana
Psychosocial Center VATRA	Advocacy for women’s and children’s rights	Increasing awareness of the public about human trafficking, domestic violence	Women and children at risk for violence	Vlora
Children of the World and Albania	Daily centre for children	Community services	Children in street situations; Roma children	Tirana

Organization	Type of services	Type of support provided	Target groups	Location
National Association “Education for Life”, SHKEJ	Daily centre for children	Psychosocial support for child victims of violence	Children in street situations	Tirana
“Community Papa Giovanni XXIII” Association	Residential social services for children	Counselling centre; crisis centre for emergencies (trafficking)	Children aged 0–14 years	Shkodra

Source: State Labour Inspectorate (<http://inspektoriati.punes.gov.al/wp-content/uploads/2014/02/Lista-e-Institucioneve-te-Kujdesit-Shoqeror-nen-sup-SHPSHSH.pdf>).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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