

## Prevalence of Childhood Physical Abuse in Albania

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### Abstract

We aimed to describe the magnitude of physical abuse during childhood in a representative sample of young adults selected from public universities in Albania, and to identify relationship between socioeconomic characteristics and behavioural/lifestyle factors associated with adverse childhood experiences (ACE). This survey was conducted in a representative sample of young adults (N=1437) selected from public universities [971 females (67.6%) and 466 males (32.4%)]. The data collection consisted of an anonymous and self-administered structured questionnaire. The prevalence of childhood physical abuse in this student population was 42%. There was no statistically significant sex-difference in self-reported rates of physical abuse. Rural residence was strongly positively associated with students' experience of violence ( $P=0.041$ ), a finding not evident for place of birth. Parental education was strongly, inversely, and linearly associated with experienced violence. As for the lifestyle/behavioural determinants the association of students' physical abuse with lifetime sexual intercourse was remarkable high (OR=74.6, 95%CI=48.5-114.9,  $P<0.001$ ). Also, having more than 3 sexual partners was significantly and positively associated with students' physical abuse ( $P<0.009$ ). Rates of self-reported emotional abuse during the first 18 years of life were significantly higher among students who had experienced physical abuse ( $P<0.001$ ). Similarly, there was a positive graded relationship of student's having experienced physical abuse with the occurrence and frequency of both bullying and physical fights during their first 18 years of life. Of particular importance, the findings of this study conducted in Albania show that appropriate strategies are needed for the prevention of child maltreatment in Albania. Child abuse is a worldwide problem, with a huge impact and serious physical and mental impact in their health. According WHO, every year millions of children are victims of non-fatal abuse and neglect. Different international studies have shown that, depending on the country, between a quarter and a half of all children report severe and frequent physical abuse, which includes being beaten, kicked or tied up by parents (Buchar A., at al, 2006). A UNICEF report published in 2010 states that 52% of children aged 2-14 in Albania experienced violent discipline (physical punishment and/or psychological aggression) in 2005-2006. Half of children experienced physical punishment while a much smaller percentage (6%) of mothers and caregivers thought that physical punishment was necessary in childrearing (UNICEF, 2010). Much physical violence against children is inflicted as a punishment and is accepted by parents, prevailing social norms and even often by law as a correct means of discipline. Only 33 states have actually abolished parental corporal punishment together with other forms of corporal punishment. Albania is part of them from the year 2010.

### 1. Evidence from Albania

After the breakdown of the communist regime in 1990, Albania has undergone major political, social and economic changes including an intensive internal migration from rural to urban areas (Nuri B, at al, 2002). Albania has been described as a patriarchal society (McFarland, 1998; Young A., 2001) and the available evidence points to a high prevalence of different types of violence (Burazeri G. at al., 2005, 2006). A cross-sectional study conducted in Albania in 2003 reported that more than a third of married women (37%) had experienced physical violence within the past year of interview (Burazeri G, 2005). The more empowered women (with university education and in 'white collar' jobs) were at greater risk (Burazeri G, 2006), or they report more willingly intimate partner violence –and interpret violent acts in marriage as violations.

On the other hand, the presence of violence is part of child 'education/upbringing' in Albania. Even children have

absorbed the idea that physical and psychological violence are needed, both at home and in schools. The belief that "Whoever spansks you, loves you" is quite widespread among parents, teachers, and children (Tamo A, at al. 2006).

According to a study conducted by UNICEF in 2006, the majority of adults maintain that physical and psychological violence has positive effects on a child's education, even though they are also aware that there are negative consequences (Tamo A., at al. 2006). The overwhelming majority of respondents think that physical violence is more harmful than psychological violence; as a result, psychological violence is seen as acceptable and useful, both at home and in schools. According to the study, the most common forms of psychological violence exercised against children in the home are: *shouting* (95.3%); *resentfulness* (39.5%); *verbal threats* (39.0%); *name-calling and use of derogative nicknames* (35.8%); *threatening physical violence with an object* (18%). While the main forms of physical violence reported by children both at home/in schools within the last year are: *pulling of the ear* (60.1%/38.5%); *pinching* (55.7%/36.9%); *hitting with an object* (53.0%/51.8%); *smacking* (with an open hand) on the body (52.6%/34.3%) and head (49.2%/35.6%); *pulling hair* (41%/29.7%); *forcible pulling and pushing* (34.6%/39.1%); *kicking* (26.8%/25.8%).

## 2. Methodology

The aim of the survey was to assess the prevalence of physical abuse and the association of students' physical abuse during the first 18 years of life with demographic and socioeconomic characteristics.

A cross-sectional study was conducted in 2011-2012 among 1437 students from public universities in Tirana, Vlora, Shkodra and Elbasan. The overall response rate was 96%. The data collection consisted of an anonymous and self-administered structured questionnaire (The Family Health History and Physical Health Appraisal questionnaires) which consists of 68 questions examining various types of child maltreatment, childhood adversities rooted in household dysfunction, and risk factors.

Due to the gender differences in the questions, the questionnaires used have separate versions for male and female respondents include questions for collecting information on childhood maltreatment.

Physical abuse was assessed by the question:

Did a parent or other adult in the household...

- sometimes, often or very often push, grab or slap you?
- sometimes, often or very often hit you so hard that you had marks or were injured?

Socio-demographic data included student's age, sex and origin (urban areas versus rural areas).

We collected also information on parental educational attainment (0-8, 9-12 and >12 years) and employment status (employed, unemployed, rest).

All students were informed about the aim and objectives of the survey and were explained in sufficient details particularly the aspects related to anonymousness of the study and the successive aggregated data analyses. The survey was approved by the Albanian Committee of Medical Ethics and Ministry of Education.

## 3. Data Analysis

The following methods have been used:

- Chi-square and/or Fisher's exact test were used to compare the distribution of socioeconomic characteristics and behavioural/lifestyle factors in male vs. female students.
- General linear model was used to compare mean values of dependent (numerical) variables by socio-demographic and socioeconomic characteristics of students and their respective parents.
- Binary logistic regression was used to assess the association of physical abuse (dependent variables expressed in a dichotomous/binary scale) with socio-demographic and socioeconomic characteristics of students and their respective parents.

All the statistical analyses were performed using SPSS (Statistical Package for Social Sciences, version 17.0).

## 4. Results

### 4.1 Socio-demographic and socioeconomic characteristics of survey participants:

Overall, 1437 students participated in the survey: 971 females (67.6%) and 466 males (32.4%). Mean age ( $\pm$ SD) of the students was  $21.2 \pm 2.3$  years. 13.8% of the students were born and 7.4% of them live in rural area. 13.4 and 15.5% of students reported a lower educational level (0-8 years) of their fathers and mothers, respectively; 24.8 and 36.6%

reported unemployment of their fathers and mothers, respectively; and 15.4% of students reported a lower family income, 62.6% about the same and 22% a higher family income than the national average.

#### 4.2 Prevalence of physical abuse

The physical abuse during first 18 years of life reported by the students were 41.5% (596). Boys were more neglected physically (10.1% vs. 4.8% respectively), and these differences were statistically significant ( $P < 0.001$ ).

#### 4.3 Association of physical abuse with socio-demographic and socioeconomic factors

Table 1 presents the association of students' physical abuse during the first 18 years of life with demographic and socioeconomic characteristics. There was no statistically significant sex-difference in self-reported rates of physical abuse. There was no association of physical abuse with age. Rural residence was strongly positively associated with students' experience of violence [(OR = 1.5, 95% CI = 1.02–2.25) ( $P = 0.041$ )], a finding not evident for place of birth. Parental education was strongly, inversely, and linearly associated with experienced violence. Father's unemployment was positively associated with students' physical abuse [(OR = 1.52, 95% CI = 1.19–1.93) ( $P = 0.001$ )]. Low income level was a significant predictor of physical abuse among students [(OR = 1.7, 95% CI = 1.25–2.51) ( $P = 0.001$ )].

**Table 1:** Association of physical abuse with demographic and socioeconomic characteristics of the students and their parents

Demographic and socioeconomic characteristics	No physical abuse (N=841)*	Physical abuse (N=596)*	OR†	95%CI†	P†
<b>Sex:</b>					
Male	259 (30.8)	207 (34.7)	1.20	0.96-1.50	0.117
Female	582 (69.2)	389 (65.3)	1.00	Reference	
<b>Age (numerical)</b>	-	-	1.02	0.98-1.07	0.324
<b>Age-group:</b>					<b>0.571(3)‡</b>
18-19 years	176 (20.9)	128 (21.5)	0.90	0.61-1.32	0.577
20-21 years	353 (42)	255 (42.8)	0.89	0.63-1.26	0.514
22-23 years	222 (26.4)	140 (23.5)	0.78	0.54-1.13	0.187
24+ years	90 (10.7)	73 (12.2)	1.00	Reference	-
<b>Place of birth:</b>					
Rural area	111 (13.2)	87 (14.6)	1.12	0.83-1.52	0.449
Urban area	730 (86.8)	509 (85.4)	1.00	Reference	
<b>Place of residence:</b>					
Rural area	52 (6.2)	54 (9.1)	1.51	1.02-2.25	0.041
Urban area	789 (93.8)	542 (90.9)	1.00	Reference	
<b>Father's education:</b>					<b>&lt;0.001(2)</b>
Low (0-8 years)	89 (10.6)	103 (17.3)	2.01	1.43-2.81	<0.001
Middle (9-12 years)	428 (50.9)	306 (51.3)	1.24	0.98-1.56	0.071
High (>12 years)	324 (38.5)	187 (31.4)	1.00	Reference	-
<b>Mother's education:</b>					<b>&lt;0.001(2)</b>
Low (0-8 years)	99 (11.8)	124 (20.8)	2.07	1.50-2.83	<0.001
Middle (9-12 years)	409 (48.6)	270 (45.3)	1.09	0.86-1.37	0.476
High (>12 years)	333 (39.6)	202 (33.9)	1.00	Reference	-
<b>Father's employment status:</b>					
Unemployed	181 (21.5)	175 (29.4)	1.52	1.19-1.93	0.001
Rest	660 (78.5)	421 (70.6)	1.00	Reference	
<b>Mother's employment status:</b>					
Employed	450 (53.5)	299 (50.2)	0.88	0.71-1.08	0.212
Rest	391 (46.5)	297 (49.8)	1.00	Reference	
<b>Income level:</b>					<b>0.002(2)</b>
Low	106 (12.6)	115 (19.3)	1.77	1.25-2.51	0.001
Middle	539 (64.1)	361 (60.6)	1.09	0.84-1.42	0.504
High	196 (23.3)	120 (20.1)	1.00	Reference	-

\* Number of individuals and column percentages (in parenthesis).

† Odds ratios (OR: witnessed violence vs. no witnessed violence), 95% confidence intervals (95%CI) and p-values from binary logistic regression.

‡ Overall p-value and degrees of freedom (in parenthesis).

## 5. Discussion

The prevalence of physical abuse in our study was high (41.5%), showing that this phenomena is a public health concern in Albania. Exposure to violence in childhood may also result in greater susceptibility to lifelong social, emotional, and cognitive impairments, such as anxiety and depressive disorders, hallucinations, impaired work performance, memory disturbances, as well as aggressive behaviour and suicidal acts. It is also related to health-risk behaviours such as smoking, substance abuse and early sexual activity, and hence associated to lung, heart, and liver diseases and sexually transmitted diseases later in life. Child maltreatment and adverse childhood experiences are more likely to occur in association with intimate partner violence (CDC, 2006).

Our findings on a positive relationship with a lower family income and a lower parental education are compatible with several reports which have linked domestic violence with poverty and scarcity of resources (Appel AE, 1998; Fantuzzo J, 1997; Lynch M, 1998). In addition, rural origin was shown to be a significant determinant for physical abuse among children (Burazeri G, 2005). It has been suggested that the explanation for such a positive association between perpetration of violence and rural origin may relate to the cultural norms in rural areas in Albania and the other western Balkan countries, which 'justify' a man's right to exert control over his family members (wife/child) and the weaker sanctions against violent behaviour (Burazeri G, 2005; 2006)

In our study the prevalence of physical abuse during childhood was higher (41.5%) than in some other European countries. Many studies have showed that the role of legislation in physical abuse decreasing is crucial. The studies conclude that information campaigns which are not accompanied by law reform are not very effective, while information campaigns which accompany law reform can have a significant effect on attitudes and behaviour, and that "there can no longer be any doubt about the violence-reducing effect of a ban on childrearing violence" (Bussmann, 2009).

## 6. Conclusion

In conclusion, the high prevalence of physical abuse and its association with socio-demographic characteristics suggests that this is a public health priority in Albania. The prevention of maltreatment and other adversity in childhood demands increased public awareness, legalisation and national policies and programming to prevent and control all forms of violence against children. It includes the prohibition of corporal punishment of children at home and in the society, measures for an early detection and intervention in cases of child maltreatment, and access to services that aim to reduce the health consequences of adverse childhood experiences. There is a need for inter-sectoral effort based on current knowledge on the scale and consequences of child maltreatment, about the risk factors and the evidence base for prevention programmes. Preventive approaches require multidisciplinary approaches involving health, justice, education and social welfare sectors and such actions would be better coordinated with the development of a national action plan on the prevention of child maltreatment. Public health researchers' policy makers and practitioners have a key role to play in the prevention of adverse childhood experiences.

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