

Research Article**Mathews Journal of Case Reports****Prevalence and Health Impact of Violence Among High School Youth in Vlora City****Rezarta Lalo^{1*}, Fatjona Kamberi², Kenedia Lalo³**¹Department of Health Care, Faculty of Public Health, University of Vlore “Ismail Qemali”, Vlore Albania.²Research Center for Public Health, Faculty of Public Health, University of Vlore “Ismail Qemali”, Vlore Albania.³Catholic University Our Lady of Good Counsel, Faculty of Medicine Tirana Albania.**Corresponding Author:** Rezarta Lalo, Department of Health Care, Faculty of Public Health, University of Vlore “Ismail Qemali”, Vlore Albania, **Email:** rezarta_lalo@yahoo.com**Received Date:** 02 Jan 2018**Copyright** © 2018 Lalo R**Accepted Date:** 18 Jan 2018**Citation:** Lalo R, Kamberi F and Lalo K. (2018). Prevalence and Health Impact of Violence Among High School Youth in Vlora City. M J Case. 3(1): 035.**Published Date:** 22 Jan 2018**ABSTRACT**

In recent years, researchers have focused attention on high school youth who are exposed to different types of violence with serious lifelong consequences. The studies conducted in Albania show that many children suffer needlessly from abuse and neglect. The data related to this phenomenon which have such a high impact on the health and well being, made it necessary for me to evaluate the prevalence and health consequences of the violence on teenagers in the city of Vlora too, in order to develop programs and methods for the prevention and treatment of violence. This descriptive transversal study included 350 teens from 3 high schools in the city of Vlora, one public school and two non public ones randomly selected. A structured and self-administered questionnaire was used for data collection. A p values $\leq 0,05$ were accepted as statistically significant. The results showed that the prevalence of the violence on teenagers of Vlora district was 85.7%, with higher result in public schools than non public ones ($p=0.0152<0.05$). Males result to be more violated than female ($p=0.0168$). The highest percentage of the violated age was 15-16 years old with 63.3%. The physical violence was found to be present in 46.6% of the cases, psychological violence 20 %, sexual violence 16.7 %, verbale violence in 10%, economical violence 6.7 %. Psychological consequences dominated as health damage from the abuse. 65% of participants were not treated and only 5% had psychological support. The schools and government professionals should work on the awareness of the teens in order to acknowledge the violence, its forms and the wrong concepts of beating or hitting as educative. The health policies for the promotion, prevention and treatment of the violence whenever and where ever it happens.

KEYWORDS

Types of Violence; Health Consequence; Child Abuse; High School; Vlora City.

INTRODUCTION

The World Health Organization defines violence as the use of physical force or real threat power against oneself, against another person, or against a group or community, which either results in or has any chance of resulting in injury, death, psychological harm, development disability, or deprivation [1, 2]. Thus, violent behavior, especially the use of physical violence, is a significant public health problem worldwide because it has serious personal and social consequences [3]. Young victims are more prone to showing symptoms of depression and anxiety, engaging in unhealthy behaviours, such as smoking, alcohol and drug use, or displaying anti-social behaviours and

suicidal thoughts [4]. Previous research has shown a high prevalence of violent behavior through physical struggle. Pickett et al. reported that adolescent involvement in fighting in North America and Europe varied among countries, ranging from 37% to 69% for boys and 13% to 32% for girls [5]. Youth violence is product of social, cultural, economic and biologic factors. This phenomenon happens in all the European countries. They are one of the causes of health impairment and social inequality, where the groups in disadvantage are in higher risks [6]. Other studies concerning the behaviors of life evaluate as a contributing factor of violence the way

parents and children relate, especially when they use violent communication and behavioral forms; when there is little parental control over their children's school and social life; when adolescents evade from school, relegate their school tasks and have low school performance; when they stay out of the house for long periods and do not notify their parents about their whereabouts in their free time [7].

Just like in other countries there is a high prevalence of child abuse in Albania. The epidemiological project study in Balkans on child abuse and neglect revealed that the prevalence of physical abuse was 59%, the prevalence of the psychological abuse was even higher, 69%, the sexual offence and sexual abuse was 11% and 4.9% respectively. On the other hand the ratio of neglect was 26% [8]. The violence against albanian children is considered as a means of their discipline. Most of the maltreatment happen in community and may not be identified from the child protection agencies. Meanwhile, they are a very important problem of the public health with consequences on mental, physical and reproductive health of the children, and also on the social development [9].

Youth violence in Albania is studied in every aspects related to this issue. Our country has noticeably made progress in the direction of improving the programs and legal aspects, but in the same time there are needed more attempts emphasizing the development of specific policies, the guides, protective and preventive means for this phenomenon [10]. The mentioned data related to the violence among adolescents which have such a high impact on the health and well being, made it necessary for me to study this phenomenon in the city of Vlora too.

AIM AND OBJECTIVES OF THE PAPER

Aim

To evaluate the prevalence and health consequences of the violence among high school youth in the district of Vlore in order to develop programs and methods for the prevention and treatment of violence.

Objectives

- To assess the prevalence of violence and its relation to the gender of the participants.
- To identify the types of violence and its health impact among participating adolescents.
- To asses the distribution of the violated teens according to method of treatment.

MATERIALS AND METHODS

This is a transversal descriptive study, which included 350 teens from 3 high schools in the city of Vlora, one public school and two non public ones. The study was conducted during the

time period February-June 2017 and the instrument for data gathering was a self administered questionnaire. The data was analyzed using the statistical program SAS (Statistical Analysis System) 9.1 version, with $p<0.05$ statistically significant.

ETHICAL CONSIDERATIONS

In order to conduct this study we asked for permission from the institutions, the directories of the schools. We also had permission from the teachers and the teenagers themselves. Based on ethical consideration, we informed the participants for purpose of this study, the privacy and confidenciality making sure to state that the questionnaire was anonymous and the data would not be identifiable.

RESULTS

This study included 350 teenagers, but only 300 of them reported to have been violated, this number shows a 85.7% of violence incidence in the city of Vlore. Table number 1 shows a statistical significant difference according to the gender, ($p = 0.0168$); males predominating with 51.4% of the cases.

Table 1: The distribution of the participants according to abuse and their gender.

Has there ever been any form of abuse against you?				
Variables	Male	Female	Total	
YES	180 (51.4%)	120 (34.3%)	300 (85.7%)	
NO	19 (5.4%)	31 (8.9%)	50 (14.3%)	
Chi Square				

According to the socio-demographic data presented in table 2 and 3, 63.3% of the violated teenagers are of the age group 15-16 years old and 40% of the low socio-economic level.

Table 2: The distribution of abused teens according to the age group.

The distribution of abused teens according to the age group		
Age (years)	Number of abused teens	% of the abused
15-16 years	190	63.3%
17-18 years	110	36.7%

Table 3: The distribution of teens according to their economic level

The distribution of teens according to their economic level		
Economic level	Number of abused teens	% of the abused
Low	120	40%
Medium	140	46.7%
High	40	13.3%

Table number 4 compares the data of violence in public and non public schools. The results show that there is a statistical significant difference between variables ($p=0.0152$) with more violence in public schools, 56% versus 44% of the violence among teenagers in non public schools.

Table 4: The distribution of abused teens according to type of school they attend

Has there ever been any form of abuse against you?			
Variables	Public school	Non public school	Total
YES	168 (48%) 56%	132 (37.7%) 44%	300 (85.7%) 100%
NO	12 (3.4%)	38 (10.9%)	50 (14.3%)
Total	180 (51.4%)	170 (48.6%)	350 (100%)
<i>Chi Square p = 0.0152 < 0.05</i>			

Table number 5 shows a higher physical violence among participants, with 46.6% of the cases, followed by the psycho-verbal violence with 30%. The sexual violence is reported in lower percentages (2%) while the sexual assault is more noticeable (15%), compared to sexual violence.

Table 5: The distribution according to the forms of violence most experienced.

Forms of violence	Number of abused teens	Percentage
Physical violence	140	46.6%
Sexual violence	5	1.7%
Sexual assault	45	15%
Psychological violence	60	20%
Verbal violence	30	10%
Economical violence	20	6.7%

The table number 6 shows an interesting fact, where 100 % of the participants report slapping as a form of physical violence. Also, hair pulling and fist fighting are considered as forms of physical violence expressed on a high percentage, respectively 70% and 64%.

Table 6: The distribution of the teenagers according to the forms of physical abuse.

Forms of physical abuse	Number of abused teens	Percentage
Pushing	70	50%
Slapping	140	100%
Fist fighting	90	64.30%
Strong objects hitting	52	37.10%
Knife or gun threats	11	7.80%
Hair or ear pulling	98	70%
Scratching or pinching	13	9.20%

The results of tables 7 and 8 show different forms of verbal abuse. 100% of the participants report to have experienced yelling, 83% offensive remarks, 96% ongoing critics, and 81% of them are blamed for everything that goes wrong.

Table 7: The distribution of the teenagers according to the forms of verbal abuse.

Forms of verbal abuse	Number of abused teens	Percentage
Offensive	25	83%
Threats	15	50%
Yelling	30	100%
Cursing	7	23%

Table 8: The distribution of the teenagers according to the forms of psychological abuse.

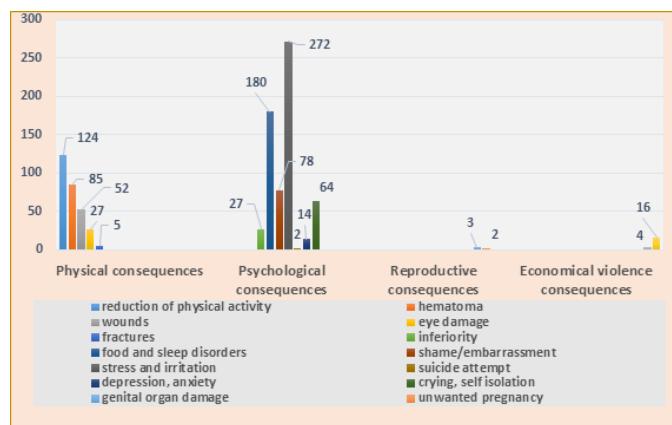
Specify the forms of psychological abuse:	Number of abused teens	Percentage
Ongoing critics	58	96%
Blaming for everything that goes wrong	49	81%
Teasing/irony	22	36%
Grounding	24	40%
Control on clothing	31	51%
Assault /racist comments	4	6%

The various types of violence are reported in alarming numbers in our study, which without any doubt have health consequences on the youth. These consequences are presented in figure 1. We notice that 272 teenagers or about 91% report stress and irritation, 180 or 60% have sleep and feeding disorders, 124 or 41% report a decrease on their physical activity. It is interesting to be mentioned that even though the psychological consequences dominate, there is only a small number of teenagers who report the need to be treated, about 5% (table 9) which shows that there is a lack of this health service in the schools of Vlore city. Also, 65% of the teenagers did not receive any medical treatment, which shows that the consequences of violence are a real problem on the health of teens in our city.

Table 9: The distribution of the teenagers according to the method of treatment.

The method of treatment	Number of abused teens	Percentage
Treatment at the specialist	23	8%
Localized treatment	62	20%
Surgical intervention	7	2%
Psychological support	14	5%
No treatment	194	65%

Figure 1: The distribution of the teenagers according to the consequences from the violence against them.



DISCUSSION

The results of our study showed a high prevalence of violence among teenagers of Vlora district and these findings are similar to the other previous studies conducted in our country listed in the reference section [6,8,11,12,13]. Data on violence according to the gender showed that males reported to have been abused more than females, where physical violence predominated. This was a particular characteristic of the situation on violence among teenagers in Vlora region compared with other studies conducted in Albania [8], which indicate that the abuse is higher in females dominating psychological violence. It is very interesting the fact that there is a low percentage of sexual violence and its consequences such as unwanted pregnancies and abortions, in the contrary to other studies in our country that report high number of unwanted pregnancies and abortions [14-21]. According to a study conducted in the time period of 2010-2015 [12] it is stated that "... The sexual violence in the Albanian family remains unexplored and it is promoted from the traditional and patriarchal behaviors in some minority groups...". This might explain the low number of reporting the sexual violence in our country.

Our study found that a considerable percentage of the abused teenagers come from families with low socio economic level, these findings are similar to other studies that consider the low socio economic level one of the factors that has an impact on the prevalence of violence [10], even though our study is limited on the causes that affect the prevalence of violence. Among the most reported forms of the physical and psycho verbal violence in 100% of the cases were considered "slapping" and "yelling", forms which are the trend in Albania, reported in other studies too, [6,11,15]. Even though Albania has made progress toward the legal protection of the suspected cases of child abuse, the studies [17,18,19] show that the prevention aspects are underestimated and need to be strengthened. This is seen in our study too where there is a very low number of treatment and psychological support of

the participants.

According to the consequences of violence on the health of the teenagers, our study found a high prevalence of psychological impact, followed by the physical consequences, however only 5% of them were treated by a psychologist and 8% had received specialized treatment, these numbers were considerably lower than the actual need for treatment. In a study conducted in 2006 in Albania [12] was reported that most of the participants accepted that physical violence is more harmful than psychological violence, thinking psychological abuse as acceptable and justifiable at home and at school. This explains the neglect of psychological treatment as a consequence of wrong perception that violence among children is considered a means of their discipline [11].

CONCLUSIONS

The data of the study showed a high prevalence of violence in the city of Vlore, predominating the forms of physical and psychological violence. "Slapping, hair/ear pulling", "yelling and swearing", "ongoing critics and blaming teens for everything", were specified as the most frequent forms of physical, verbal and psychological abuse. The most violated age group were 15-16 years old teens and psychological consequences dominated as health damages. There is a low prevalence of frequenting health services in the city of Vlore, which makes it necessary for further empowerment and continuous cooperation of the institutions such as the health, law enforcement, educative and justice, which all should offer a coordinative approach of their qualified services, in order to register, detect, treat, prevent and protect children. They should all aim to develop an integrated system for children's protection. It is recommended broad educative campaigns aiming to change the awareness and information of teens to understand the violence and its forms in the right way, so to change the concepts where "slapping", "pushing", "insulting" are considered forms of violence. Also it is recommended to develop, organize and create initiatives and activities within the school curriculum as well as extracurricular activities which aim to emphasize the preventive strategies of violence against teenagers and the report of this violence.

REFERENCES

1. Leon JC, Carmona J and GarciaP. (2010). "Health-risk behaviors in adolescents as indicators of unconventional lifestyles," Journal of Adolescence, 33(5): 663-671.
2. Rudatsikira E, Muula AS and Siziba S. (2008). "Variables associated with physical fighting among US high-school students," Clinical Practice and Epidemiology in Mental Health, 29(4): 16.
3. Shepherd JP, Sutherland I and Newcombe RG. (2006). "Relations between alcohol, violence and victimization in

- adolescence,"*Journal of Adolescence*. 29(4): 539-553.
4. Foshee V, Reyes H, Gottfredson N, Chang LY, et al. (2013). A longitudinal examination of psychological, behavioral, academic, and relationship consequences of dating abuse victimization among a primarily rural sample of adolescents. *Journal of Adolescent Health*. 53(6): 723-729.
5. Pickett W, Craig W, Harel Y, Cunningham J, et al. (2005). Cross-national study of fighting and weapon carrying as determinants of adolescent injury. *Pediatrics*. 116(6): 855-863.
6. Dimitrinka Jordanova Peshevska. (2016). "An analyses of the prevention situation of child maltreatment, the future progress" World Health Organization, Regional Office for Europe.
7. Malta DC, Porto DL, Melo FCM, Monteiro RA, et al. (2011). Family and protection use of tobacco, alcohol and drugs in adolescents, National School Health Survey. *Rev Bras Epidemiol.* 14 (1): 166-177.
8. Hazizaj A, Çoku B, Cenko E and Haxhiymeri E. (2013). Case-based surveillance study (CBSS) on violence against children in Albania. Tirana: Childrens Human Rights Centre of Albania (CRCA).
9. Haarr RN. (2013). Domestic violence in Albania: national population-based survey. National Institute of Statistics of Albania (INSTAT).
10. Sethi D, Bellis M, Hughes K, Gilbert R, et al. (2013). European report on preventing child maltreatment.Copenhagen: World Health Organization, Regional Office for Europe.
11. Luarasi I, Fuga A, Pilika A and Gadeshi E. (2013). Study about victims of domestic violence and sexual assault in Albania. Tirana: Eldora.
12. Tamo A and Karaj T. (2006). Violence against children in Albania.Tirana: UNICEF Albania.
13. (2009). The National Strategy for the Prevention and Control of HIV/AIDS in Albania 2010-2015 "To keep Albania a country with low prevalence of HIV" Ministry of Health.
14. A Bellis M, Hughes K, Leckenby N, Jones L, et al. (2014). Adverse childhood experiences and associations with health-harming behaviours in young adults: surveys in eight eastern European countries. *Bull World Health Organ.* 92(9): 641-55B.
15. (2015). Institute of Statistics and Institute of Public Health Albania. *Albania Demographic and Health Survey 2014-15 (ADHS)*. Tirana: National Institute of Statistics of Albania (INSTAT).
16. Burazeri G, Qirjako G and Tahsini I. (2015). Child sexual abuse in the circle of trust. Tirana: Terre des hommes.
17. Di Giglio S, Kore Z, Karaj Bolduc E, Bocaj J, et al. (2014). National study on children in street situation in Albania. Tirana: UNICEF and Save the Children.
18. Voko K and Tahsini I. (2014). Children on the move in Albania: response of child protection system to their needs situational analysis. Tirana: Save the Children and Terre des hommes.
19. (2014). Ministry of Labor, Social Affairs and Equal Opportunities. *The action plan for children 2012– 2015*. Tirana; Ministry of Labor, Social Affairs and Equal Opportunities.
20. (2015). Ministry of Social Welfare and Youth. *Future of integrated child protection system in Albania. The vision on how to improve children's outcomes in Albania through an effective and integrated child protection system*. Tirana: Ministry of Social Welfare and Youth.
21. Merdani A." Evaluation of births and abortions among teenagers for the district of Tirana "[PDF] Bulletin-2-2015 - Public Health Institution.