



RESULTS FROM THE GENERAL POPULATION

CHARACTERISTICS OF THE GENERAL POPULATION

The study included 943 respondents (Table 5), with a greater proportion of females (81.5%) compared to males (17.3%) and a small percentage who preferred not to disclose their gender (1.2%).

By age group, 48% of respondents were 18–39 years old, 38% were 40–59 years old, and 14% were 60 years or older. Respondents were almost evenly distributed between urban (51%) and rural (49%) areas.

In terms of marital status, the majority were married (71%), while 29% were single. By education level, 17.1% had primary education, 43.4% had secondary education, and 39.5% had higher education. Regarding employment status, 68% were employed, 19% unemployed, 12% students, and the rest were retired.

Respondents were also distributed across the following income levels:



Low income
(below average) **53%**



Average income **34%**



High income
(above average) **13%**











Regarding access to essential health services, 57% of individuals reported not having access, while 43% reported having access to these services.



During the pilot testing of the questionnaire, some questions were revised based on the results of the analysis to improve clarity and ensure a better understanding of the questions.



Therefore, the results presented in the following sections reflect a number of valid responses based on the specific question/variable, perceptions, and reporting of domestic violence cases.

Characteristics of Respondents	Number	Percentage (%)
 Gender Male Female Prefer not to say	769	81.5
	163	17.3
	11	1.2
 Age group 18–39 years 40–59 years ≥60 years	455	48
	360	38
	128	14
Mean age	41.7 ± 14.1	
 Place of residence Urban Rural	482	51
	461	49
 Marital status Married Single	665	71
	278	29
 Education level Primary (8/9 years) Secondary Higher	161	17.1
	409	43.4
	373	39.5
 Employment status Employed Unemployed Student Retired	645	68
	179	19
	17	12
 Income level Low income (below average) Average income High income (above average)	497	53
	321	34
	125	13
 Access to essential health services No access Has access	535	57
	408	43

KNOWLEDGE OF REPORTING GENDER-BASED VIOLENCE

Results from the survey with the general population



1. DO PEOPLE KNOW WHERE TO REPORT GENDER-BASED VIOLENCE?

71%

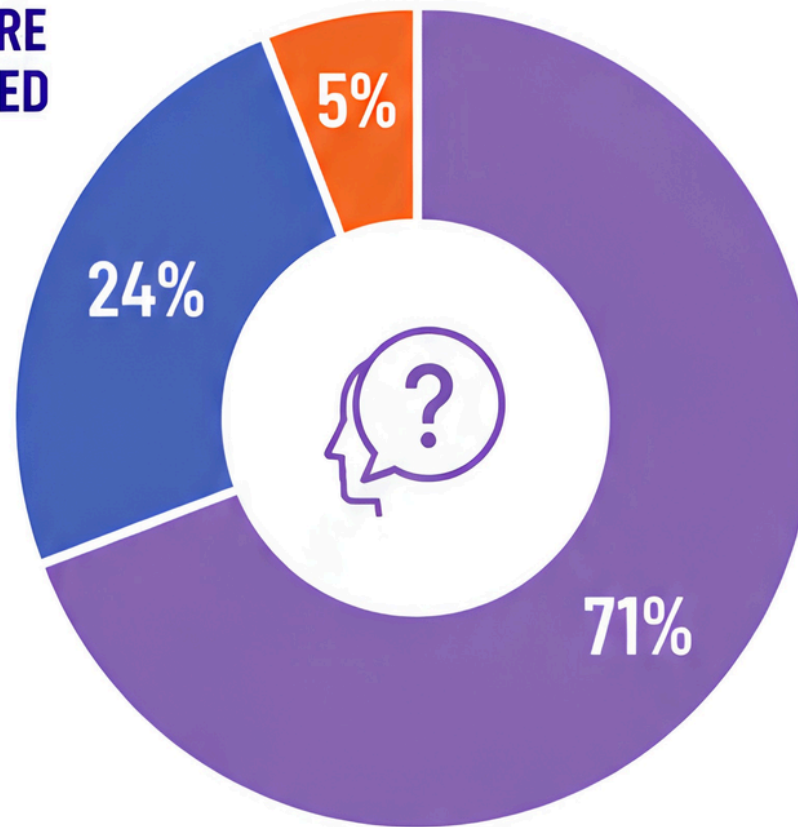
Know where gender-based violence can be reported

24%

Do not know where to report

5%

Do not know / are not sure



Graph 14. Distribution of respondents according to their knowledge of institutions where gender-based violence can be reported



2. INSTITUTIONS CONSIDERED RESPONSIBLE



Police

81.2%



Social Services

42.4%



Primary Health Care Services

35.1%



Media

34.8%



NGOs

32.9%



Educational Institutions

20.5%

Graph 15. Institutions considered responsible for receiving and addressing gender-based violence cases



KEY FINDING

The majority of respondents know where gender-based violence can be reported and identify the police as the primary institution responsible for addressing such cases.



WHY IT MATTERS

Clear knowledge of reporting mechanisms is essential to ensure that survivors can access support and protection services when needed.





INFORMATION AND REPORTING OF GENDER-BASED VIOLENCE

Results from the survey with the general population

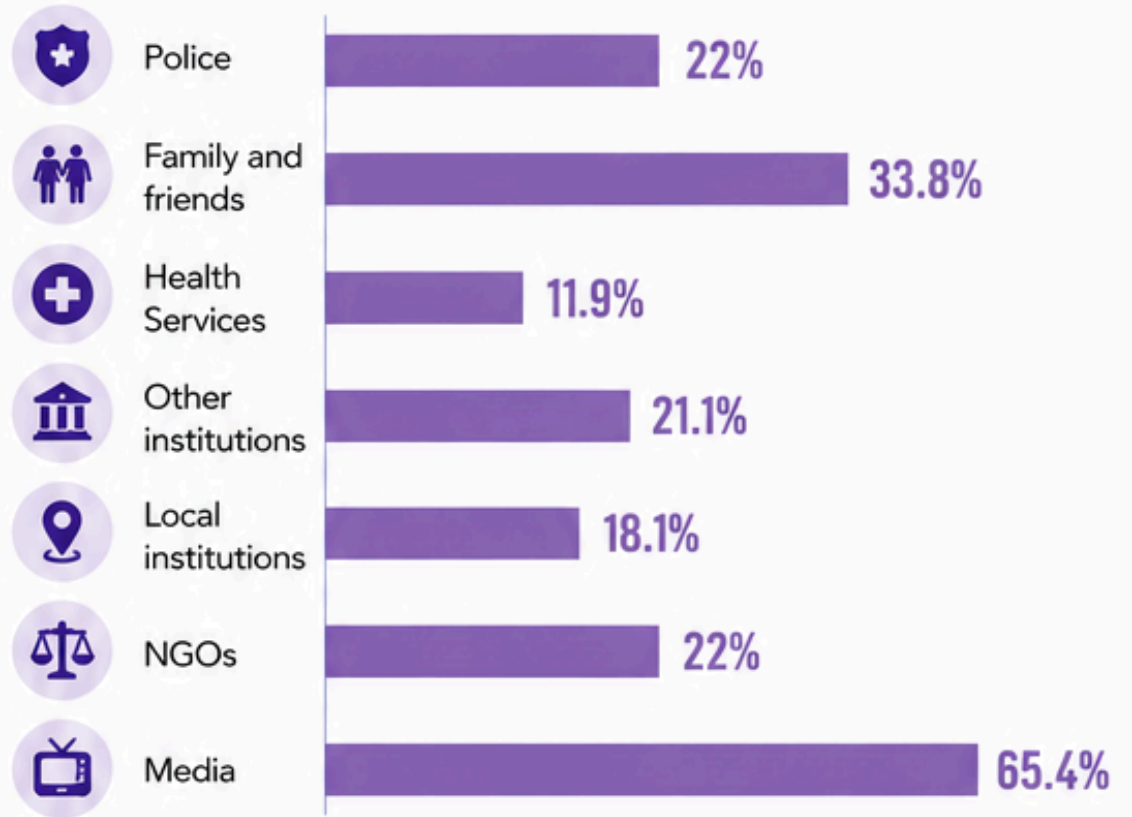


1. SOURCES OF INFORMATION

According to respondents, from which sources have you obtained information related to reporting and addressing gender-based violence in Albania?



The media is identified as the main source of information by **65%** of respondents.

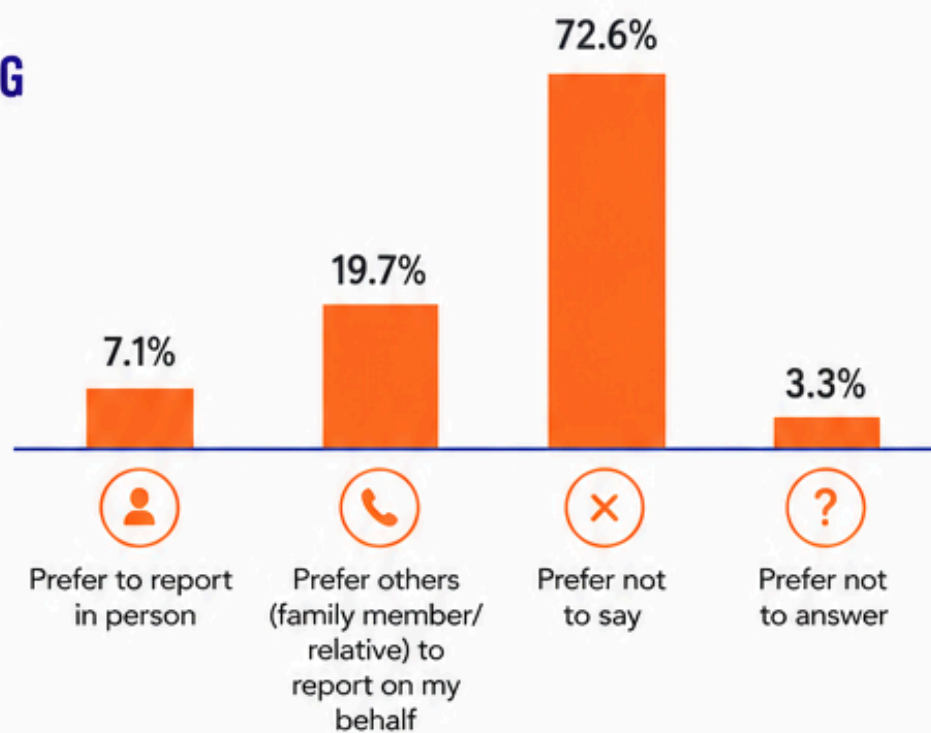


Graph 16. Distribution of respondents according to the sources of information related to reporting and addressing GBV in Albania



2. PREFERENCES FOR REPORTING GENDER-BASED VIOLENCE

According to respondents, how would you prefer to report gender-based violence to health institutions (personal, by phone, or through a family member)?



Graph 17. Distribution of respondents according to their preferred way of reporting GBV to health institutions



KEY FINDINGS

- ✓ The media is the main source of information about reporting and addressing gender-based violence (65%).
- ✓ The majority of respondents (72.6%) prefer not to say how they would report GBV to health institutions.



WHY IT MATTERS

Reliable information sources and safe, confidential reporting options are essential to encourage reporting and ensure survivors receive the support and protection they need.



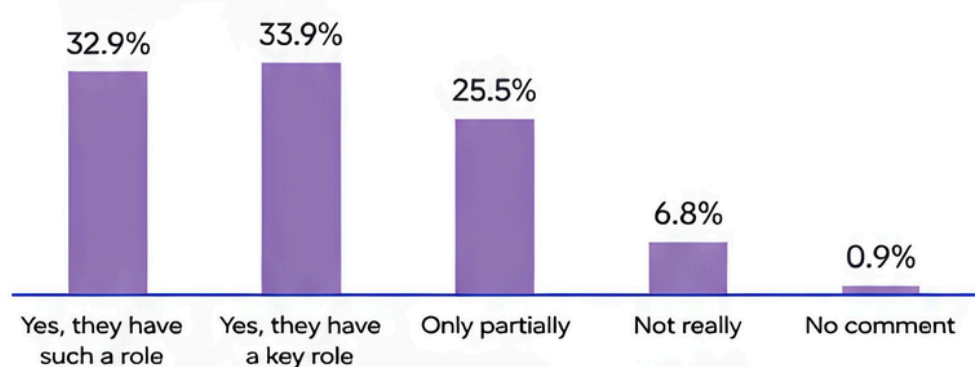
PERCEIVED ROLE OF HEALTH SERVICES IN IDENTIFYING AND REPORTING GENDER-BASED VIOLENCE

Results from the survey with the general population



1. PERCEPTIONS OF THE ROLE OF HEALTH SERVICES IN IDENTIFYING AND REPORTING GENDER-BASED VIOLENCE

Respondents were asked about the role of health services in identifying and reporting gender-based violence cases.



Graph 18. Distribution of respondents according to their perceptions of the role of health services in identifying and reporting GBV



- ✓ 33.9% of respondents believe that health services have a key role in identifying and reporting gender-based violence cases.
- ✓ 32.9% believe they have such a role, while 25.5% think they have only a partial role.
- ✓ 6.8% do not believe health services have this role, and 0.9% did not comment.



2. PERCEPTIONS BY SOCIO-DEMOGRAPHIC AND SOCIAL CHARACTERISTICS

Perceptions about the role of health services vary according to demographic and social characteristics. The table below shows the percentage of respondents who believe health services have a role in identifying and reporting GBV cases.

Characteristics of respondents	Health services have a role in identifying and reporting GBV		p*
	Yes	No	
TOTAL (N=894)	66.8%	33.2%	-
Gender:			
Male	62.5%	37.5%	0.228
Female	67.7%	32.3%	
Age group:			
18–39 years	72.5%	27.5%	<0.001
40–59 years	65.4%	34.6%	
≥60 years	50.4%	49.6%	
Marital status:			
Married	61.1%	38.9%	<0.001
Other	80.9%	19.1%	
Place of residence:			
Urban	90.0%	10.0%	<0.001
Rural	43.4%	56.6%	
Education level:			
Low	9.4%	90.6%	<0.001
Medium	68.1%	31.9%	
High	92.3%	7.7%	
Employment status:			
Employed	64.1%	35.9%	<0.001
Unemployed	62.9%	37.1%	
Other	88.8%	11.2%	
Income level:			
Low	88.2%	11.8%	<0.001
Middle	85.7%	14.3%	
High	50.6%	49.4%	
Access to health services:			
Yes, easy access	94.0%	6.0%	<0.001
No, difficult access	32.1%	67.9%	

* p-value according to Fisher's exact test.

Table 7. Distribution of respondents by perception of the role of health services in identifying and reporting GBV in Albania (N=894)



KEY INSIGHTS



Younger respondents (18–39 years), those with higher education levels, and those living in urban areas are more likely to recognize the role of health services.



Respondents with easier access to health services are more likely to see a role for health services compared to those with difficult access.



Those with lower education levels and lower income are less likely to perceive a role for health services.



Respondents who are unemployed and those with lower income levels tend to have a weaker perception of the role of health services in addressing GBV.



WHAT THIS MEANS

The findings suggest the need to strengthen the perceived role of the health sector in addressing gender-based violence, especially among groups with lower education, lower income, and limited access to health services in Albania.



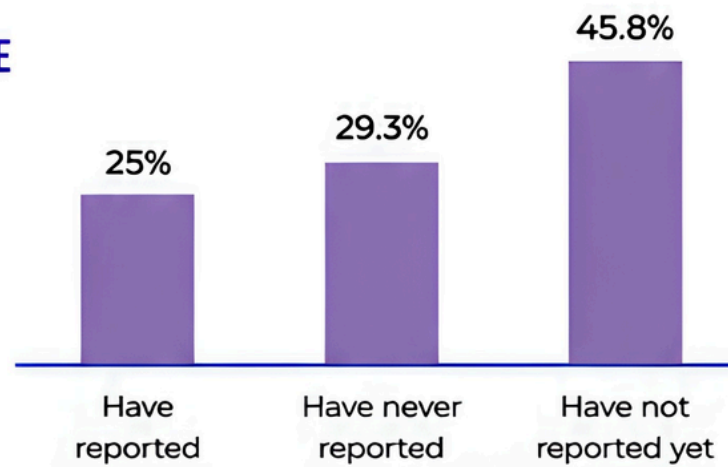
EXPERIENCES AND TRUST IN HEALTH SERVICES FOR REPORTING GENDER-BASED VIOLENCE

Results from the survey with the general population



1 REPORTING OF GENDER-BASED VIOLENCE TO HEALTH SERVICES

Of the respondents, 70.8% know at least one institution where gender-based violence can be reported, 23.3% do not know any, and 5% preferred not to answer this question.



Graph 19. Perceptions of respondents who have reported to health professionals for identifying and addressing GBV in Albania

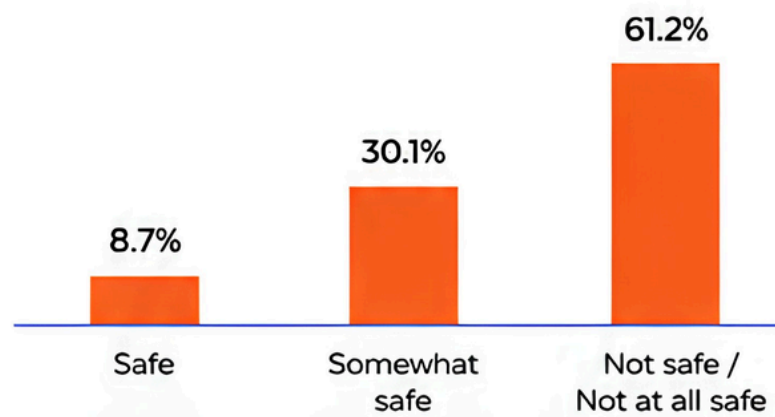


Less than one in four respondents (25%) have reported a case to a health professional so far.

Almost half (45.8%) have not reported yet.

2 SENSE OF SAFETY WHEN REPORTING TO HEALTH SERVICES

Respondents were asked how safe they would feel reporting a case of gender-based violence to a health institution.



Graph 20. Perceptions of respondents about their sense of safety when reporting a case of gender-based violence to a health institution in Albania

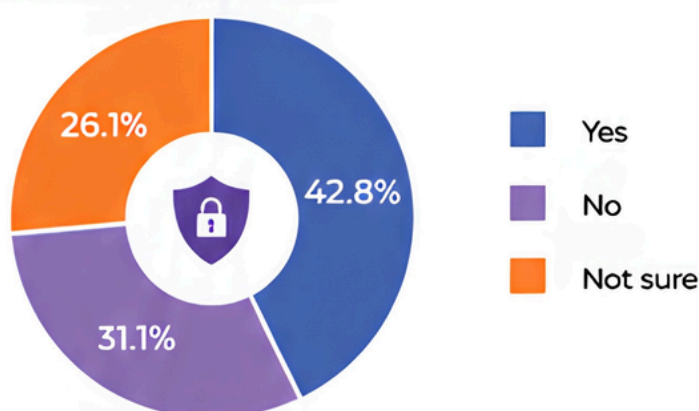


The majority of respondents (61.2%) do not feel safe reporting a case of gender-based violence to a health institution.

Only 8.7% feel safe doing so.

3 CONFIDENTIALITY AND TRUST IN HEALTH PROFESSIONALS

Respondents were asked whether they believe health professionals keep patients' information confidential.



Graph 21. Perceptions of respondents regarding the respect of confidentiality by health professionals during medical visits



42.8% of respondents believe that health professionals keep patient informations confidential and respect their privacy.



31.1% believe that health professionals do not keep information confidential, which raises concerns about the protection of privacy.



26.1% are not sure whether health professionals maintain confidentiality during medical visits, reflecting a level of uncertainty or lack of clear information about policies and practices related to confidentiality in health institutions.



KEY TAKEAWAY

Many respondents do not feel safe reporting gender-based violence to health services, and a significant portion are uncertain or lack confidence in the confidentiality of health professionals.



IMPLICATION

Strengthening trust, confidentiality, and safe reporting mechanisms in health services is essential to encourage reporting and support survivors of gender-based violence.



BARRIERS AND FACTORS INFLUENCING REPORTING GENDER-BASED VIOLENCE TO HEALTH SERVICES

Results from the survey with the general population



Of the respondents, 70.8% know at least one institution where gender-based violence can be reported, 23.3% do not know, and 5% preferred not to answer.

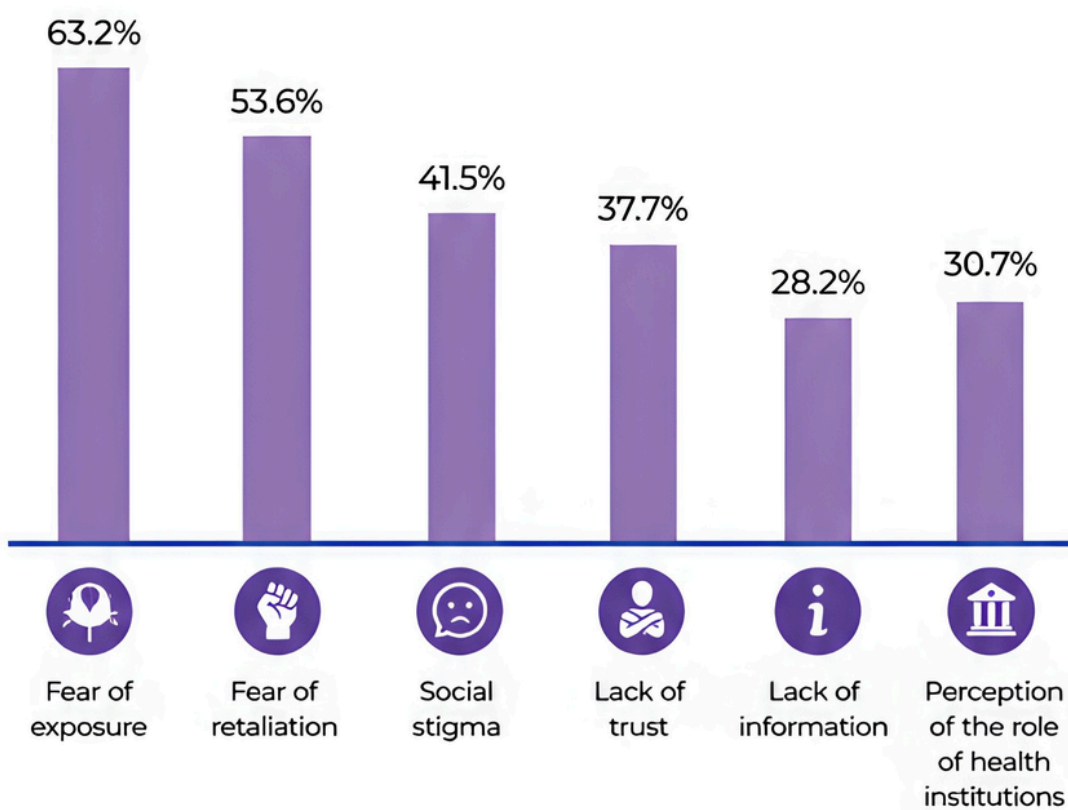


61.2% feel safe reporting a case of gender-based violence to a health institution, while 30.1% feel somewhat safe and 8.7% feel not safe.



1. KEY BARRIERS THAT PREVENT INDIVIDUALS FROM REPORTING GBV TO HEALTH SERVICES

Respondents were asked about the main barriers that prevent individuals from reporting gender-based violence to health services.



Fear of exposure – individuals afraid that the case may become known and they may be judged by others. **63.2%**



Fear of retaliation – fear of aggressor's retaliation after reporting the case. **53.6%**



Social stigma – fear of being judged and criticised by family, neighbors or the community. **41.5%**



Lack of trust – lack of trust in the treatment and respect by health services during the reporting process. **37.7%**



Lack of information – not knowing where and how to report, or being uninformed about the procedure. **28.2%**



Perception of the role of health institutions – the belief that health services are not responsible for such cases. **30.7%**

Graph 22. Distribution of respondents according to the key barriers that prevent individuals from reporting gender-based violence to health services



2. FACTORS ENCOURAGING REPORTING OF GBV TO HEALTH SERVICES

Respondents were asked about the factors that would encourage them to report gender-based violence to health services.



61.2%
Feeling safe



30.1%
Somewhat safe



8.7%
Not safe /
Not at all safe

Graph 20. Perceptions of respondents about their sense of safety when reporting a case of gender-based violence to a health institution



KEY TAKEAWAY

Fear of exposure and retaliation are the most significant barriers to reporting gender-based violence to health services.



IMPLICATION

Addressing stigma, building trust, and improving access to information and clear procedures are essential to encourage reporting and support survivors.





PREFERRED INFORMATION SOURCES FOR REPORTING GENDER-BASED VIOLENCE TO HEALTH SERVICES

Results from the survey with the general population



MOST PREFERRED SOURCE: MAINSTREAM MEDIA



58.1%

of respondents prefer to receive information through mainstream media (TV, radio, newspapers).

FAMILY AS A KEY SOURCE



43.7%

prefer to receive information from family members.



IN-PERSON SESSIONS

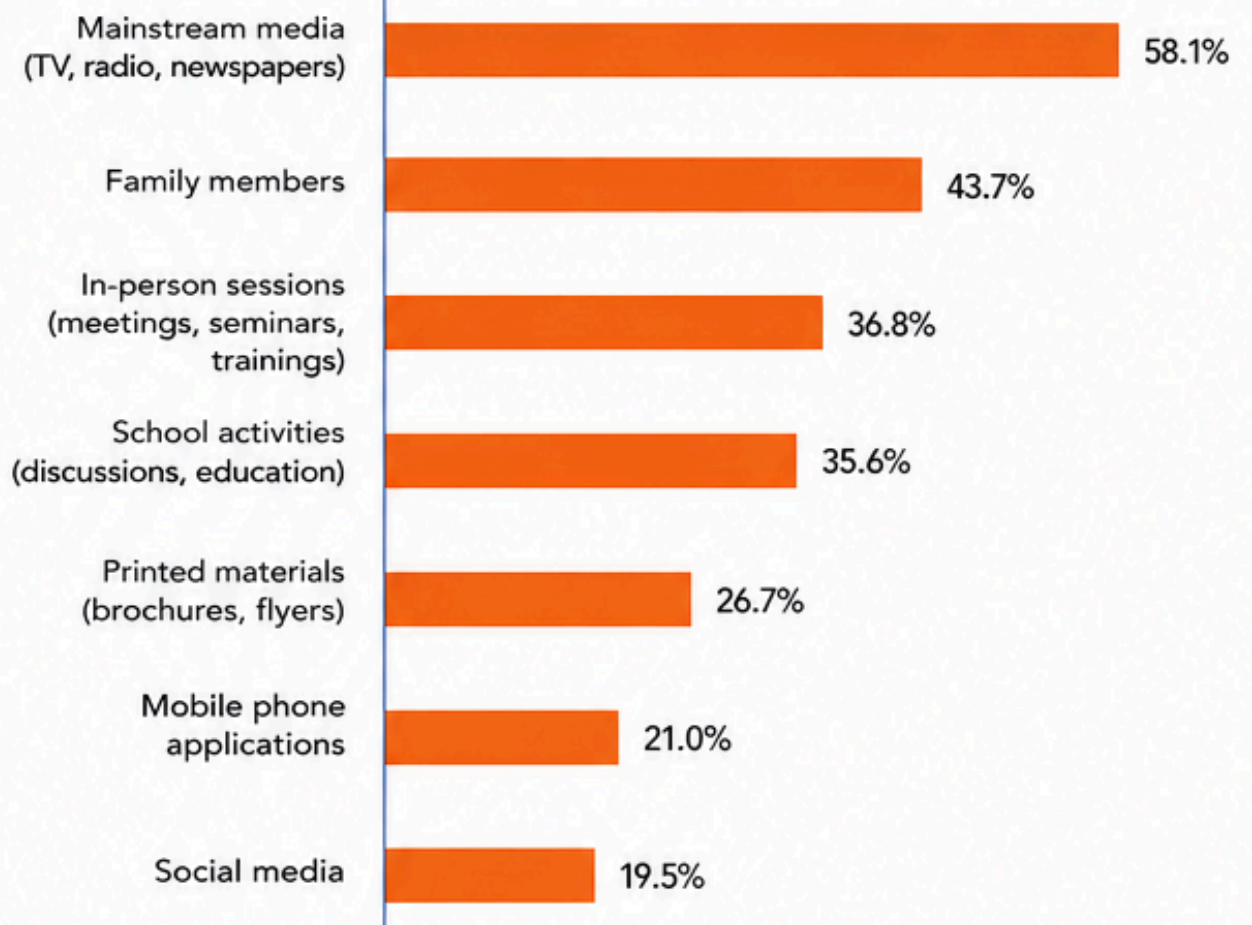
36.8%

prefer information delivered through organized in-person sessions (meetings, seminars, or trainings).



PREFERRED WAYS TO RECEIVE INFORMATION

Respondents were asked which sources they prefer for receiving information about identifying and reporting gender-based violence.



Graph 23. Distribution of respondents according to their preferred ways to receive information about identifying and reporting gender-based violence to health services



KEY FINDINGS



MAINSTREAM MEDIA IS THE TOP SOURCE

58.1% prefer mainstream media as their primary source of information.



FAMILY PLAYS AN IMPORTANT ROLE

43.7% prefer to receive information from family, highlighting its influence in raising awareness and supporting discussion.



IN-PERSON SESSIONS ARE VALUED

36.8% prefer organized in-person sessions, reflecting a need for direct dialogue and trustworthy engagement.



PRINTED MATERIALS REMAIN RELEVANT

26.7% consider printed materials important, as they offer accessible information that can be reviewed and kept.



DIGITAL CHANNELS ARE IN USE

21.0% prefer mobile applications and 19.5% prefer social media, showing a growing interest in digital platforms.



SCHOOL ACTIVITIES SUPPORT AWARENESS

35.6% prefer learning through school activities, emphasizing the role of education in prevention.



KEY TAKEAWAY

People prefer accessible, trustworthy, and diverse information channels to learn about how to identify and report gender-based violence.



IMPLICATION

Information and awareness-raising strategies should use a combination of media, family engagement, in-person activities, and digital tools to effectively reach and inform the public.





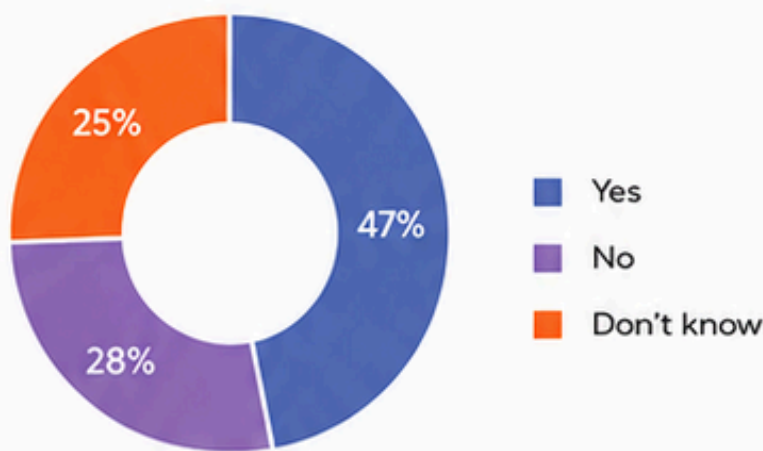
PERCEPTIONS AND PRIORITIES FOR SUPPORT SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE

Results from the survey with the general population



1 PERCEPTIONS OF THE AVAILABILITY AND ACCESIBILITY OF SUPPORT SERVICES

Respondents were asked whether support services in their area are available and accessible for survivors of gender-based violence.



Graph 24. Distribution of respondents according to their perceptions of the availability and accessibility of support services for survivors of gender-based violence



47.4%

believe support services are available and accessible.



28%

believe such services exist but are not accessible.

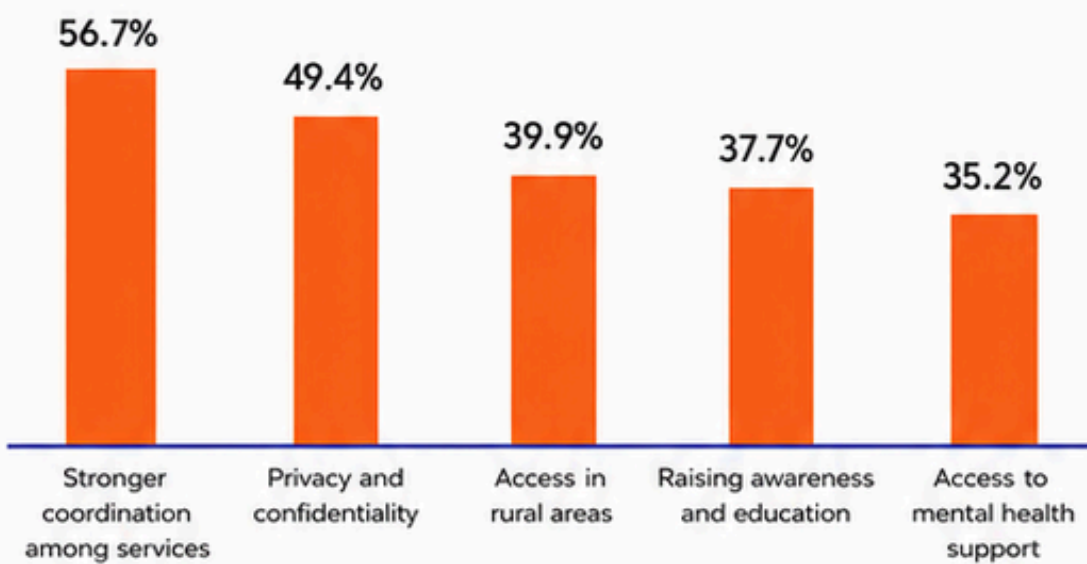


24.6%

are unsure whether support services are available and accessible.

2 PRIORITIES FOR IMPROVING SUPPORT SERVICES FOR SURVIVORS OF GENDER-BASED VIOLENCE

Respondents were asked which areas should be prioritized for improving support services for survivors.



Graph 25. Distribution of respondents according to the areas that should be prioritized for improving support services for survivors of GBV



56.7% consider stronger coordination among services a top priority.



49.4% consider privacy and confidentiality an important factor.



39.9% believe access to services in rural areas should be improved.



37.7% emphasize raising awareness and education about the rights of survivors and available services.



35.2% highlight the need for better access to mental health support services.



KEY TAKEAWAY

Many respondents are uncertain about the availability and accessibility of support services. Priorities for improvement focus on better coordination, confidentiality, outreach to rural areas, awareness-raising, and access to mental health support.



IMPLICATION

To better support survivors, services should be more accessible, well-coordinated, confidential, and visible — especially in rural areas — and include strong awareness and mental health components.

