Original Article

Received/Accepted Dates

18.08.2026/23.09.2026

DOI:10.52096/jsrbs.12.04.10

Journal of Social Research and Behavioral Sciences

Sosyal Araştırmalar ve Davranış Bilimleri Dergisi

ISSN:2149-178X

Volume: 12 Issue: 04 Year: 2026

Trauma, Violence and Adolescent Mental Health: A Psycho-Legal Framework for Early Identification, Resilience, and the Prevention of Violent Behaviour

A narrative and conceptual review with particular reference to Albania

Phd (c) Valentina Telhaj

European University of Tirana

Tirana, Albania, vtelhaj3@uet.edu.al

Prof. Dr. Erika Melonashi

European University of Tirana

Tirana, Albania, erika.melonashi@uet.edu.al

Research Article

Subject:Educational Sciences

Article Citation Information:

Telhaj, V.; Melonashi, E. (2026). **Trauma, Violence and Adolescent Mental Health: A Psycho-Legal Framework for Early Identification, Resilience, and the Prevention of Violent Behaviour,** Journal of Social Research and Behavioral Sciences *(SADAB Journal),* *(e-ISSN:2149-178X)* Vol:12, Issue:04, p. 155-171.

DOI: 10.52096/jsrbs.12.04.10

Received D.: 18.08.2026

Accepted D.: 23.09.2026

Abstract

Adverse childhood experiences or ACEs can negatively affect the social development of adolescents in their adulthood. This review aimed to assess the influence of childhood adversities on health, achievement, resilience, and violence in Albania. The present analysis was based on published studies and reports in the field. It was organized according to the six key areas identified in the initial review.

The information comes from the Albanian Health Behaviour in School-aged Children (HBSC, 2022) survey, representing the views of 1,877 15-year-old school students in Albania. The study estimated the prevalence of childhood adversities such as abuse and neglect among the participants. The results indicate that 33.1% of students experienced physical abuse in their lifetime, while 16.2% suffered emotional abuse. In addition, 3.7% of students were sexually abused, and 15.7% endured emotional neglect.

Moreover, 7.0% of the participants had been exposed to domestic violence in their households.

Furthermore, the review suggests a five-stage psycho-social framework for multi-sectorial coordination in the prevention and management of ACEs among children and adolescents in Albania. The strategy is based on awareness, assessment, safety, intervention, and follow-up. It aims to promote the collaboration and coherence of schools, health, social welfare, and law enforcement sectors when addressing the needs of the children from vulnerable families and supporting their parents.

The strategy is not a ready-to-use solution but rather a flexible approach that should be adjusted according to the specific circumstances and settings in Albania. It requires further validation and elaboration, which can be achieved through its practical implementation. Thus, the strategy will be beneficial for coordinating the response to ACEs in Albanian children and adolescents.

Keywords: adolescent mental health; adverse childhood experiences; child protection; trauma-informed care; Albania.

Journal of Social Research and Behavioral Sciences

editorsadab@gmail.com

1. Introduction

Adolescents' mental health problems emerge in the context of individual development and social environments, including family, school, peer groups, violence, socioeconomic factors, and access to protective adults resources. Their relationships may shape emotional regulation, interpretation of events, adaptation, and responses to stress. Consequently, the psychological analysis should be developmental and ecological, emphasizing processes and contexts rather than focusing only on symptoms.

Maltreatment and violence are key sources of concern because their effects may linger and shape emotional regulation, appraisals of threats, expectations, responses, and coping. However, one must be careful not to conflate exposure to violence with potential for committing it. Even while negative outcomes are common for those who experience maltreatment, their manifestations are fluid and depend on individual, social, and environmental factors. The influence of traumatic experiences should always be evaluated from a multidisciplinary viewpoint, taking into account protective factors, children's developmental needs, the fit between the child and the environment, and the availability of resources.

Adolescents' mental health is a serious public-health issue since the World Health Organization (WHO, World health statistics , 2025) has reported that approximately one out of seven adolescents lives with a mental disorder. (Dika ,et all, 2024) conducted a study in Albania to determine the prevalence and sociodemographic correlates of child maltreatment experiences among 1,877 schoolchildren aged 15 years (55% girls) included in the 2022 Health Behaviour in School-aged Children (HBSC, 2022) national survey (Dika ,et all, 2024). The study's findings may contribute to the prevention of child maltreatment and the development of child-protection policies at the country level.

This paper aims to integrate the perspectives of psychology, education, trauma, and law on violence prevention with regard to children and adolescents. It will specifically focus on Albania as a country that may benefit from evidence-based policy adjustments. The key message of this study will be that successful prevention and intervention require an expanded scope of attention, including multiple aspects of children's lives.

2. Theoretical Framework

Adverse childhood experiences (ACEs) are potentially traumatic events of different types that occur from childhood until the age of 18. The focus of research is on the mechanisms connecting ACEs with individual biopsychosocial development.

(Lam, at all,, 2024) conducted a systematic scoping review to explore possible links between adverse childhood experiences and mental-health, behavioural, and educational outcomes in adolescence. (Abate, at all, 2025) in an umbrella review of 43 systematic reviews and meta-analyses encompassing 14,707,614 participants, found that exposure to ACEs was associated with later mental health problems. Both papers have different scopes and research questions and do not demonstrate that exposure to adversity acts as a prerequisite for an individual's later outcomes.

Longitudinal analyses could help demonstrate casual relationships between childhood adversity and later outcomes; however, they are unable to control all confounding factors. (Sahle, at all, 2024), in an analysis that included 3,089 children aged 16–17 years, found

that exposure to past and present bullying victimization and parental psychological distress was associated with increased levels of anxiety and depressive symptoms. However, both observational studies cannot demonstrate direct causality.

The focus of the article is on potential risk factors, which does not mean that bullying or parental distress could be regarded as the sole reasons for anxiety and depression. The evidence was found through observations, so it is not possible to claim that there is a direct casual link.

Trauma-informed approaches define the mechanisms by which exposure to adversity can lead to subsequent difficulties, such as challenges with emotion regulation, increased threat assessment, avoidance, negative thinking, and interpersonal challenges (Substance Abuse and Mental Health Services Administration (SAMHSA' Initiative, 2014). These are potential consequences that should be taken into account, rather than a diagnostic sequence of events or a conclusive diagnosis. As with any assessment, attention to the child's developmental level and other factors in their family, school, peer, and community context should be considered.

When assessing potential consequences of exposure to adversity it is important to think about protective processes and contexts, such as positive relationships, school engagement, caring adults, stable environments, competence, and autonomy. These concepts align with trauma-informed practices, and also with the World Health Organization's INSPIRE strategies to prevent violence and promote mental health, such as creating safe environments, providing caregiver support, responsive services, and education and life skills (WHO World helath, 2016).

3. Methodology

This article employs a narrative and conceptual review methodology. The study is not an original clinical trial, epidemiological survey, forensic investigation, or systematic review, and no participant-level data were collected by the authors for this manuscript. Accordingly, it does not report treatment outcomes or causal estimates.

The sources were selected on a purposive basis, with relevance to six domains: (a) Albanian national evidence on child maltreatment; (b) systematic, scoping, and umbrella reviews concerning adverse childhood experiences; (c) longitudinal evidence on adolescent anxiety and depression; (d) research on trauma-focused psychological interventions; (e) WHO/Europe evidence on adolescent health, bullying, and peer violence; and (f) educational psychology relevant to school functioning and anxiety.

Sources were selected purposively and not exhaustively. Inclusion criteria were (1) direct relevance to six domains named above, (2) peer-reviewed research or authoritative institutional publication, (3) clear description of population, design, or policy scope, and (4) sufficient bibliographic description for source identification. Sources were excluded from synthesis when they did not address the issue for which they were cited, bibliographic details could not be verified, or they were otherwise redundant. Thematic synthesis involved reading the material selected for review for recurring themes, grouping findings by five analytical domains (exposure and vulnerability; psychological and educational consequences; assessment and safeguarding; evidence-informed intervention; psycho-legal coordination), and comparing convergences, contrasts, and limits across source categories. The synthesis was narrative in nature because there was no exhaustive search of databases, no screening of duplicates, no PRISMA flow diagram, no preregistered protocol, and no formal risk-of-bias assessments conducted, and therefore a number of screened records cannot be specified.

4. Evidence from Albania

(Dika ,et all, 2024), performed an analysis of Albania's 2022 national HBSC survey, which included 1,877 schoolchildren aged 15 years – 55% of whom were girls. The researchers have investigated the prevalence of physical abuse, emotional abuse, sexual abuse, emotional neglect, and exposure to domestic violence.

Physical abuse was reported by 33.1% of participants (11.1% – the corresponding prevalence reported for the previous year), emotional abuse – by 16.2% (10.1%), sexual

abuse – by 3.7% (3.2%), emotional neglect – by 15.7% (10.3%), and exposure to domestic violence – by 7.0% (3.9%) of children (Dika ,et all, 2024) (Dika ,et all, 2024), also identified sociodemographic risk factors, including odds of physical and emotional abuse being higher among urban respondents, odds of emotional abuse and emotional neglect being higher among females, and odds of exposure to domestic violence being higher among children whose fathers are unemployed. However, the authors note that the design of the study only allows for making associations between exposures and outcomes: no causal claims can be made due to the cross-sectional nature of the research.

In Albania, like in many other countries, schoolchildren may face multiple forms of violence, some of which may go unnoticed. This dataset is a valuable resource for future intervention studies. The data can be used to explore the long-term health and social consequences of exposure to different forms of violence. The most important evidence from Albania is that children may experience forms of violence much more frequently than it is recorded officially. For example, child maltreatment survivors may never report the case, either due to fear or a lack of support. Thus, a single official record of a case of violence may represent dozens of unreported cases. In other words, there are many children who need help, resources, and support. Prevention and intervention programs should focus on increasing the children's psychological literacy, identifying those in need, providing services, and referring them to professional, namely licensed psychologists.

The findings from Albania contribute to the understanding of the prevalence of different forms of violence among schoolchildren. They also emphasize the need for longitudinal studies in Albania to examine how exposure to multiple forms of violence interacts with students' anxiety, depression, deliberate self-harm, academic achievement, resilience, and help-seeking behaviors.

5. Adolescent Mental Health, School Functioning, and Violence

Adolescence is a period of increased vulnerability and experimentation, during which anxiety, depression, inadequate emotion regulation, and peer problems can undermine

engagement in school and social life (WHO, European health report , 2024). According to the 2021/2022 Health Behaviour in School-aged Children (HBSC, 2022), international report, which covers 11-, 13- and 15-year-old students in 44 countries and regions, school bullying, cyberbullying, and physical fights are also prevalent issues (WHO, European health report , 2024).

Thus, it is evident that violence in schools and the challenges associated with cyberbullying need to be addressed.

Cyber relationships can disrupt traditional prevention perspectives. Cyberbullying and other digital harms may have extended reach beyond school time and can involve many eyes seeing and sharing potentially abusive material. The presence of such experiences in a young person's life may mean that psychological assessment should take digital experiences into account, if they are relevant to the presenting issue.

Educational psychology has an essential role as a bridging point between mental health and functioning. Anxiety and chronic stress can impact concentration, engagement, participation, and the perception of competency. , explored the role of educational psychology in learning and anxiety, providing supportive evidence for the importance of understanding the role of psychological wellbeing in education. Prevention should aim to avoid the labelling of students according to binary categories such as victim or aggressor. For some, experiences of victimization may be present, some may engage in abusive interactions, and some may experience a combination of victimization and aggression. A developmental formulation should seek to understand the focus on safety, psychological needs, relationships, functioning, and behaviour in the present context rather than predetermined categories.

6. Psychological Assessment and Early Identification

Early identification does not mean diagnosis. The first step is to identify any meaningful changes in functioning and decide whether a full assessment is required. Domains to consider comprise mood, anxiety, sleeping patterns, concentration, emotional

regulation, interpersonal relationships, school attendance and performance, substance use, self-harm risk and exposure to violence.

Trauma-informed assessments should focus on psychological safety; avoid asking about the traumatic event more than necessary; explain the limits of confidentiality; use language appropriate to the patient's developmental level; and distinguish between assessment for treatment planning and investigation (SAMHSA' Initiative, 2014).

The risk assessment should be proportional to the situation and consider the likelihood of continued abuse, self-harm or suicide risk, exploitation, and harm to others. Exposure alone should not be interpreted as a sign that the adolescent is a danger to others.

A useful structure for developing an effective formulation follows the following four questions. What happened? How has the adolescent been affected? What maintains the current presentation? What can be done to help? This formulation aims to ensure that the history is used to inform an understanding of current difficulties and how they might best be addressed.

In psycho-legal settings, there is also a need to distinguish between therapeutic and forensic roles. The focus of treatment is on helping the individual, whereas a forensic evaluation is concerned with answering a particular question for the court. The distinction is important for the welfare of the adolescent and the objectivity of the conclusions drawn by the assessor.

7. Evidence-Informed Psychological Interventions

Trauma-focused cognitive behavioural therapy (TF-CBT) is an effective intervention for traumatized children, adolescents, and their families. (Cohen, at all, 2018) highlight that it consists of psychoeducation, coping-skills training, affective and cognitive processing, narrative writing about trauma, and conjoint sessions with the caregiver. (Mannarino, at all , 2012) in their study examining the long-term impact, found that children and adolescents who had received TF-CBT maintained gains during the six- and twelve-month follow-

up. The intervention should be provided by an appropriately trained professional and chosen based on the child's needs, preferences, safety, and treatment setting.

Eye movement desensitisation and reprocessing (EMDR) is another intervention for treating trauma. (Sutton, at all, 2025), in their scoping review analyzing the clinical and cost-effectiveness of EMDR for children and adolescents, include studies with the intervention and post-traumatic stress disorder as an outcome. Altogether the review involves nine studies, eight of which are randomized controlled trials, and 794 participants. Therefore, (Sutton, at all, 2025), conclude that EMDR is clinically effective compared to waitlist or treatment as usual, but further research is needed as there were few studies directly comparing EMDR with TF-CBT and evidence was limited.

Evidence-informed practice seeks to apply findings from research without being prescriptive. This approach does not aim to state that any one intervention is always the best, but it aims to take into account the possible benefit to the individual of using one of the tested interventions. The importance of individual assessment was also emphasized in the previous section, along with the impact of developmental appropriateness, level of training, client preferences and the need to ensure safety.

Not all children exposed to adversity need psychotherapy. Some individuals can be helped by working with the environment, mentoring, school support or other services. A trauma-informed system should not over-pathologize or fail to provide the support needed.

8. Psycho-Legal and Child-Protection Perspective

Legal psychology is cross-cutting whenever psychological and interpersonal problems intersect with abuse, victimization, family, offending, custody, and child protection issues. The psychologist's contribution fits in with the activities of the courts, child-protection services, health services, and other agencies. The Convention on the Rights of the Child gives children rights of protection and participation, including the right to have their views respected in accordance with their age and level of maturity (UN, 1989) (UNICEF, 2004).

For example, a school can be the first step, a psychologist can examine the psychological needs, child-protection services can take action, and health or justice services can become involved where necessary. Good consultation depends upon clear separation of roles and lawful exchange of information within limited aims. Confidentiality has to be weighed against the responsibility to safeguard, and information may need to be passed on to the relevant authorities as permitted by law and professional codes.

9. Integrated Prevention and Intervention Model

Stage 1 – Awareness

Identification of changes in mood or behavior, engagement or relationships, or recognition of the signs of violence or abuse.

Stage 2 – Assessment

Psychological assessment and evaluation of symptoms, triggers, functioning, and needs using appropriate psychological methods.

Stage 3 – Safety

Implementation of appropriate measures to protect the child from further abuse, serious self-harm, and victimization in accordance with child-protection procedures and legal frameworks.

Stage 4 – Intervention

Planning and implementing the intervention in line with the child's/national needs using evidence-based psychological, educational, familial, and social methods and in accordance with the child's strengths, wishes, and needs.

Stage 5 – Follow-up

Reviewing the child's psychological wellbeing, school engagement, safety, and responses to the intervention and taking further action where necessary.

The conceptual addition of this article is the five-stage psycho-legal coordination framework that sorts out the discussed principles in the following practical order: (1) awareness and recognition; (2) psychological and contextual assessment; (3) immediate safety and safeguarding; (4) proportionate intervention; and (5) follow-up and review. The framework aims to position these principles, individually well-established, into a singular procedure, to which the authors do not claim any significant originality. Its suggested value is to embed the psychological formulation, child-safety decisions, interagency differentiation of roles, and outcome assessments in one consecutive algorithm tuned to the Albanian context as the area of application. The order of stages is not strictly consecutive: if new information emerges or the risk level requires, the procedure returns to the preceding stage. The framework is intended to complement the overall trauma-informed service ethos and evidence-based child protection frameworks like INSPIRE (WHO World helath, 2016), which structure the strategy for preventing and responding to violence at the level of populations and the social system. This model is a case-pathway heuristic, an approximate idea of how the initial recognition in the educational setting connects to the assessment, safeguarding decisions, individualized intervention, and follow-up. It emphasizes the practical differences in the responsibilities of agencies and the legality of information sharing. The framework is a conceptual synthesis and modification rather than a replacement of statutory procedures or a superior alternative to existing models. Its applicability and reception in the Albanian context need pilot testing and assessment.

10. Discussion

The reviewed literature reports on associations between childhood adversity and a range of psychological, behavioural, and educational outcomes, though the strength and nature of these associations varies. (Lam, at all,, 2024) in a systematic scoping review, and (Abate, at all, 2025) in an umbrella review, report evidence across populations and outcomes. Evidence in the form of longitudinal studies such as that of (Sahle, at all, 2024) offers additional insight into the potential for adversity to impact later outcomes, though is not indicative of a universally present causal relationship between adversity and a specific outcome.

Albanian data supports the importance of preventative measures and safeguarding. In the 2022 HBSC survey of 1,877 15 year old school attending children in Albania, 33.1% reported experiencing physical abuse at some point in their life (Dika ,et all, 2024). It should be noted that this figure represents the proportion of children surveyed at school, and should not be extrapolated to the general population of Albania, nor should it be considered representative of the physically abused child population in schools. Other forms of abuse were reported on and are represented in Table 1.

Evidence on the effectiveness of trauma-focused CBT and EMDR suggest interventions can be effective in reducing trauma-related symptoms in children and adolescents when delivered by appropriately trained practitioners, with appropriate assessments undertaken to inform the selection of an individual's treatment (Cohen, at all, 2018); (Sutton, at all, 2025). Though the EMDR review highlights the limitations in the evidence-base and a need for further trials, interventions should be considered as part of a child's wider safeguarding and support plan, with consideration given to the child's needs, development, family circumstance, and wider access to support.

11. Implications for Albania

In Albania, the implementation could start with a locally negotiated approach linking together schools, school psychologists, primary health care and mental health services, municipal child-protection units, social services, and justice institutions, where appropriate. At school level, designated staff should be trained to recognize signs of distress, to react calmly to any disclosure, to record observations objectively, explain confidentiality and its limits, and to refer the case to the appropriate safeguarding authority. Teachers should not be responsible for conducting forensic interviews or determining the veracity of an alleged disclosure.

At service level, a named coordinator or designated professional could help to ensure timely referrals, acknowledge receipt of a referral and, in the case of multiple agencies being involved, coordinate a joint review of the case. Mental-health

professionals would be responsible for assessing needs and providing or referring for evidence-informed interventions, while child-protection authorities would retain their statutory safeguarding role.

Sharing of information would be limited to what is necessary, lawful, and proportionate, taking account of the child's or young person's views and the importance of acting in their best interests. Policy guidance should set out criteria for referrals, response times, responsibilities, and supervision, as well as considerations for data protection and approaches to addressing gaps in interagency collaboration. For any pilot, the feasibility, the extent of referrals and their timely follow-up, young people's and schools' engagement, and any unintended or adverse outcomes should be monitored.

12. Limitations

This paper is a narrative and conceptual review, not an original empirical study. The proposed framework needs empirical testing, particularly in Albania. The Albanian prevalence estimates are based on school-attending 15-year-olds and self-report. They should not necessarily be generalized to all children and adolescents in Albania. Furthermore, associational evidence does not prove causation; the paper deliberately avoids suggesting trauma as a determinant of violent behaviour.

Evidence on psychological interventions varies in sample size, design, outcome measures, and follow-up. Treatment decisions should remain individualized and professionally supervised. Finally, the psycho-legal framework is conceptual and should be adapted to Albanian legislation, professional standards, institutional mandates, and safeguarding procedures.

13. Recommendations

• Establish clear school-based pathways for recognizing psychological distress and referring adolescents to qualified professionals.

• Strengthen trauma-informed training for psychologists, teachers, social workers, child-protection professionals, and other frontline practitioners.

• Expand access to evidence-informed psychological interventions for children and adolescents with appropriate clinical supervision.

• Integrate psychological assessment with safeguarding to directly address ongoing abuse or serious risk.

• Strengthen coordination between schools, families, health services, child-protection structures, and justice institutions while respecting professional roles and confidentiality.

• Develop prevention programmes addressing emotional regulation, peer violence, bullying, cyberbullying, conflict resolution, and digital safety.

• Develop Albanian longitudinal studies exploring trauma, anxiety, depression, self-harm, school functioning, resilience, and help-seeking.

14. Conclusion

Trauma, violence, and adolescent mental health are developmental, educational, and social phenomena that cannot be reduced to a simple cause-and-effect relationship. The reviewed evidence supports associations between childhood adversity and increased vulnerability, but does not support claims that trauma inevitably leads to violent behaviour. Protective relationships, appropriate assessment, safe environments and access to support are important.

The 2022 Albanian HBSC findings provide evidence of self-reported exposure to several forms of maltreatment among 1,877 school-attending 15-year-olds, which can inform prevention planning, but they do not represent all children in Albania, and should be interpreted within the survey's design and measures.

The proposed five-stage psycho-legal framework offers a conceptual pathway for connecting early identification, psychological assessment, immediate safety, evidence-informed intervention, resilience-building, and follow-up. Its contribution is the explicit integration of

these functions with interprofessional coordination and differentiated responsibilities in a proposed Albanian implementation pathway. The framework should be treated as a testable proposal, not as a validated intervention.

Future work should co-design and pilot the pathway with adolescents, families, schools, psychologists, social workers, health professionals, child-protection units and justice stakeholders. Evaluation should examine feasibility, acceptability, safeguarding quality, referral completion, wellbeing, school functioning, and possible unintended harms, using appropriate ethical safeguards and longitudinal designs where feasible.

Table 1. Child maltreatment indicators among Albanian children who participated in the HBSC survey in 2022

Experience	Lifetime	Last year
Physical abuse	33.1%	11.1%
Emotional abuse	16.2%	10.1%
Sexual abuse	3.7%	3.2%
Emotional neglect	15.7%	10.3%
Witnessing domestic violence	7.0%	3.9%

Note. Percentages refer to the 2022 nationwide HBSC sample of 1,877 schoolchildren aged 15 years (Dika ,et all, 2024)

Bibliography

Abate, at all. (2025). Adverse Childhood Experiences Are Associated with Mental Health Problems Later in Life: An Umbrella Review of Systematic Review and Meta-Analysis. *Karger e-Journal Backfile Collection DOI: 10.1159/000542392*, 48–63.

Biruk Beletew Abate at all,. (2024). Adverse Childhood Experiences Are Associated with Mental Health Problems Later in Life: An Umbrella Review of Systematic Review and Meta-Analysis. *Karger e-Journal Backfile Collection 2025 DOI: 10.1371/journal.pone.0334852*, 48–63.

Cohen, at all. (2018). Trauma-focused cognitive behavioral therapy for children and families. *Psychotherapy Research doi.org/10.1080/10503307.2016.1208375*, 47-57.

Dika ,et all. (2024). Prevalence of child maltreatment in Albania DOI: 10.26719/2024.30.12.821. *East Mediterr Health J*, 821-828.

HBSC. (2022). *A focus on adolescent social contexts in Europe, central Asia and Canada: Health Behaviour in School-aged Children international report from the 2021/2022 survey.* Geneve: WHO Regional Office for Europe.

Lam, at all,. (2024). The association between adverse childhood experiences and mental health, behaviour, and educational performance in adolescence: A systematic scoping review. *PLOS Ment Health doi.org/10.1371/journal.pmen.0000165*, 1-30.

Mannarino, at all . (2012). Trauma-Focused Cognitive-Behavioral Therapy for Children: Sustained Impact of Treatment 6 and 12 Months Later. *Sage Journals doi.org/10.1177/1077559512451787*, 231–241.

Sahle, at all. (2024). How much do adverse childhood experiences contribute to adolescent anxiety and depression symptoms? Evidence from the longitudinal study of Australian children. *BMC Psychiatry DOI: 10.1186/s12888-024-05752-w*, 289.

SAMHSA' Initiative, s. T. (2014). *SAMHSA's.* Office of Policy, Planning and Innovation.

Sutton, at all. (2025). Clinical and Cost-Effectiveness of Eye Movement Desensitisation and Reprocessing for Post-Traumatic Stress Disorder in Children and Adolescents: A Systematic Review and Meta-Analysis. *COMPREHENSIVE REVIEW /doi.org/10.1002/cpp.70186Digital Object Identifier (DOI)*, 4-32.

UN. (1989). *Convention on the Rights of the Child.* New York: , via UN General Assembly Resolution 44/25.

UNICEF. (2004). *THE STATE OF THE WORLD'S CHILDREN 2004.* New York, NY 10017, USA: UNICEF, UNICEF House, 3 UN Plaza.

Valentina Telhaj, Anila Çaçi. (2024). THE ROLE OF EDUCATIONAL PSYCHOLOGY IN ENHANCING THE LEARNING PROCESS AND MITIGATING ANXIETY. *KNOWLEDGE - International Journal*, 229-233.

WHO. (2024). *European health report* . Geneve: World Health Organization.

WHO. (2025). *World health statistics* . Geneva: World Health Organization.

WHO World helath, s. 2. (2016). *MONITORING.* Geneve: WHO Library Cataloguing-in-Publication Data.