

EMPOWERING CHILDREN AND YOUNG PEOPLE WITH DISABILITIES TO IMPROVE RESPONSES TO CHILD ABUSE AND NEGLECT

**Final Report on Project Implementation
and Guidelines for Implementation of the
Protocol for Protection of Children
and Youth with Disabilities**



**Project is funded by
the European Union**



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Child Rights Centre

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Contents

Foreword	5
Executive Summary	6
Background	6
Main Report	8
<i>Annex</i>	17
Guide for Implementation of the Protocol on Protection of Children from Abuse and Neglect when Providing Protection for Children/Youth with Disabilities	

Foreword

The project entitled *Empowering children/young people with disabilities to improve responses to Child Abuse and Neglect (CAN)* had the overall aim to assist Serbian civil society in combating discrimination against children/young people with disabilities to promote democratic reform by increasing children's/young people's political participation in addressing their rights. The project is funded by the Delegation of the European Union to the Republic of Serbia, under the European Instrument for Democracy and Human Rights (EIDHR). The main idea was to contribute to two highly important issues pertaining to the rights of the child — combating violence against children and inclusion of children with disabilities. Our intention was to do so by working with children and young people on empowering them about child protection and safeguarding, as well as by working with the protection professionals and assisting them to fulfill their responsibilities more efficiently.

Project partners, the Lumos Foundation (London) and Child Rights Centre (Belgrade), each within the scope of their respective responsibilities, invested their efforts and previously gathered knowledge and experience, in hope to do well and achieve valuable results, making a difference for the target group, as well as for the society in general. This publication presents the main project results that we achieved, and now wish to share with the colleagues having similar missions, children and young people, decision makers in the Republic of Serbia, as well as all the interested parties throughout Europe. We attempted to define and share lessons learned, together with the observations relevant for the further progress in these areas.

The important part of the publication is *Guidance for implementation of protocols on protection of children from abuse and neglect (in Republic of Serbia) when protecting children with disabilities*. It contains additional explanations, recommendations and instructions on how to approach a child with (learning) disability and make sure to have covered all the aspects of protection in his/her best interest. It was developed by a work group consisting of highly experienced professionals and representatives of young people. It is designed to help the professionals in the Republic of Serbia in their work, but it can also be useful to the professionals performing similar tasks within different systems, as some of the pieces of advice provided are not strictly dependent upon Serbian legal or protection systems.

The experiences and ideas arising from the project implementation, should also contribute to the planned reviewing of the Protocols for protection of children from abuse and neglect, which needs to be performed in the Republic of Serbia in line with the Action Plan for Chapter 23 in the process of the accession of the Republic of Serbia to the European Union.

We would like to thank all the people who participated in operation of the work group, young people and children, members of self-advocacy group, facilitators of trainings from CHANGE volunteers form GRiG for their efforts and dedication. We would also like to thank to all professionals who participated in the trainings, as well as to all the attendees of the events organized during the Project implementation.

Project Team of Lumos and Child Rights Centre

Executive Summary

Background

Child Rights Centre (CRC) and Lumos have worked together successfully for more than four years to give a meaningful voice to children and young people with intellectual disabilities in decisions about policies and services that impact on their lives. Their two joint child participation projects in Serbia have been generously supported by the European Commission.

The idea for the project discussed in this report — ***Empowering children/young people with disabilities to improve responses to Child Abuse and Neglect (CAN)*** — was born during an earlier joint child participation project, entitled ***Turning Words into Action (TWIA)***, which ran for 21 months from 2011.

A total of 53 European countries signed The World Health Organisation's Declaration, *Better Health Better Lives (BHBL)*, committing them to “empower children and young people with intellectual disabilities to contribute to decision-making about their lives.” The core aim of **TWIA** was to ensure the BHBL Declaration truly had an impact on children and young people with intellectual disabilities and truly reflected their needs, views and aspirations.

Lumos worked with three groups of children and young people in Serbia, as well as the Czech Republic and Bulgaria to establish national working groups on the implementation of the BHBL declaration, involving children and young people with government officials and professionals, and to support a range of child participation activities and publications by these groups of young ‘self-advocates.’¹

Protecting against violence and abuse

One of the key points of the BHBL declaration deals with the need for comprehensive protection of children/youth with disabilities from all forms of violence, abuse and neglect in all environments.

This became the focus of the ***Empowering children/young people with disabilities to improve responses to Child Abuse and Neglect*** project, which was launched in Serbia in June 2014, to run for 20 months and funded by the Delegation of the European Union to the Republic of Serbia through the The European Instrument for Democracy and Human Rights (EIDHR) programme.

The overall aim of the ***Empowering*** project was to assist Serbian civil society and the government to combat discrimination against children/young people with disabilities and promote democratic reform by increasing their political participation in addressing their human rights.

This built on the innovative approaches to child participation which were pioneered during **TWIA** and harnessed the experience and enthusiasm of the group of self-advocates which had been created during **TWIA** and supported after that project ended. The project also sought to refine and strengthen, through political and professional influence, the framework of child protection services that Serbia had developed since 2005.

As with **TWIA**, it was envisaged that results and learning of the project would be shared throughout the EU and more widely.

1 <http://www.wearelumos.org/stories/better-health-better-lives>

The objectives of the Empowering project and its achievements

The specific objectives were to:

- ▶ Empower children/young people with disabilities to participate in changing legislation and practice that affects them.
- ▶ Improve professional responses to child abuse and neglect (CAN) of children/young people with disabilities.
- ▶ Ensure participation of children/young people with disabilities in the political process was mainstreamed and sustainable.
- ▶ Demonstrate how participation of self-advocates, professionals and politicians could assist a country to fulfill its international human rights obligations.

Innovative approaches

These objectives were achieved through sustained work by:

- ▶ A participation group that involved children and young people with intellectual disabilities, who were supported to become self-advocates. This provided them with an opportunity to continue their work and to influence policy and practices on an issue they saw as of great concern — the abuse and neglect of children with disabilities.
- ▶ A working group consisting of children with intellectual disabilities, their families and representatives, professionals and decision makers and NGOs, with the aim of developing a programme and tools to directly improve policies on CAN for children with disabilities

Key achievements

The project was considered to be a success by all those involved. These are some of the principal achievements:

- ▶ The working group, with full and meaningful input from young people with intellectual disabilities, recommended a number of amendments to general and specific Serbian protocols on child protection, to ensure they more clearly reflected the issues involved in the protection of those with disabilities. This work to redraft the protocols continues in Serbia.
- ▶ Young self-advocates joined care and protection experts to deliver ten high-quality training events to multi-disciplinary groups of professionals.
- ▶ The self-advocates have reported that the project boosted their confidence and they felt empowered to influence policy and practice in Serbia. It was an opportunity for them to encourage the professionals to find ways of communicating with children/young people with disabilities, and to address prejudices about this vulnerable group.
- ▶ They were supported to showcase their work in a number of public events in Serbia.²
- ▶ The young self-advocates also played a leading role in creating a booklet for children and young people with disabilities — *Nobody is Allowed to Harm You*³ — which were available in Braille and number of languages including English.
- ▶ The professionals found the training to be valuable, giving them new insights into the concerns of children/young people with disabilities. They particularly welcomed a proposed series of follow-up event where they could meet to discuss their experiences and share best practice.

2 More on their work and achievements see in: "Self-advocacy to healthy changes — Empowering Children and Young people to Improve Responses to Child abuse and neglect".

3 http://cpd.org.rs/Data/Files/niko_ne_sme_da_te_povredi_en.pdf

Main Report

1. What research tells us about neglect, abuse and violence against children with disabilities

Local and international research indicates that the children with disabilities in institutions are at a particularly high risk from abuse and neglect. One of the first research studies dealing with the phenomenon of child abuse and neglect in the Republic of Serbia, in fact, dealt with exactly this group of institutionalised children with disabilities. According to the data collected by interviewing children in 11 institutions for children with disabilities:

- ▶ 62% of the children witnessed violence of employees against children (8% of them quite frequently and 3% on a daily basis).
- ▶ The most frequent forms of violence included cursing a child (43%), silence and intentional ignoring (42%), face slaps (41%), pushing, dragging, pulling one's hair (24%), throwing objects at children (23 %), insulting (51%), hitting a child with an object (10%), deprivation of food and sleep (7%).

A recent research study indicated that 47% of the parents of institutionalised children with disabilities stated that their child endured some form of violence in the institution (kindergarten, school, day care, places of gathering), while with 73% of these children, the situation repeated for more than three times.

One of the forms of abuse against children with disabilities, which is frequently left unrecognised, is social isolation. In the aforementioned research study, 18% of the parents in total, with 39% of the parents in Belgrade, testified that their child was not included in any type of social activity.

2. The child protection framework in Serbia in 2014

At the start of the *Empowering* project, in June 2014, the system for protecting children from abuse and neglect in Serbia consisted of the General Protocol on Protection of Children from Abuse and Neglect (hereinafter General Protocol), adopted by the Government of the Republic of Serbia in 2005; as well as special protocols for individual protection systems which were based on the General Protocol. There were separate protocols for social care institutions (2006); for police (2006, amended in 2012); education and instruction (2007); healthcare system (2009); and the judiciary system (2009).

In education and social care a number of significant by-laws were also adopted, such as the *Regulations on the Protocol of Action in Institutions in Response to Violence, Abuse and Neglect*⁴ and the *Regulations on Restrictive Practices for the Employees in the Social Care System*.⁵

The special protocols provided guidelines for the protection of children from abuse and neglect in a number of areas, while the General Protocol, in line with the law, defined the process of coordination among the competent authorities responsible for child protection in those areas.

This framework of general and specific protocols reflected the fundamental principles of the Convention on the Rights of the Child,⁶ including the principles of non-discrimination and the comprehensive protection of the child from all types of discriminatory practices, regardless of their

4 "Official Gazette of the Republic of Serbia" No. 30/2010

5 "Official Gazette of the Republic of Serbia" No. 8/2012

6 The basic principles of the Convention on the Rights of the Child include: the right to life, survival and development (article 6.), principle of non-discrimination (article 2.), principle of the child's best interest (article 3.) and principle of participation (article 12.)

family status, ethnicity and any other social or personal traits of the child (race, skin colour, sex, age, religion, nationality, mental, physical and other specificity of the child and his/her family).

3. Bridging the gap for vulnerable children

However, it was clear that effective implementation of these principles in practice required a thorough knowledge and understanding of the concepts of discrimination and the characteristics and specific traits of violence against especially vulnerable groups, as part of a general raising of awareness among professionals. Without greater awareness and understanding by professionals, there is a risk that some children do not receive full protection, regardless of what is guaranteed to them by the law (and the protocols).

Therefore, the **Empowering** project created activities for the children and young people, their families, and the professionals responsible for child protection that were designed to close the gap between the legislation and practice and contribute overall to the improvement of care.

On the basis of previous experience, and the available research, it was decided to work simultaneously in three different areas:

- ▶ To introduce new, clearer rules and practical guidelines;
- ▶ Empowering children and young people to respond to violence, abuse and neglect, and to influence the care and protection system.
- ▶ Helping professionals to understand the needs and views of children and young people and to correctly implement the new rules and guidelines.

4. Implementation of the protocol on protection of children from abuse and neglect when protection is provided to children with disabilities — a programme and practical tools for improving policies and practices

One of the tasks within the project was to form a workgroup that was consisted of:

- ▶ Experienced professionals — doctors, psychologist, social worker with experience in working with children and who were involved in setting up and developing the protection system;
- ▶ People who were included in development of the protection system as decision maker in ministries of education, health, interior and social affairs;
- ▶ Representatives of relevant parental associations;
- ▶ Representative of a Child rights Centre;
- ▶ and two young self-advocates.

The working group's task was to analyse and review the crucial questions involved in the implementation of the General Protocol in relation to children with disabilities.

The workgroup also accordingly developed guidelines for the preparation of training for professionals⁷, and designed a guide which would contribute to the efficient implementation of the protocols in relation to this particularly vulnerable group of children. Another task was to identify those issues in implementation of the protocols which required new and innovative approaches — for instance, amendments to the text of the protocols to address the perceived problems.

7 See: Trainings for the Professionals

It was clear that analysis should focus on the following issues:

- ▶ Whether the definitions contained in the protocols were sufficiently clear and comprehensive to ensure protection against all forms of violence, especially those which impacted on children with disabilities;
- ▶ Did the standards stipulated by the protocols secure full protection against discrimination and protection of the child's best interests?
- ▶ Whether the participation of children with disabilities in the process of for obtaining information and planning protection was enshrined in the protocols; and
- ▶ Whether the judicial system was sufficiently involved in the protection of children and their rights.

Consideration of these issues would enable the project to generate:

- ▶ Clear descriptions of the special risks inherent to children with disabilities,
- ▶ Descriptions of the prejudices which can prevent violence against children with disabilities from being recognised.

These materials would then form the curriculum for the training of professionals.

5. Key messages

Early in the project, the following messages were identified as crucial:

- ▶ A child with a disability is entitled to the full rights enjoyed by every other child in society, **including the right to a voice and participation** in decisions and services affecting his or her life, with support appropriate to his/her developmental capabilities. Ensuing that all children with disabilities benefit fully from this right is a priority;
- ▶ Social isolation of the child with disability represents abuse;
- ▶ Children with disabilities are at an increased risk of violence, but violence against them is harder to recognise.

6. Difficulties in getting the messages across

However, during subsequent meetings of the workgroup, which benefited from reports from initial training sessions for professionals, it became clear that, in their current form, the protocols secured a sufficient basis for protection *only when professionals*:

- ▶ Had additional knowledge about communicating with children with disabilities (especially intellectual disabilities);
- ▶ Did not share commonly-held prejudices about children and young people with disabilities;
- ▶ Were able to recognise both violence and specific risks.⁸

Therefore, the focus shifted to amending the various protocols to include practical instructions for professionals, practical guidelines for communication with children with disabilities; and basic recognition of the specific risks and prejudices that one needs to pay attention to.

This led to the creation of a new *Guide for implementation of the protocol on Protection of children from abuse and neglect with relation to children and youth with disabilities*. The Guide is included in Annex.

⁸ More on the concrete lessons learned during the implementation of trainings can be found in the section on the training programmes.

7. Impact of the new guide

While the General Protocol corresponds to standards of international protection, improvements must focus on the following actions:

- ▶ Amending definitions contained in the General Protocol in line with new international standards, with particularly:
 - ▶ An explicit definition of corporal punishment as a type of violence;
 - ▶ A clear statement that social isolation of children with disabilities is a type of neglect, and in some cases even abuse;
 - ▶ A clear statement that failure to provide protection to the child represents so-called institutional neglect.
- ▶ The definitions need to be complemented with examples and presented in a way which enables easier implementation in practice. (General Comments of the Committee on the Rights of the Child should serve as models in this, especially General Comments No. 9 & 13.)
- ▶ Apart from the basic principles of children's rights, the standards and management principles within the General Protocol should also incorporate the principles of the UN Convention on the Rights of Persons with Disabilities (CRPD), as well conventions protecting other vulnerable groups. In relation to children with disabilities (developmental problems), it is particularly important to explain the principle of "**reasonable adjustment**" and to define its meaning, scope, requirements and examples of good practice.
- ▶ Pay particular attention to the issue of children's participation in the process of protection, with the specific characteristics related to the participation of particularly vulnerable groups.
- ▶ Also pay special attention to the relationship between the child and his/her parent/guardian, considering issues of representation and conflict of interests, since these issues are particularly important in the context of protection against violence, even more so when it comes to children with disabilities.
- ▶ Particular attention needs to be paid to the child's right to privacy and confidentiality.
- ▶ The role of guardianship authority needs to be singled out as particularly important and accordingly described. This involves both the issue of representation, and that of the measures of the protection under Family Law, not only in the domain of protection against violence, but also with respect to the practising of parental and related rights.

Some of these issues are explained in the new *Guide for Implementation of the protocols when providing care to children with disabilities*, namely those for which it has been assessed that they can be implemented in practice under current laws, without the need for new legislation. Other issues were left for subsequent work with decision makers, when, as a part of implementation of the Action Plan for Chapter 23, further workgroups are established to update the general and specific protocols.

8. Experiences and lessons learned during the operation of the workgroup

The workgroup concluded that, even without amendments to the protocols, changes in practice can be influenced through clearer guidelines and capacity-building for the professionals.

The focus, therefore, was redirected towards this goal, since this offered a better chance of more immediate success.

The relationship between the various protocol documents is inconsistent, and the only way to overcome this is to strengthen inter-sectoral cooperation and the exchange of experiences among all professionals.

The relation between different care services is also inconsistent. This can be rectified, too, by the regular exchange of experiences among professionals. Better connections between the existing services will undoubtedly benefit children — for instance, specialist support for a child with a disability may provide greater prevention against neglect).

Introducing new rules and standards is, in itself, not sufficient for the improvement of care; each intervention needs to be accompanied by the education of professionals in implementing those standards.

9. Training for professionals

The main objectives of the training courses for professionals generated by the *Empowering* project workgroup were to:

- ▶ Improve professional responses to child abuse and neglect (CAN) of children/young people with disabilities.
- ▶ Empower children/young people with disabilities to participate in the training as co-trainers and thus demonstrate their rights to change practice and decisions that affect them.

The initial training programme reflected these objectives, as well as analysis of the various protocols and their implementation. The main topics of the training were:

- ▶ International and national standards for protecting children and young people with disabilities from abuse and neglect.
- ▶ Challenges associated with perception/prejudices concerning the abuse and neglect of children with disabilities.
- ▶ Challenges of identifying and recognizing CAN in children and young people with disabilities.
- ▶ Roles and responsibilities of professionals from different disciplines in working together to ensure the full protection of children with disabilities from CAN.
- ▶ Methods for communicating with children with disabilities about CAN issues.

The training programme was designed and developed by two experts for children with disabilities, in consultation with the CRC project team, the working group for preparation of guidance and amendments, including self-advocates, and in coordination with the Lumos project team.

10. Young self-advocates as co-trainers

All training was delivered by the experts working with and a pair of young people with disabilities, who participated as co-trainers. Overall, 12 self-advocates took part in training — a key achievement of the project which reflected the vital principle of enabling those with intellectual disabilities to have a voice in the creation of policies, practices and services that affect their lives.

The self-advocates were members of the Club for Healthy Changes,⁹ a Belgrade-based group supported by the CRC. They were helped and prepared to take part in the training sessions by representatives of the UK-based CHANGE, a disabilities rights organisation jointly run by, and for, people with learning (intellectual) disabilities.

⁹ The club has been established during the project *Turning Words Into Actions* and worked since as self advocate group. Further information on the activities can be found in section: Children and Youth group

They helped train professionals from the Serbia region who work with children with disabilities, namely: social workers, medical professionals, police officers, educators, care personnel and others. The professionals already had some basic knowledge on CAN prevention and management but had not been involved in specific training concerning CAN of children with disabilities.

Overall, ten training events were held in nine different cities and Regions: Belgrade (two trainings), Niš, Novi Sad, Subotica, Kragujevac, Novi Pazar, Zaječar, Zlatibor and included overall 265 participants. Participants were of different professions, all involved in the protection of children from abuse and neglect in their working places: social workers from institutions and social welfare centers, police officers, medical doctors, teachers, pedagogue and psychologist from the schools, public attorneys. Representatives of civil sectors were also involved in trainings.

The training programme was piloted at the training sessions in Belgrade (29 October 2014) and in Nis (27 November 2015).

11. Analysis of the initial training sessions

Analysis of a pre and post-training knowledge test showed that the professionals had a solid knowledge of the procedures of child protection as stipulated by the *General protocol for protecting children from abuse and neglect*. However, their knowledge and skills concerning methods of communication — i.e. interviewing children with disabilities on CAN issues — were less solid.

The professionals themselves were aware of their lack of knowledge and skills in this area and they expressed the view that more time in training should be devoted to practical aspects of communicating and interviewing children with disabilities.

In accordance with lessons from the piloting of the training programme, the curriculum of the following training events was modified and more time was allocated to recognition of signs and symptoms of abuse and neglect and communication and interviewing skills — at the expense of time allocated to theoretical issues and international and national standards. Special attention was given to skills in interviewing children with disabilities in cases where the professional is concerned that the child is abused or neglected. These skills were practised in a role play session.

Another modification concerned the participation of young co-trainers. The original plan was that the same two young people would act as co-trainers in all training sessions. However, as the experience of being a co-trainer was highly appreciated by the young with disabilities, as well as by the professionals, it was decided that more young people should be given the opportunity to act as co-trainers. Twelve young people with disabilities participated as co-trainers, in pairs of two, in the training which followed.

12. Overall evaluation of the training

The pre and post-training knowledge test showed that the training had a beneficial effect on the knowledge of professionals about CAN issues in children and young with disabilities, and also particularly on their practical skills, which were their “weak” point at the pre-test evaluation. Their knowledge of interviewing children with disabilities were greatly enhanced by the training. In the post-training test the results on the questions directly related communication skills with children with disabilities improved the most.

It was noticed that they were more skilled in communicating with children but they were less sensitive to CAN issues and had more prejudices — i.e. they more often stated that children with disabilities were more prone to make false allegations about being abused, or they believed that securing a child to a bed was justified and not an act of abuse etc.

They also had more difficulties in managing CAN cases and stated that the *Special protocol for protection of children in social care institutions* was not helpful enough in that process.

The overall results of the final evaluation of the training were excellent. Approximately 90% of participants stated that their expectations from the training were completely met. They requested periodic follow-up training at which they would present and discuss the complicated cases of abuse and neglect of children and youth with disabilities from their own practices. This follow up training, and the sharing of experience among professionals, was deemed to be crucial for more efficient prevention and early recognition and management of abuse and neglect of children and young people with disabilities.

There was wide agreement that the participation of young people with disabilities was a very valuable aspect of the training and that it should be practised regularly in all training concerning the issues of disability. Their view was that it is empowering not only the young people with disabilities but also for the professionals, as it enables them to understand better their needs and provide more adequate support to children and young with disabilities. They felt it was an excellent way to overcome prejudices about the abilities of people with disabilities to participate in social life. They said that the participation of young people with disabilities as co-trainers really added value to the training.

The young co-trainers felt themselves empowered by this experience.

13. Key lessons from the training for professionals

The important lessons from the training of professionals working with children and young with disabilities in Serbia are:

- ▶ Training should focus on practical skills in communicating with children and young with disabilities in order to empower the professionals to provide more efficient prevention, early recognition and management of CAN, as stipulated by the General Protocol.
- ▶ The participation of young people with disabilities as co-trainers adds important extra value to training and should be practised regularly in all training concerning the issues of disability. It empowers not only the young with disabilities but also the professionals.
- ▶ Follow-up training is crucial for more efficient prevention, early recognition and management of abuse and neglect of children and young with disabilities, enabling professionals to share experience on complicated cases.
- ▶ Professionals working in institutions for children and young with disabilities need further awareness-raising through training focused on overcoming the prejudices related to abuse and neglect of children and young with disabilities and on practical skills in managing CAN cases.
- ▶ The *Special Protocol for social care institutions on protecting children from abuse and neglect needs* is not fully implemented in practice and does not provide full protection of children with disabilities who are currently placed in institutions.

14. The role of the group of young self-advocates

The Club for Healthy Changes was established in 2012 and represents a club of inclusive character, intended for children and youth with disabilities. The club includes the children and youth with disabilities living in institutions, supported living arrangements, foster families, as well as all those who require support in their daily functioning. For the duration of this project, the membership enlarged, so that the club's activities involved 40 young people empowered for the tasks of self-representation.

During the project

- ▶ They participated as co-facilitators in ten training events for the professionals. The role of the young people was to make the opinions, insights and thoughts of people with disabilities clearer to the persons whose profession involves working with this group. Even though the intention was for only two young people to be prepared for this role, in order to promote more cohesion within the group, and to simultaneously have more people trained, it was decided that all young people that were the club members at the time, should be prepared for this role. Overall 18 of them took part in the training.
- ▶ A total of **73** group meetings was held, with the purpose to empower these young people to effective self-representation. In these meetings, young people assisted and taught children and youth with disabilities about abuse and neglect. Following the concept of self-representation, the young members of the club assumed a major portion of responsibilities and a significant role in the struggle for their rights. During these meetings, apart from the Coordinator of the Child Rights Centre, they were also supported by the volunteers of the Centre for Social Preventive Activities GRiG (all of them social protection professionals).
- ▶ A large number of individual meetings were held, with the purpose of strengthening personal capacities.
- ▶ Group members took part in **three (out of five)** meetings of the workgroup drafting the *Guide for Implementation of the General Protocol on Protection of Children from Abuse and Neglect* in situations in which support is provided to children with disability.
- ▶ They also participated in member-empowering training which had the main purpose of promoting the confidence and skills of children and young people with disabilities to assume the role of co-facilitators in the trainings for the professionals belonging to different systems, which were planned under the project. (This training of the young self-advocates was carried out by Shaun Webster MBE, Catherine Carter, with support by Philipa Bragmen of the CHANGE organisation, UK.)
- ▶ The young self-advocates played a central role in the production of an easy-to-read booklet for children and young people — entitled *Nobody is Allowed to Harm You* — providing information about what abuse and neglect are, to whom they can happen and in what ways we can protect ourselves. The brochure was translated into Braille and, subsequently, into a number of European languages.
- ▶ The club organised, or participated in, 18 public events — all opportunities to showcase their work.¹⁰

15. The lessons learned and experiences gained by the young self-advocates

The young people particularly enjoyed tasks involving topics which were important to them. The subject of abuse and neglect is familiar to them from their experiences.

Working on this project offered them insight into the problem and a new perspective and opportunity to feel safer and seek adequate support and protection for themselves. It made them feel capable. With this confidence, some of the members have been empowered and have gone on to seek some of their fundamental rights (personal documents and the right to medical care among them).

When they feel threatened, they now know how to react adequately and they are also able to give advice to other children and young people.

¹⁰ More on a work and achievement of young people you can see in publication: “Self-advocacy to healthy changes, Empowering Children and Young people to Improve Responses to Child abuse and neglect”

Empowerment through group work led to them feeling more united as a group and, individually, more liberated in their expression of their views, as well as exceedingly ready to communicate this to the people responsible for taking care of the rights of this vulnerable group and others.

A number of children and young people involved in the project came from difficult backgrounds but there was a feeling that they were able to overcome many of those difficulties.

Possibly the greatest additional benefit for them was that they were not only able to strengthen their own capacities and improve the quality of their own lives but also to contribute to an improvement of the quality of life for vulnerable children and young people throughout Serbia.

GUIDE FOR IMPLEMENTATION OF THE PROTOCOL ON PROTECTION OF CHILDREN FROM ABUSE AND NEGLECT WHEN PROVIDING PROTECTION FOR CHILDREN/YOUTH WITH DISABILITIES

This Guide aims to provide support to professionals in following the Protocol on Protection of Children from Abuse and Neglect when protecting children with disabilities. The Guide highlights the main points for attention at each step of the protection process by giving instructions, explanations of terms, or pointing at important facts or occurrences, i.e. protection standards for each step. The guidelines herein are based on practice, regulations and their relevant interpretations (General comments of the Committee on the Rights of the Child), adopted or imposed and supported by the research results and theory in this field.

Specific risks of violence against children with disabilities

Due to variety of factors, children/youth with disabilities are at five to seven times higher a risk of experiencing some form of abuse and neglect than the children from general population.¹¹

In literature, most common specific risks in children with disabilities include:

- ▶ Isolation and rejection
- ▶ Poor communication which hinders the recognition of the children's needs by their social surroundings as well as difficulties in disclosing/reporting violence. Children/youth with disabilities may not be able to report violence due to difficulties in communication, learned passivity, or the lack of a trusted person.

Throughout its General Comment No.9, the Committee on the Rights of the Child provides the following reasons for the risks and sensitivity inherent to children with disabilities:

- ▶ Hindered ability of children with disabilities to hear, see, move and dress independently, use the facilities and bathe, increases their potential exposure to intrusive personal care and abuse;
- ▶ Separation from parents, brothers and sisters, extended family and friends enhances the possibility of abuse;
- ▶ In cases of reported abuse, children/youth with intellectual disabilities or communication difficulties are more often ignored, disbelieved or misunderstood;
- ▶ Parents or other care givers may be exposed to substantial pressure or stress exerted by physical, financial and emotional care for the child/young person;¹²
- ▶ Children/youth with disabilities are often regarded as asexual or unable to understand their own body, and so they become targets of violent persons more easily, especially sexual predators.

11 Sobsey R. Intellectual disabilities and child abuse. In: International Coalition on Abuse and Disability Alberta, J. P. Das Developmental Disabilities Centre, University of Alberta, 2008 <http://icad.wordpress.com/2009/02/10/intellectual-disabilities-child-abuse> [accessed 15 July 2015]

12 Studies have shown that persons under stress are more prone to abuse, see more in mentioned General Comment

Common prejudices against children/youth with disabilities

Occasionally, actions towards ‘special’ groups are seen as normal since they are customary towards the children from that group, and we do not perceive them as violent as we would if they were performed on children from the majority group. For example, social isolation of children and youth with disabilities is commonly accepted as a “natural consequence” of their ‘condition’, i.e. poor communication caused by physical or other reasons, and not abuse or neglect as it would be seen in case of a child from majority population in similar situation and who is denied the opportunity to communicate with the peers or any other form of social contact.¹³

Widely spread prejudice against children with disabilities is also a significant factor increasing the risk of abuse and neglect.

Most common prejudicial attitudes are:

- ▶ Abuse of children with disabilities is less common than that of children without disabilities
- ▶ Children with disabilities are not exposed to sexual abuse. They are not targeted due to that they are seen as asexual.
- ▶ Abuse of children with disabilities is not as bad as abuse of children without disabilities because they are, in comparison, less sensitive and suffer less.
- ▶ Children with disabilities easily misinterpret their feelings and experiences, and have difficulties in distinguishing abuse from necessary protective measures.
- ▶ Children with disabilities are prone to bringing unfounded accusations of abuse.
- ▶ If a child with disability has been abused, it is best, having prevented further abuse, not to take other measures.
- ▶ It is impossible to prevent abuse of children with disabilities.

The Committee of the Rights of the Child states that giving inadequate protection is a form of institutional neglect, while the responsibility of a state is to prevent the protection process from being affected by the existing prejudices and thus create a form of institutional neglect.

Procedure for the protection of children with developmental disabilities from abuse and neglect

Note: Protection of a child from abuse and neglect (hereafter: protection) is implemented, according to the General Protocol, through four key steps guided by specific protocols:

- 1. Identification of abuse and/or neglect;**
- 2. Reporting to the competent body, i.e. service;**
- 3. Assessment of risk, condition and needs of a child and family;**
- 4. Planning of services and child protection measures.**

¹³ Committee on the Rights of the Child General Comment No.13 (2011), The right of the child to freedom from all forms of violence

These protection steps include specificities to be addressed when dealing with a child/young person¹⁴ with disability. Throughout all the protection stages, it is of utmost importance to pay attention to the way a child /young person is involved in the procedure and therefore, this issue is separately dealt with in this Guide.

Important general principles for all the protection stages

In 2006 the UN Committee on the Rights of the Child adopted General Comment on the Rights of Children with Disabilities (Comment No. 9), and in 2011 General Comment on Protection of Children from all Forms of Violence (Comment No. 13). These documents have introduced new standards in approaching child protection:

A child rights-based approach to child caregiving and protection requires a paradigm shift towards respecting and promoting the human dignity and the physical and psychological integrity of children as rights-bearing individuals rather than perceiving them primarily as “victims”.

The concept of dignity requires that every child is recognized, respected and protected as a rights holder and as a unique and valuable human being with an individual personality, distinct needs, interests and privacy.

Children’s rights to be heard and to have their views given due weight must be respected systematically in all decision-making processes.

Law on Ratification of the Convention on the Rights of Persons with Disabilities¹⁵ defines the term of **reasonable adjustment** as:

Necessary and appropriate modification and adjustments of infrastructure, communications, access and other, to ensure people with disabilities enjoy all human rights and fundamental freedoms on an equal basis with others and not impose additional discrimination or stigmatization.

The entire process of protection should be planned and implemented in the spirit of the standards.

It is therefore necessary to ensure that **infrastructure** (access to the facilities, layout of the building, layout within premises, etc.) is adjusted to a child in the protection process. If this is not possible to do in the premises where competent organs and services work, it is necessary to leave such premises and perform duties where appropriate and in accordance with applicable laws.

‘Reasonable adjustment’ also refers to **communication with a child**. In the protection process, communication with a child should also be adjusted to a child, taking into consideration all his/her personal characteristics: age, sex, psychological and emotional maturity, specific communication abilities, education level etc. Challenges in communication and specific traits of a child must not be the reason for absence of communication and exclusion of a child.

¹⁴ In accordance with the Convention on the Rights of a Child, a child is a person under 18, unless otherwise specified by the national legislation. National legislation of the Republic of Serbia accepts this definition, i.e. a person acquires full legal capacity at the age of 18 and is no longer a child. In compliance with the international standards and national regulations, a young person is a person from 15 to 30 years of age.

¹⁵ Official Gazette of the RS — International Agreements No. 42/09

Stages in the protection process

1. Identification of abuse and neglect

To identify abuse and neglect of a child/young person with disability, in addition to being informed about these occurrences and their relevant definitions, it is also important to bear in mind that the abovementioned **prejudices** do not influence the facts. Prejudices may be serious obstacles in identification of abuse and neglect of a child, since they cause different omissions or distorted perception and interpretation of events.

In the identification phase, special attention must be paid to the following:

- ▶ Presence of particular risk factors or forms of abuse/neglect that children/youth with disabilities are exposed to, such as:
 - ▶ Obvious or hidden lack of acceptance and rejection of a child by one or both parents;
 - ▶ Institutional placement of a child;
 - ▶ Failure to visit a child and take him/her home at weekends or holidays;
 - ▶ Force-feeding a child;
 - ▶ Forcing a child to perform tasks beyond his/her abilities;
 - ▶ Unjustified use of medications to control child's behaviour;
 - ▶ Deprivation of a child from visits, personal clothes, toys, food, sleep etc., in order to control a child;
 - ▶ Inappropriate actions when maintaining intimate hygiene of a child;
 - ▶ Filming and media exposure of a child without due consent of the guardian and the child;
- ▶ The level of social relations that the child/young person forms due to common social isolation and lower level of social interactions of the child which represents neglect of the child's fundamental needs; whether the child exercises all the rights guaranteed by law (for example, the right to help and care, education rights such as individual/tailored curriculum/IOP/etc.), and otherwise instruct the parents/guardian how to claim the rights, i.e. refer them to the competent authority;
- ▶ If the child has already been before an interdepartmental commission, it is necessary to acquire opinions and information on whether the support is provided in accordance with interdepartmental commission's opinion and incorporate such an opinion into the protection plan or otherwise undertake the necessary steps to develop a protection plan.

2. Reporting to the competent authority or service

In accordance with the Protocol, reporting phase should incorporate all the known information about the child and the family at the given moment, by an expert or reporting service, along with the reasons for suspected abuse/neglect of the child. A reporting should contain the following:

- ▶ That the child in question has disabilities, i.e. special health needs;
- ▶ Whether there are any specificities regarding communication with the child, for example through an interpreter, or any other means of communication;
- ▶ Name of the primary caregiver;
- ▶ Data on support the child receives (if available).

3. Assessment of risk, condition and needs of children

Throughout the assessment, an expert/case manager must also pay attention to the following:

- ▶ Aforementioned prejudices;
- ▶ Definitions and special risks that children with disabilities are exposed to;
- ▶ Whether the child/young person exercises the rights guaranteed by law since failure to exercise the rights guaranteed by the system represents neglect (regardless of reasons for this situation: omission of parents/guardian, or system failure) (for example, is the child's education tailored to his/her needs; has the child received interdepartmental commission's opinion and does he/she receive adequate support, is there a need for a review of the commission's opinion; does he/she get necessary support within healthcare system (treatments and medical supplies); does he/she exercise the rights in the field of social protection (assisted help and care);

Collecting and analysing of the relevant information about the child, by the experts of other services that the child and family had been in contact with, should include:

- ▶ Information from the child's school including Individual Education Plan;
- ▶ Information from the institution the child is placed in (homes for children), or that he/she attends (day care centres);
- ▶ Data from nongovernmental organisation where the child takes part in the on-going activities

It is necessary to enable the child/young person to be involved and to participate in risk assessment and determining and documenting violence¹⁶. Communication with the child should be carried out in accordance with the instructions laid in the section *Involvement of the child in the procedure and communication*. If necessary, an interpreter, or an expert knowledgeable of child's needs in communication, should be provided.

4. Planning and provision of services and child protection measures

All the activities foreseen by the General and special protocols must be fully implemented with children with disabilities as well, although it is necessary to bear in mind aforementioned definitions, prejudices and communication rules relevant to children with disabilities, and especially the following:

- ▶ Once assessed that a swift intervention is necessary, it must not be gave up on due to a specific quality of the child, which may require additional attention of the protection system. As necessary, consultants or specialist civic associations may be consulted to help planning and implementation of the swift intervention;
- ▶ Protection plan must include realisation of the rights in the area of education, health and social protection and all other child rights guaranteed by the law yet to be realised;
- ▶ Protection plan must include support for implementation of the interdepartmental commission's opinion. If there is no such opinion, the child must be referred to the commission.
- ▶ It is important to provide a comprehensive and planned protection, as well as sustainability of the measures through consistent undertaking of all available and necessary criminal and family proceedings:
 - ▶ In the field of **criminal-law protection**, to make sure whether there is a possibility to file criminal complaints for the criminal acts of non-payment of child support, domestic violence, neglect and abuse of a minor, violation of family obligations and other criminal acts.
 - ▶ In the field of Family law, to consider the need for initiation of the proceedings for termination of parental rights, revision of decisions on parental rights, revision of decisions on the amount of child support, protection from family violence ex officio and other measures under the competency of guardianship authorities.

¹⁶ See: Involvement of a child in the procedure and communication

- ▶ Refer the persons supporting the child to free legal aid services, when this is necessary to initiate the proceedings that a guardianship authority cannot institute ex officio
- ▶ It is advisable to appoint a temporary guardian to support the family until the child is granted the rights guaranteed by the system, i.e. refer the family to family assistant service where available.
- ▶ When assessed that a consultative meeting is necessary to develop a child protection plan, consider involvement of specialist civic associations' representatives operating in the local community, units of ministry of education in charge of inclusive education as well as experts who are knowledgeable about important specifics for the assessment of needs and planning the protection for a specific child.

Involvement of a child in the procedure and communication with them

Right of a child to be heard and participate in all the procedural stages is of the utmost importance in situations where a child is suspected to be at risk of or have suffered abuse or neglect. General rules on involvement of a child/youth defined in Family Law (Article 65) must be applied when giving protection to children/youth with disabilities and in accordance with their developmental needs and capacities. Specific qualities and difficulties in communication must not affect the child's right to protection from all forms of abuse and neglect.

Professionals are obliged to allow the child to use alternative means of communication and to provide a person who will understand the child's communication and be able to communicate with the child in that way.

Significance of communication and its aspects

Communication is any verbal or non-verbal, intentional or unintentional behaviour, which influences ideas, attitudes and behaviour or other people (DSM-5, APA, 2013)

There are two aspects to communication, verbal and non-verbal. Although the non-verbal aspect determines the course and outcome of a conversation almost twice as much as the verbal aspect, both aspects are significant, while particularly important is the harmonization of verbal and non-verbal contents.

Prerequisites for a successful **verbal exchange** are:

- ▶ Verbal contents expressed in simple, short sentences
- ▶ Short verbal sequence followed by pause, giving a chance to the conversational partner to get involved, add or ask for clarification
- ▶ Utilization of simple vocabulary, without professional and foreign terms or jargon
- ▶ Open-ended questions ("How...", "Could you explain...") avoiding closed-ended questions ("Have you...", "Why...")
- ▶ Eye contact and facing the conversational partner while addressing him/her, and while he/she is speaking
- ▶ Keeping approximately 1m distance from the conversational partner: in between personal (46 cm to 1 m) and social zone (1 to 3.5 m)
- ▶ Positioning oneself in semi-profile at an angle of 100° from the other person, faces equally lit, eyes at the same level

- ▶ Listening to the conversational partner, not interrupting him/her while speaking or pausing
- ▶ Active listening: occasional reflecting and summary of what had been said,
- ▶ Understand his/her feelings and respect the conversational partner
- ▶ Do not judge, label or impose opinions
- ▶ Communicate personal needs
- ▶ When necessary, setting consensual communication rules, (addressing manner, length of communication, documentation.)
- ▶ If necessary, explaining the aim of communication

Non-verbal aspect of communication involves messages which are exchanged simultaneously with the verbal ones through facial expressions, facial movements, gestures, tone, rhythm, speech rate, voice pitch and volume, body distance, posture and body movements... Non-verbal messages express mood, feelings, expectations and attitude towards the person we are talking to, i.e. attitude towards communication and expectations from the communication, or situation.

When communicating with children it is especially important to ensure that non-verbal messages reflect calmness and composure, openness and interest, politeness, warmth and respect for the child's personality. Speaking directly to a child is recommended, keeping the eyes at the same level, in semi profile, at distance of 60–70 cm, slightly bent towards the child, with kind but natural facial expression without prominent facial movements and sudden body movements, speaking in pleasant tone and moderate voice volume, keeping calm and consistent speech rhythm, making moderate and spontaneous gestures to support verbal messages when necessary.

Communicating with Children/Youth with Disabilities

Even though basic aspects of communication and general preconditions for successful communication are important when it comes to communication with children/youth with disabilities, there are additional guidelines to improve the quality, course and outcomes of communication.

A. Preparing a Conversation — General Guidelines

While preparing for conversation, it is necessary to

1. Keep in mind that even among the individuals with the same type of disability, the intensity and severity of their main disabilities may vary largely. Also, abilities and functioning of an individual are shaped by a series of different factors, so among the individuals with the same type of disability there are huge differences regarding their abilities, general functioning and their personality as a whole. Therefore, before the conversation commences, it is important to gather information, not only about person's disabilities or the assumed general characteristics of a group of persons with the same or similar disabilities, but also about a particular person.
2. Gather information about the engagement of a child/young person in peer groups and education system, given the connection between general communication skills and experience in a particular social environment. As a number of children/young persons with disabilities lives in isolation, lacks social experience and basic communication routine, and is particularly inexperienced with communication based on mutual participation of interlocutors and respect for dignity and appreciation, it might take some time and particular encouragement as well as certain conditions in order for them to develop such a role in the communication process.
3. Get information about communication patterns inherent to the cultural background to which these children/youth with disabilities belong.
4. Get information about the level of understanding and usage of both mother tongue and

the language of communication, possible individual communication signs and signals, communication aids or the need for an interpreter.

5. Estimate the time needed for a conversation, as well as extra time in case a child/youth speaks slowly or unclearly, uses special communication signs/communication aids, or needs assistance of an interpreter. Also, if there is a tendency to get tired or lose focus, or if there is any other reason to take frequent rests/breaks, it is necessary to count in more time for rest/ breaks
6. Get information about the possible influence of medications on their speech and other aspects of communication, their mood, behaviour and whether they are prone to fatigue
7. Make sure interlocutors are at each other's eye level, especially in case a child/young person with disability is using a wheelchair
8. Provide comfortable and stable sitting position, meaning that both legs can touch the floor, with forearms resting on the surface in front of the child/young person with disability
9. Make sure to place paper, pencils and crayons in front of a child/young person with disability in case interlocutors, children/young persons with disability in particular, need to emphasise the communicated message and improve the understanding of communication content.
10. Bear in mind potential additional needs of a child/young person regarding their accommodation and, if these requirements cannot be met, try to notify them about it in advance.

B. General Communication Guidelines during a Conversation

1. Introduce yourself and others, especially if a child/young person is visually impaired. You may offer a handshake even though a child/young person may have limited use of arms, uses left hand or has an artificial limb. If a child/young person cannot return a handshake, or might perceive it as a threat (in case he/she has faced sexual/physical abuse), then smile and verbally greet him/her.
2. Look at the child/young person, speak directly to them and not to people around them (including interpreter). When having a group conversation, indicate clearly whom you are addressing. If the conversation involves an interpreter, speak directly to child/young person and not to the interpreter, and do not refer to the child/young individual in the third person.
3. At the appropriate moment, propose the meeting duration, goal of the conversation, as well as ways of communication, while making sure that your interlocutor understands your explanations and suggestions, and try to obtain their approval.
4. As a part of the mutual communication agreement, explain how phrases such as "I don't know", "I don't remember", "I can't say" can and would be used. If a child/young person cannot pronounce them, then agree on other signs which they would normally use or other signs, designed especially for the occasion, to be used in place of these phrases. Also, allow them to suggest taking a break, pause or even postponing the conversation, under certain conditions. If the conversation involves young children or children/youth who cannot verbally express their needs and conditions, it is necessary to pay attention to changes in their behaviour which may indicate fatigue, discomfort, indifference or losing focus. If the signs of bad mood or frustration occur, you should adjust or stop the conversation.
5. Listen to what a child/young person is saying, do not interrupt them, treat them with dignity and respect, politely and kindly, and do not condescend to and patronise them. If the conversation involves older adolescents, you should address them by their first name only if you extend the same familiarity to others.
6. Speak in a normal tone of voice when greeting a child/young person with disability, do not raise your voice unless they ask you to. There are always various means to make communication more effective, which is why you should ask them whether the communication could be improved in any way.
7. Be patient, pay close attention to the child/young person, especially if they speak at a slow

pace or make an extra effort when speaking, and make sure they have enough time to express themselves.

8. If you have trouble understanding what the child/young person is saying, do not pretend you understand them and feel free to ask further questions if you are not certain what they are talking about; ask them to repeat/retell what they have said, or perhaps offer them to write it down. If, regardless of the efforts made, you fail to understand them, then rephrase the open-ended into yes/no questions. In some cases, you may ask them to use the signs they usually use when expressing agreement/disagreement or, in consultation with them, establish new ones.
9. If you feel that the child/young person with disability does not understand your words, repeat the question. If you still feel there is a misunderstanding, be flexible and make variations to the original question, but make sure you phrase the question without implying the answer.
10. Ask about their disability only if necessary. Make sure you always name a person first, and then their disability ('child/youth/person with disability').
11. It is necessary to use expressions and phrases respectful of dignity and individuality of the child/young person with disabilities. Whether you are addressing directly the child/young person with disabilities, or talking to others about them, using positive terminology is necessary. Thus, the term "normal person" is not recommended because it indirectly implies that person with disability is not normal. Also, group designations (such as "the blind," "the retarded," "the disabled") are just as inappropriate, because they show no respect for the dignity of the individual, equate the person with and reduce their whole personality to their disability. "Person with disability" is considered acceptable because it is a mere description free of any negative designation, whereas terms such as "disabled" or "handicapped" are unacceptable because they offend the dignity of and stigmatise the person. Also, "a person with intellectual/cognitive/disabilities" are affirmative terms whereas the terms "retard" and "mentally defective" are not; affirmative phrases are "person who is blind/visually impaired/deaf/hard of hearing/with hearing impairment" whereas negative are "the blind/the deaf/deaf and dumb/suffering a hearing loss"; affirmative phrases are "person who has multiple sclerosis/person with cerebral palsy/person with muscular dystrophy/person with epilepsy, person with seizure disorder" instead of "person afflicted by MS/CP or muscular dystrophy victim/spastic/cerebrally damaged/confined to wheelchair/epileptic"; affirmative phrases include "person with physical disability/who is unable to speak/psychiatric disability" whereas negative phrases are "crippled/lame/deformed/deaf/mute/lunatic/nuts." Apart from these, avoid expressions which imply that children/youth with disabilities are different compared to others, e.g. that they are extremely brave/at an advantage/above other people.
12. If you feel the child/young person needs assistance, then offer your help kindly and patiently; wait until the assistance is accepted without insisting on it and do not find yourself offended if the assistance is not accepted. Also, ask for instructions on how to assist them (e.g. if a visually impaired person asks for help, offer your arm and take the lead at a pace that suits him/her without dragging or pushing him/her).
13. When communicating with children/youth with disabilities try to relax and, should you make a mistake or cause confusion, apologise and try to keep a sense of humour. Don't be concerned if you happen to use common expressions such as "see you later," or "Have you heard about it?" which seem to directly relate to the person's disability, because these are the expressions also used by persons with disabilities themselves.

C. Tips for Communicating with Children/Youth with a Particular Disability

C.1. Communicating with Individuals Who Are Deaf or Hard of Hearing

1. Get the person's attention before starting a conversation (i.e. if it's a child, you can gently tap them on the shoulder/arm).

2. Look directly at the individual, facing the light. During a conversation, and especially while speaking, keep your hands away from your face and do not turn away from the person.
3. Use short, simple sentences. Avoid smoking or chewing gum during the conversation.
4. Speak clearly, in a normal tone of voice, do not yell or over emphasise words.
5. Check to see whether they have understood what you said.
6. If an interpreter is involved, do not speak to them, but directly to the person.

C.2. Communicating with Individuals Who Are Blind or Visually Impaired

1. Speak to the person while approaching them.
2. Clearly identify yourself in a normal tone of voice.
3. When conversing in a group, remember to identify yourself and the person to whom you are speaking.
4. Never touch or distract a service dog without first asking the owner.
5. Tell the person when you are leaving.
6. Do not attempt to lead the individual without first asking; allow the person to hold your arm and control their own movements.
7. Be descriptive when giving directions; verbally provide the person information that is visually obvious to individuals who can see (e.g. if you are approaching steps, mention the number of steps).
8. If you are offering a seat, gently place the individual's hand on the back or arm of the chair so that the person can locate the seat.
9. If you telephone the individual, allow the phone to ring longer than usual to allow extra time for the person to reach the telephone; speak clearly and, if necessary, repeat your name and the reason for your call.
10. If you need to give instructions about something, provide them in writing and style that suits the visually impaired persons or use Braille; if necessary, you can print the text with Braille embosser.
11. During a conversation, a door should be wide open or completely shut, meaning that it is necessary to maintain the same intensity of light in the room.

C.3. Communicating with Individuals with Mobility Impairments

1. Put yourself at the eye level of the wheelchair user.
2. Do not lean on a wheelchair or any other assistive device. Do not touch the cane, walker or wheelchair without their permission.
3. Do not patronize persons who use wheelchairs by patting them on the head or shoulder.
4. Do not assume the individual wants to be pushed —ask first.
5. Offer assistance if the individual appears to be having difficulty opening a door.
6. If you telephone the individual, allow the phone to ring longer than usual to allow extra time for the person to reach the telephone.

C.4. Communicating with Persons with Cognitive Disabilities

1. If you are in a public area with many distractions, consider relocating to a quiet or private location.
2. Use simple expressions. Avoid using slang and technical terminology. Check to see whether the person has understood what you had said. Be prepared to repeat what you say, orally or in writing.

3. Offer assistance in completing forms or understanding written instructions; offer an interpreter, if needed, and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not “over-assist” or patronise.
4. Be patient, flexible and supportive. Take time to understand the individual and make sure the individual understands you.

C.5. Communicating with Persons Who Have Communication Difficulties

1. Check all the aspects of a child/young person’s functioning, not merely its communication dimension — various other competences are relevant to the overall communication process.
2. Check whether there are any difficulties in receiving/processing/or giving information. If a person does not provide you with an answer immediately, it does not necessarily mean that they did not receive and/or understand the information.
3. Do not shout, speak too slowly or patronise because, even though there are communication difficulties, it does not necessarily mean there are hearing/understanding difficulties as well.
4. Look at the person, not at their communication device or their assistant.
5. Once you have asked a question, wait and do not speak only to avoid silence; it takes time to form a message on an assistive device.
6. If a child/young person’s sentences are incomplete, you should make sure you have guessed them correctly and complete them — seek the missing information.
7. Do not hesitate to say “I did not understand what you have just said, can you repeat it again.”
8. Ensure communication support, especially if it is necessary to complete person’s sentences, repeat or vary the questions; if you do not do this before the conversation has started, then define the style of communication you would be using and the way in which you will be using communication support.
9. Motivate a child/young person to continue communication, make sure you have established a working relationship.
10. Interview may take a long time and it is important that you plan on how to avoid fatigue, impatience and frustration of all participants.

C.6. Communicating with Persons with Autism Spectrum Disorders

1. Obtain information on a particular child/young person before starting an interview. Autism is a spectrum condition, which means that, while all people with autism share certain characteristics, their condition will affect them in different ways. Autistic spectrum disorders are diagnosed based on the presence of multiple symptoms that disrupt a child’s ability to communicate, form relationships, explore, play and learn. Obtain the information on or check the person’s ability to understand and keep information in their memory. Also, find out whether the child/young person displays echolalia (word repetition).
2. In the beginning, ask informal questions to become familiar with the communication style and find out what might influence their answers. Try to avoid confusion, ask simple questions which require descriptive answers, rather than asking yes/no questions.
3. Communication problems for People with autism may include Taking what is said too literally, missing humour, irony, and sarcasm so make sure you avoid making jokes, insinuations, being ambiguous, speaking in anecdotes or using jargon/slang.
4. Speak in a normal tone of voice, repeat questions and instruction several times, be patient while waiting for an answer or feedback.
5. Approach a child/young person calmly, in a non-threatening manner, avoiding sudden movements even at a greater distance. Be aware that people with autism may have emotional

difficulties and when stressed may exhibit disruptive or even aggressive behaviours. Also, people with autism may have a resistance to being touched and are sensitive to touch.

6. Should the child/young person show uneasiness, you might consider taking a break to let them recover and calm down following the excitement.

C.7. Communicating with Persons with ADHD

1. Before the interview, obtain information on the particular child/young person because there are many forms of ADHD which cause various difficulties in terms of attention focusing or hyperactive/impulsive behaviour. Also, find out what is their current medication, i.e. how medication might affect their behaviour during an interview.
2. Pay close attention to the environment: it is necessary to minimise the changes in the environment and the flow of new information. It is also necessary to think about the location and equipment in the room, as well as the equipment on the surface in front of the child: the child should be placed far from windows and noise, while the room should be free of other people passing by and a large number of things (pencils/papers/toys). It would be perfect if the table surface was tidy and free of excessive paper and stationary.
3. It is necessary to choose a room with enough space for the child/young person to stand up, stretch or move around occasionally.
4. Make sure there is enough time to rest and allow the child/young person to stand up/stretch/move through the room. In an ideal situation, breaks should be taken before the child/young person loses their focus.
5. If the child/young person experiences executive functioning issues, make sure you show extra patience, and let them find out and recognise the appropriate behaviour and know what they are expected to do. Always provide positive feedback ("It is great you have been sitting for so long" or "Thank you for being so patient while I was writing this down").
6. Try to keep eye contact and establish mutual attention direction, at the same time observing the child and trying to recognise his/her needs/intentions in order to respond adequately to his/her behaviour.
7. Make clear and consistent questions: wait a while until the child/young person provides an answer.
8. Visual support may be very helpful (e.g. a list of questions which can be ticked off each time a child/young person provides an answer, pictures showing topics of discussion...).

C.8. Communicating with Persons with Multiple Disabilities

1. When preparing for the interview, it is necessary to obtain previous information about the person and their disabilities, dominant communication channel, the usual assistive communication devices; find out whether the child/young person is prone to fatigue and what medications they might be using.
2. When planning the conversation schedule, leave enough time to establish contact, develop the relationship of trust and interaction. Also, extra time might be needed for breaks and for the child to answer questions.
3. Start the conversation by introducing yourself, defining the goals of the discussion and communication methods.
4. Address the child/young person directly, using a normal tone of voice.
5. Provide simple instructions and ask simple questions.
6. Observing body language and overall behaviour may be a source of information.
7. Ask for/provide an interpreter or a person who is familiar with communication characteristics/signs and the meaning of particular communication signals. However, it is necessary to make sure the interpreter has not been involved in the abuse.

D. Interview with the Child/Young Person Suspected of Being Abused

Interview with the child¹⁷ which we describe here is led by an expert when there are indications that the child has experienced abuse. The forensic interview implemented by an authorised person, i.e. expert, has its rules which are not presented here since they do not fall within the scope of this Guide.

The interview is conducted in several phases, and it is recommended for them to be implemented either during a single meeting, or in the course of several meetings. Though the aim of the interview is to shed light on the abuse incident(s), to which only two phases of the interview are directly dedicated, it is important to realise the content and aims of each individual phase. Namely, it is necessary for the conversation to be realised in predefined steps which are important not only in order to achieve the main aim of the interview, but also for the entire conversation to become a positive experience which empowers the child and stimulates the development of his/her relationships with oneself and others, in spite of revisiting and reliving traumatic events inherent to it.

Interview preparation — implemented in accordance with the principles and directions presented in the sections on communication and the guidelines for communication with children/young people with disabilities. Furthermore, the interview preparation also includes familiarisation with the existing pieces of information and documentation dealing with the incident/situation of potential child abuse.

The interview itself is implemented in the following phases (contents and the most important characteristics provided):

1. Introduction — the person conducting the interview introduces him/herself to the child, while also introducing the remaining persons present, acquainting the child with their role in the interview and the way in which the interview will be conducted.

2. Documenting — the child is said that the notes will be taken and/or the video will be recorded, in case it is to be so, and explained what purpose do the notes/recordings serve. Video recording requires the child's consent.

4. Asking general questions — it is also necessary to obtain the child's consent/promise that he/she will tell the truth concerning the incidents/situations in question. It is important for the child to understand that the truth implies the things that have actually happened. The child also needs to be allowed to make corrections to what the interviewer has said, and not respond to the questions in case he/she does not want to.

5. Building up the relationship, developmental assessment and practicing communication — this phases introduced with the statement: "I would like to get to know you better, tell me about the things that you like to do". This is followed by the questions aimed at getting to know the child, i.e. about school friends, favourite games, etc. Once these topics have been exhausted, you may move on to the subject of the family ("I would like you to describe your family to me"). After this general conversation, one separate event/incident, unrelated to the incident of abuse, needs to be picked out and processed. The aim of this phase is to train the child to provide comprehensive recounts of events, from start to finish.

6. Transition to relevant questions — this phase is introduced with informing the child that the conversation would transition to the questions relevant to the purpose of the interview ("Now I would like us to talk about the things for which you are here today"). What ensues are the **open ended questions** which allow the child to recount the event. In case the child fails to address the abuse after the first open ended question, you ask another one and then, should the need occur, ask carefully selected guiding questions.

¹⁷ According to Child Interview Guide. Harborview Center for Sexual Assault and Traumatic Stress, Seattle, available at <http://centerforchildwelfare.fmhi.usf.edu/kb/trpi/Child%20Interview%20Guide.pdf> interviewing abused child

If the child have already given his/her statement to someone, you may say: “I hear that you talked to (identified person) about a thing that happened to you. It is important for me to understand that, tell me what happened (if the child reports the abuse, transition to the next phase).

“Tell me about (context/location of the alleged abuse). In case the information provided by the child is unclear, seek to clarify it: “Tell me about the people who were present when it happened/ the people you live with. “Tell me about the things you like/dislike about (person).” (response) “What do you like/dislike about (person)?” “You told me earlier that you visit your father. Tell me what is going on with your father.” “Who helps you getting ready for bed?” “Tell me about going to bed.”

In case the questions about the context fail to provide evidence of abuse, begin with carefully selected guided questions, i.e.: “Tell me more about the location/time of the reported incident/suspected perpetrator. What did you like/ did not like? Why? Explain it to me.”

During the interview, timely react to non-verbal behaviour, or specific worries demonstrated by the child/youth, i.e.: “I see that you are crying. Tell me why is that so? You are exceptionally quiet. Why is that?”

7. Break — is made when necessary, when the child asks for it, or the signs of fatigue or anxiety are perceived in the child. The interviewer may also need a break, in order to recapitulate the course of the conversation thus far and identify the issues which need to be addressed in the following phase.

8. Clarification of the information that the child failed to mention — the child is asked in an open ended question to recount everything that happened to him/her which he/she failed to mention thus far: “Tell me everything that happened, from the very beginning, to what followed afterwards, down to the slightest of details which you may think not to be important.” Subsequently, use guided questions to collect the data about the time of the event, the child’s sensory impressions, crucial facts, etc.

9. Conclusion of the interview — immediately in this phase, the child needs to be provided the feedback on cooperation, i.e.: “You have answered a lot of my questions/you told me so much. Thank you for having this conversation with me.” The child’s free will needs to be supported, i.e.: “Is there anything else that you want/like/need to tell me/I need to know at this point? Do you have any questions about the things we have talked about that you would like to ask me?”

Make sure to ask the question pertaining to the child’s safety/security after the interview, i.e.: “Who can you turn to in case something worries you? Who can help you in case you are injured/something bad/scary happens? What makes you think that (quoted person) would be able to help you? What can (quoted person) do in order to help you?

At the end of the interview, guide the child to some neutral topic and the positive aspects of reality, i.e.: “Now you will get back to your classroom/home/other. What would you do when you get there?” “Thank you for having this conversation with me? What would you do when we finish?”

If appropriate, provide the child with the short description of your following steps, i.e.: “Now I will talk to (name).”

At the end, we reaffirm that the challenges in communication with and specific characteristics of children with disabilities may not be the reason or justification for the failure to realise these children’s right to be protected from all types of abuse and neglect.