EQUALITY

Violence against children with disabilities: legislation, policies and programmes in the EU

EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS

This report addresses matters relating to the right to integrity of the person (Article 3), the rights of the child (Article 24), and the integration of persons with disabilities (Article 26), falling under the Titles I 'Dignity' and III 'Equality' of the Charter of Fundamental Rights of the European Union.

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Foreword

International, European and national law all recognise the right to protection from all forms of violence, which applies to all children, including those with disabilities. Nonetheless, girls and boys with disabilities are more likely than their peers to experience violence, sexual abuse and bullying in schools, at home and in institutions across the European Union; they also often face violence linked to their disability.

This report scrutinises the important but under-reported issue of violence against children with disabilities. Complementing other research carried out by FRA – on the rights of persons with disabilities, rights of the child, hate crime, victims of crime and multiple discrimination – it aims to raise awareness of the diverse challenges faced by children with disabilities.

After outlining relevant international and European standards, the report reviews national legislation and policies addressing violence against children with disabilities. In addition, the report explores the extent and different causes, settings and forms of such violence. To encourage European Union (EU) Member States to share experiences and practices, the report also presents examples of promising practices and includes a concluding chapter outlining protective measures and initiatives adopted in various countries.

EU Member States have shown their commitment to the rights of children with disabilities in various ways. All of them have ratified the Convention on the Rights of the Child, and almost all have ratified the Convention on the Rights of Persons with Disabilities (CRPD). The EU itself is signatory to the CRPD, sending a strong message about the issue's importance. In its recently adopted Concluding Observations on the EU's implementation efforts, the CRPD Committee recognised the EU's commitment, but also voiced some criticism and specified recommendations for improvement, noting that children with disabilities still face abuse and exploitation, are often excluded from society, and lack access to mainstream education.

By presenting the current legal and policy landscape, shedding light on the extent and diverse aspects of the problem, and identifying remaining hurdles as well as possible solutions, FRA hopes to support future EU and Member State efforts to confront these lingering challenges.

Constantinos Manolopoulos
Director a. i.

Acronyms

CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CoE	Council of Europe
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DPO	Disabled Persons' Organisation
ECHR	European Convention on Human Rights (Convention for the Protection of Human Rights and Fundamental Freedoms)
ECtHR	European Court of Human Rights
EHIS	European Health Interview Survey
EHSIS	European Health and Social Integration Survey
ENIL	European Network for Independent Living
ESF	European Social Fund
ESIF	European Structural and Investment funds
EU	European Union
EU-SILC	EU Statistics on Income and Living Conditions
FRA	European Union Agency for Fundamental Rights
NGO	Non-governmental organisation
NHRB	National human rights body
OHCHR	Office of the High Commissioner for Human Rights
OP	Operational Programme
PA	Partnership Agreement
UN	United Nations
UNICEF	United Nations Children's Fund

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Executive summary and FRA opinions

Children with disabilities face significant barriers to enjoying their fundamental rights. They are often excluded from society, sometimes living in institutions or other facilities far from their families. Children with disabilities are denied access to basic services, such as health care and education, and endure stigma and discrimination, as well as sexual, physical and psychological violence.

This report outlines the findings of research conducted by the European Union Agency for Fundamental Rights (FRA) on violence against children with disabilities, focusing on the extent, forms, causes and settings of such violence.

The report is based on desk research covering all 28 EU Member States, examining legal and policy provisions that address violence against children with disabilities, as well as national measures for preventing, and protecting against, this violence.

In addition, individual interviews were conducted in 13 EU Member States: Austria, Bulgaria, Croatia, the Czech Republic, Denmark, Italy, Lithuania, the Netherlands, Poland, Portugal, Slovenia, Sweden, and the United Kingdom. These countries reflect a range of geographical regions and a variety of approaches to law and policy, as well as to data collection methods. In total, between April to September 2013, 132 interviews based on semi-structured questionnaires were conducted with stakeholders from designated bodies of the national frameworks for implementing the Convention on the Rights of Persons with Disabilities (CRPD). These include public authorities, health professionals, educational professionals and providers of services for children with disabilities; civil society organisations, including organisations representing people with disabilities; parents' organisations; victim support organisations; NGOs working in the field of children's rights; as well as various human rights bodies, such as national human rights institutions (NHRIs) and Ombudspersons.

Violence against children with disabilities: a fundamental rights issue

International and European legal and policy frameworks acknowledge that violence against children with disabilities requires particular attention by policymakers and practitioners. The Convention on the Rights of the Child (CRC) and the CRPD are essential in ensuring that children with disabilities are protected from violence; one specifically relates to children and the other to living with a disability. All EU Member States have ratified the CRC and, as of September 2015, 25 EU Members States have ratified the CRPD. In 2010, the EU also acceded to the CRPD, meaning that the convention is now an integral part of the EU legal order, and that all EU legislation and practices must be consistent with its requirements.

The treaty bodies of both of these UN conventions have elaborated on violence against children with disabilities in several General Comments and in Concluding Observations to States Parties' reports. Member States have also acknowledged the protection needs of children with disabilities in various ways, such as when criminalising violence or when defining national policies to address it. In its recent Concluding Observations to the European Union, the CRPD Committee recommends that the EU take necessary measures to mainstream disability in all legislation, policies and strategies for fighting violence, abuse and exploitation.

Violence against children with disabilities is difficult to substantiate since these children are largely invisible in official statistics. Few reliable estimates of the number of children with disabilities exist, due to outdated and varied definitions of disability; a lack of reliable data-collection methods on disability, especially among children; as well as differences in approaches to collecting data on disability prevalence across countries. The 2011 World Report on Disability, citing the 2004 Global Burden of Disease study, estimates that the average global prevalence of moderate and severe disability in children aged 0–14 years is 5.1 %. This corresponds to about 93 million children around the world. There is no unified source that provides data on children with disabilities in the EU.

Although there are similarly little data regarding the extent of violence against children with disabilities, respondents in the context of this research indicated a high prevalence of abuse against such children. UNICEF estimates that children with disabilities are three to four times more likely to experience physical and sexual violence, as well as neglect, than non-disabled children.

> *"Children with disabilities appear to be very vulnerable, much more vulnerable than all other children."*
>
> (Representative of a children's rights NGO, Netherlands)

> *"It definitely happens to them. It's […] very serious. And evidently the cases that are dealt with are just a fraction of the actual number […]. It's a problem that's much larger than we think."*
>
> (Clinical psychologist, Czech Republic)

Children with disabilities can fall victim to violence in different settings, including schools, at home, or in institutions. Compared with adults, all children are in a situation of vulnerability, due to their stage of development, limited legal capacity and dependence on parents or other caretakers. This situation is exacerbated when a child has an impairment. Children with disabilities experience higher rates of violence as well as disability-specific forms of violence, which are different to those experienced by children without disabilities. They include violence motivated by prejudice towards the disability, restraint, sexual abuse during daily hygiene routines, violence in the course of treatment, as well as overmedication. Research shows that children with disabilities are particularly vulnerable to psychological, sexual and physical abuse, which can devastate their lives.

> *"Children with disabilities are among the most stigmatised and marginalised children and it could be said that the risk of violence for them is significantly higher namely because they are ignored by society and there is a negative traditional mind set."*
>
> (Public authority representative, Bulgaria)

Social isolation and stigma, as well as their particular situation and higher reliance on care – at home, in care centres and in institutions – increases the risk of violence for children with disabilities for a variety of reasons. Impairments often make children appear as 'easy targets', because they may lack the skills to protect themselves, face barriers in reporting violence, or their complaints might not be taken seriously. Gender and ethnic, migrant or socioeconomic status can add additional layers of risk. The impact of these factors, which increase the risk of violence, is multiplied when child protection services do not respond adequately to specific needs of children with disabilities – whether due to inaccessibility or a lack of trained professionals.

> *"We estimated that [...] if you were a black boy, classed as 'special educational needs' from a low income background, you were 168 times more likely to be excluded from school than a girl from a more affluent area without 'special educational needs'."*
>
> (Respondent from a national human rights body, United Kingdom)

Children with disabilities are often excluded from child protection services or initiatives that cater to child victims without disabilities. This makes it more likely for children with disabilities to fall between the cracks of general child protection services and specific services for persons with disabilities. Furthermore, providing services to children with disabilities is often in the hands of several organisations or different authorities that do not properly coordinate their efforts.

"For example, it can happen that three bodies are acting in parallel, without networking in terms of information sharing, without case conferencing or coordination of some segments of action. They would be much more effective if they were interlinked and networked, if they were exchanging information." (Respondent from a national human rights body, Croatia)

Child protection systems, reporting mechanisms and victim support services often fail to take into account the needs of children with disabilities, placing further obstacles in the way of those seeking support, trying to report abuse, or seeking redress. The European Commission reflection paper on "*Coordination and cooperation in integrated child protection systems*" has emphasised the need to ensure that national child protection systems are accessible to children in vulnerable situations, including children with disabilities.

Key findings and FRA opinions

Based on its research, FRA believes that policymakers and relevant stakeholders should concentrate their efforts to fight violence against children with disabilities, and to effectively protect them from abuse and exclusion across the EU, on the action areas outlined below.

Establishing more inclusive child protection systems

Measures to prevent and address violence against children with disabilities are most effective when they are holistic and cross-cutting. FRA research indicates that efforts need to involve and target all actors who play a role in a child's life – from families, communities, professionals and institutions to the general public.

When combined with disability, other factors – such as a child's gender, socioeconomic, ethnic or migrant background – increase the risk of violence. It is therefore important to recognise the multiple layers of risk, take preventive measures, and craft services and measures to provide multi-faceted support. Many respondents stressed that early intervention systems are often inadequate for children with disabilities, failing to rapidly identify and respond to risk situations.

Child protection services play a vital role in ensuring that the multiple needs of children with disabilities are adequately addressed. But they sometimes fail to cater to the specific needs of children with disabilities, and are often inaccessible, both in terms of physical accessibility and a lack of staff with the requisite skills or training.

General services and measures targeted at children or adults with disabilities tend to overlook the specific support needs of, and barriers faced by, children with disabilities, which can prevent them from accessing services.

Member States have adopted different policy approaches to tackling violence against children with disabilities. Some include the protection of children with disabilities in child protection policies, while others address this in policies on the rights of persons with disabilities; and some have devised specific policies to address violence against all children in schools or at home. While these general policies acknowledge the higher risk of violence faced by children with disabilities, they often fail to establish concrete measures. A majority of respondents asserted that policies should have a holistic aim, cover all children – including children with disabilities – and thus avoid having separate instruments covering different groups of children (for an in-depth analysis, see Sections 2.2., 3.1., 3.3. and 4.6).

FRA opinions

EU Member States should address violence against children with disabilities through an integrated approach. General policies targeting children or persons with disabilities should recognise that children with disabilities face a higher risk of violence and set out concrete, specialised measures and accessible support services. Such an integrated approach helps ensure that protecting children with disabilities is part of the general national child protection system, and that all measures and support services for children who are victims of violence are age-, gender- and impairment-sensitive.

Child protection services should provide all-round support to children with disabilities and their families. They should also take into consideration other characteristics that could increase the children's vulnerability to violence, such as gender, ethnicity and socioeconomic background. Prevention programmes could include early intervention programmes, awareness-raising measures, training on responsible parenting and family support, as well as respite programmes.

EU Member States should ensure that public authorities monitor the situation of children with disabilities, especially with regards to violence. They should involve, as appropriate, independent monitoring mechanisms established under Article 33 (2) of the CRPD, as well as national human rights institutions.

Enhancing the legal and political frameworks for protecting children with disabilities

Respondents identified a number of challenges in addressing violence against children and ensuring that crimes against them are efficiently prosecuted. These include difficulties in viewing children with disabilities as reliable witnesses in court, a lack of trained professionals, a lack of age-appropriate and accessible complaint mechanisms, and low levels of reporting.

FRA research shows that most EU Member States consider disability and age as aggravating factors for violent crimes. At the EU level, several directives protect children with disabilities from violence. Directive 2011/93/EU on combating the sexual abuse, sexual exploitation of children and child pornography (Combating Sexual Abuse and Exploitation Directive) and Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime (Victims' Rights Directive) aim for a certain level of harmonisation of criminal law provisions, including regarding support for child victims, reporting of crimes and prosecuting offenders.

Only 13 EU Member States explicitly address bias based on disability in their criminal code. Of these, only a few separate the hate motivation from the basic offence by using enhanced penalties to stress the severity of bias-related offences; most define bias motivation as an aggravating circumstance.

The European Commission has adopted policy documents on both children's rights policy and disability policy – the EU Agenda on the Rights of the Child and the European Disability Strategy 2010–2020, respectively. Both refer to the rights of children with disabilities. In addition, the Commission has established two groups consisting of Member State representatives – one of experts on the rights of the child, and one on the rights of persons with disabilities – allowing for cooperation and exchanges of information, experiences and good practices. As a party to the CRPD, the EU is bound by the convention's obligations to the extent of its competences. In the Concluding Observations on the initial report of the EU, the CRPD Committee specifically recommended that all disability strategies address and mainstream the rights of boys and girls with disabilities.

The European Parliament has two distinct Inter-groups – one to deal with issues relating to children and another relating to disability policy. These structures could increase the attention paid to children with disabilities, particularly to issues of protection from violence, in discussions and actions (see Chapters 1 and 2).

FRA opinions

EU Member States should ensure that victim support services, as well as judicial and non-judicial redress mechanisms, are fully accessible to children with disabilities who are victims of violence and their families. They should also promote the reporting and recording of incidents through active outreach policies. Redress mechanisms should provide age- and impairment- appropriate accommodations and professional support.

Member States should ensure that specially trained staff are involved in investigating and following up on reported incidents of violence against children with disabilities, including during the individual assessment required by the Victims' Rights Directive.

Member States must ensure that age and disability are regarded as aggravating factors in the context of sexual violence, as established in the Directive combating the sexual abuse, sexual exploitation of children and child pornography. They should consider including disability on an equal basis with other forms of bias motivation and introducing enhanced penalties for bias-motivated offences, as suggested in the FRA Focus paper entitled Equal protection for all victims of hate crime – The case of people with disabilities.

The European Commission should consider including a comprehensive rights-based strategy for children with disabilities in future reviews of the EU Agenda on the Rights of the Child and other children's rights policies. The mid-term review of the European Disability Strategy 2010–2020 should include explicit measures for the protection, promotion and fulfilment of the rights of children with disabilities, with specific reference to the prevention of violence.

Ensuring coordination and appointing a focal point for children with disabilities

Respondents emphasised that a holistic framework bringing together all bodies involved in child protection is essential to prevent violence against children with disabilities. Such a framework should include disabled persons' organisations and organisations that represent children with disabilities and their families. Respondents stressed that cooperation needs to start at the stage of developing strategies and action plans, and then be reflected in the actual implementation of policies and the provision of services.

Services for children with disabilities are often developed by a range of actors. To avoid overlaps or gaps, regular and coordinated cooperation is crucial. But respondents note that a lack of cooperation often hinders the effective provision of services; that formal coordination mechanisms are either missing or not implemented in practice; and that cooperation is mainly informal and takes place outside of established channels. Even where formalised coordination mechanisms are in place, they often fail to address children with disabilities' particular risks of, and greater vulnerability to, violence. Professionals generally lack the competence and knowledge to adequately address potential risk situations and cases of abuse concerning children with disabilities.

In addition, respondents noted a lack of unified procedures across professional groups – such as police, social, health and educational staff – and stressed that often even a common understanding of how to recognise and address abuse against children with disabilities is lacking (see Sections 2.2., 2.3., 4.4. and 4.5).

FRA opinions

EU Member States should consider appointing a national focal point for children with disabilities, as suggested in CRC General Comment No. 9, to ensure appropriate coordination between all actors – both public and private – who provide services and support to children with disabilities. This focal point should closely cooperate and coordinate with the national mechanisms in place for implementing the CRPD, defined in its Article 33.

To facilitate the work of such national focal points, Member States could create, at the local level, a network of coordination mechanisms responsible for overseeing the implementation of national policies and measures, improving collaborative and integrated responses in cases of violence, and ensuring adequate cross-professional capacities in assessing risk situations. Such coordination mechanisms could bring together professionals from the health, social, and educational sectors; judicial authorities; social workers; practitioners working in victim support organisations; as well as representatives of DPOs and organisations of children with disabilities and their families. This would help avoid the compartmentalisation of responses and improve the coordination of services for children with disabilities.

Member States should consider standardising operational procedures among different authorities responsible for preventing and responding to violence against children with disabilities, for example, through targeted memoranda of understanding clearly defining responsibilities, procedures and referral mechanisms. Another effective way to promote cooperation would be to provide compulsory training courses bringing together professionals working in diverse fields.

Addressing societal attitudes, promoting diversity and countering isolation

Violence against children with disabilities takes many forms and occurs in diverse settings. Respondents identified various causes of violence, ranging from negative societal attitudes based on prejudice and a lack of knowledge or understanding about disability to professional or individual attitudes rooted in intolerance towards the 'other'.

According to the respondents, social exclusion and isolation increase the risk of violence against children with disabilities in various settings. They noted that the institutional isolation of children with disabilities limits their interaction with the general population, hampering broad awareness and understanding of disabilities.

Respondents also stressed that children who are disabled and have other vulnerable characteristics – due to their socioeconomic status, ethnicity, migrant status, or gender – face an increased risk of violence (see Section 3.2. and Chapter 4).

FRA opinion

EU Member States and the EU should develop awareness-raising and accessible-information campaigns to raise awareness of the CRPD, promote diversity, combat prejudice and tackle the societal stigma and isolation of children with disabilities. Such campaigns should target the general public, parents, children, as well as public officials and professionals working with these children. Various institutions at the national level, such as relevant ministries, national human rights bodies, NGOs and DPOs, could organise these campaigns.

Promoting child-focused prevention measures and child participation

The research shows that EU Member States have established a number of measures to address violence against children with disabilities, targeted at various groups, including children themselves. However, including children with disabilities in mainstream activities is not always ensured. Respondents noted that, due to their isolation, children with disabilities are often excluded from formal and informal activities that teach children how to identify risks and respond to violence.

Respondents point to children with disabilities' lack of understanding of what constitutes abuse as a main risk factor. Many children with disabilities may not be aware that certain behaviour is unacceptable, particularly in the case of sexual abuse.

Promoting the participation of children and persons with disabilities is one of the key pillars of the CRC and the CRPD. Respondents believe that, despite the efforts of DPOs, NGOs, NHRBs and other actors, children with disabilities remain excluded from opportunities to express their views. When children with disabilities are not given a voice, they remain invisible in policy planning and their needs unmet by inaccessible general services. Respondents highlight the importance of including children with disabilities in activities that promote their general participation in all aspects of life as key to preventing violence and giving them tools to identify and report violent incidents (see Section 2.5. and Chapters 3 and 4).

FRA opinions

EU Member States should establish, in cooperation with civil society actors, appropriate educational programmes that strengthen the self-confidence and assertiveness of children with disabilities to help them identify risky situations and inappropriate behaviour, and determine how and where to seek advice and redress. Such programmes should include information about relationships and sexuality to permit children with disabilities to distinguish between appropriate and inappropriate sexual behaviour.

Member States should ensure that educational programmes on violence, bullying or general children's rights issues are fully accessible to children with disabilities, irrespective of impairment, and sensitive to gender and other characteristics, such as ethnic and/or migrant background.

In line with their obligations under the CRC and the CRPD, Member States should ensure that the voice of children with disabilities is represented, directly and through representative and family organisations, in the design, implementation and monitoring of laws, policies, services and measures addressing violence against them. To this end, EU Member States should consider strengthening existing consultative mechanisms, for example by setting up advisory bodies that include children with disabilities and their representatives.

Providing family-focused services

Violence against children with disabilities also occurs in domestic settings. Respondents identified exhaustion, burn out, economic distress and a feeling of being "left alone" amongst families and carers of children with disabilities as the main triggering factors. Respondents highlighted insufficient support in easing the financial, physical and emotional burden placed on families and care givers of children with disabilities, and stressed the importance of providing programmes – such as respite programmes – to reduce stress. Many pointed out that rural areas particularly lack support services for children with disabilities and their families.

Respondents believe that the exposure and response to violence may be linked to a child's personal or family situation, such as being at risk of poverty, having a migrant or ethnic minority background, or growing up in a single-parent household. Respondents often mention the financial strain on families as a possible cause of neglect and a key area in which social support is needed. Respondents found that families living beneath the poverty line have less knowledge of, and access to, services, and hence fewer opportunities to get support.

Respondents also noted that feelings of shame and disappointment are sometimes attached to the disability of a family member, especially of a child, and that disability can be considered taboo. This makes family members reluctant to access support services to address exhaustion or burnout (see Sections 3.2., 3.3., 4.3. and 4.6).

FRA opinions

EU Member States should provide child protection services with the necessary training and resources to prevent abandonment, and assist families in ensuring that children with disabilities stay with their family, while safeguarding the child's best interests. To this end, child protection services should provide targeted information, orientation, counselling, peer support and training to families, as well as direct and indirect financial support reflecting the needs of children with disabilities and their families. Respite care programmes should be offered to parents or other carers at an affordable cost to prevent burn-out or neglect due to exhaustion.

Member States should ensure that the multiple layers of risk faced by children with disabilities are acknowledged and addressed by child protection services, such as through the early identification of risk and comprehensive family-focused support services. Special attention – including through outreach by organisations that represent children and children and adults with disabilities – should be given to migrant and single-headed families, families at risk of poverty or in other vulnerable situations, and families living in rural areas, as they may not be aware of available support.

Ensuring inclusive education and participation in all aspects of life on an equal basis with others

Respondents indicate that children with disabilities are more vulnerable to abuse at school, both from their peers and from teachers. This reflects a lack of proper mechanisms to ensure inclusion in mainstream schools, inadequate training of teachers and the absence of robust prevention mechanisms. Respondents spoke about widespread bullying of children with disabilities, as well as other, more subtle, forms of violence, such as exclusion and isolation. The research shows that Member States implement various instruments to address bullying in schools, and that these could more strongly consider children with disabilities.

Article 24 of the CRPD reflects a clear commitment by States Parties to ensure an inclusive educational system for children with disabilities, and obliges states to provide the support necessary to facilitate their full and equal participation in education. However, many respondents noted difficulties in accomplishing an inclusive education, and argued that, to ensure a safe environment for all children, including children with disabilities, in mainstream schools requires proper support to enable genuine participation, and not just integration (see Sections 3.3., 4.2. and 4.4).

FRA opinions

EU Member States should ensure that schools provide a safe and supportive environment with "zero tolerance" for any form of violence, and that they have effective mechanisms in place to respond at the earliest sign of hostility. Anti-bullying policies and procedures should specifically include children with disabilities.

Member States should ensure that all teachers, support staff and other educational professionals have the skills and tools necessary to identify and react to cases of violence against children with disabilities in school settings. Educational authorities could consider incorporating children's rights, with a particular focus on children with disabilities, into teacher training curricula. They should also address the lack of, or shortages in, appropriate training on recognising violence and on early intervention.

National human rights mechanisms, including equality bodies, national human rights institutions and children's ombudspersons, should be mandated, resourced and encouraged to monitor and raise awareness on the rights of children with disabilities in education and to investigate and follow up on cases of violence, denials of access to mainstream schools and bullying of children with disabilities.

Organisations representing children and children and adults with disabilities should be encouraged to support children with disabilities and their families to ensure their inclusion in education, and should develop and conduct educational campaigns to be carried out by self-advocates and role models in schools. Reaching out to school authorities to provide information and knowledge on the specific support needs of children with different forms and extents of impairments would strengthen the effectiveness of such actions.

Advancing deinstitutionalisation efforts and strengthening the monitoring of institutions

There is no reliable data on the exact number of children living in different institutional settings, but estimates suggest that around 150,000 children live in residential settings across the EU. Member States have in recent years made progress in gradually moving from institutional-based care systems to family-based care. However, the institutionalisation of children with disabilities remains a concern, as repeatedly highlighted by the CRC and the CRPD Committees. Institutionalisation increases the likelihood of children becoming victims of neglect and mental, physical or sexual violence; some respondents view institutionalisation itself as a form of violence. In addition, the vetting of residential care personnel in Member States does not always cover all groups of professionals, and its frequency is not determined by law. Respondents felt that violence and neglect can easily be hidden in institutions. They criticised monitoring mechanisms for lacking rigour, noting that inspections of institutions are often not systematic, and are reactive rather than preventive – for example, only after the media reports on abuse or deaths in institutions. Some respondents also claimed that certain monitoring bodies lack competence or independence.

Other challenges highlighted by respondents include problematic working conditions for staff, resulting in burnout, and training that is inadequate, sporadic and often not mandatory.

The legislative package for the European Structural and Investment Funds (ESIF) for the period 2014–2020 brought important changes that prioritise deinstitutionalisation and compliance with the CRPD. The criteria attached to promoting social inclusion and combating poverty and discrimination – the so-called 'ex ante conditionalities' that Member States must meet to benefit from ESI funds – are particularly important, and include "measures for the shift from institutional to community based care" (see Sections 3.2. and 3.3).

FRA opinions

Member States should consider banning placing children – especially those under the age of three – in institutions, regardless of the type or severity of their impairment, as endorsed in the UN Guidelines for the Alternative Care of Children. Member States should allocate resources for the prompt deinstitutionalisation of children with disabilities and their full inclusion in the community. In this respect, Member States should make use of the EU Structural and Investment Funds to support both children with disabilities and their families in the transition from institutional to family-based care.

Member States should strengthen monitoring and inspections of institutions and other closed residential settings to address neglect, mistreatment and other forms of violence. This is particularly important with deinstitutionalisation under way (partly funded through the EU's Structural and Investment Funds). Monitoring should be independent, well-resourced and involve regular and unannounced inspections.

Developing targeted tools, allocating adequate resources and improving human resource capacity

The research suggests that the existing national legal and policy frameworks can address violence against children with disabilities only if adequate resources are provided for their implementation. Respondents identify overextended and untrained personnel, staff burn-out, a lack of resources and problematic working conditions as some of the obstacles to effectively addressing violence against children with disabilities.

Respondents suggest that, in addition to 'specialised' professionals in daily contact with children with disabilities, professionals providing general services – such as doctors, nurses and teachers – should be trained on the rights of children with disabilities, accessible communication methods, as well as on means and processes to identify, respond to and report violence against them.

Respondents consider the lack of practical guidance and tools to be a main challenge in the implementation of laws and policies. These should target different professionals, and clearly outline how to prevent and respond to violence.

The EU has established EU funding schemes – such as the Rights, Equality and Citizenship Programme 2014–2020, which replaced Daphne in 2013 – to support activities relating to research, training, guidance development, and good practice exchanges, including in the area of combating violence against children. Respondents recognise the positive impact these funding schemes can have at the national level (see Sections 2.3., 4.4. and 4.6).

FRA opinions

EU Member States should facilitate the effective implementation of existing laws and policies on preventing violence against children with disabilities by developing practical guidelines, protocols and training to enable professionals to recognise violence against children with disabilities, adequately support victims and their families, and ensure that perpetrators face justice. Such tools should be jointly developed with organisations that represent children and adults with disabilities and their families, and be supported with the human and financial resources necessary for their implementation.

Member States should review the required qualifications and working conditions of professionals working with children with disabilities to ensure that these professionals have the requisite skills and time for preventing, and responding to, violence against the children.

Member States should provide compulsory training for professionals who may potentially work with children with disabilities. Such training should be based on a systematic needs assessment, and should cover the legal and policy framework, stress management, and recognising and reporting violence. Training should also cover how to accessibly communicate with children, including those with hearing, cognitive, speech, intellectual or psychosocial disabilities. Different professionals should be targeted, including: teachers and other educational professionals; doctors, nurses and other healthcare professionals; and providers of specialised and general services for children and care workers.

Guidelines and toolkits for practitioners working with children with disabilities, as well as for general services staff – such as health and educational professionals – should be developed to provide clear guidance on responsibilities, prevention, referrals and steps to take when suspecting violence.

To achieve sustainable and tangible results with respect to social inclusion, Member States should make use of available EU funding – such as via ESIF and the Rights, Equality and Citizenship Programme – to develop community-based services for children and their families, and to raise public awareness.

The European Commission should ensure that the Concluding Observations of the UN CRPD Committee regarding the use of European Structural and Investment Funds are implemented. These recommend that the European Union strengthen the monitoring of the use of ESI funds to ensure they are being used strictly for the development of support services for persons with disabilities in local communities and not the re-development or expansion of institutions; and that the European Union suspend, withdraw and recover payments if the obligation to respect fundamental rights is breached.

Collecting data

The research shows increased awareness of violence against children with disabilities and the legal obligations established in the CRC and the CRPD, but reliable data regarding the situation in the EU remains lacking. Respondents believe that the lack of information on the scale, forms and characteristics of violence against children with disabilities inhibits the development of targeted policies and programmes. Without proper data, service providers are not aware of the needs of children with disabilities, putting them at risk of being overlooked by inaccessible and unresponsive services.

The research also shows that some countries collect data on violence against persons with disabilities, but do not filter the data based on age, while others collect data on violence against children in general, but do not collect information about the childrens’ disability status. This is true of both official governmental sources as well as of information collected by civil society.

Respondents emphasised that, where data and research on the situation of children with disabilities are available, efforts should be made to disseminate results widely among all concerned actors to trigger evidence-based reforms and targeted measures (see Sections 2.4. and 4.2).

FRA opinions

In line with their obligations under international law, the EU and its Member States should collect disaggregated statistical and research data to permit them to formulate and implement policies to prevent and address violence against children with disabilities. Member States that already collect data on violence against children should make sure that these data are appropriately disaggregated and in accessible formats. Data should at a minimum include information on reported cases of violence against children with disabilities, and on investigations, prosecutions and protection services provided. Data should provide information on the type of violence, including whether discriminatory or bias-motivated; the perpetrator; the type of impairment, including multiple or severe impairments; and other victim characteristics, such as gender, migrant status and socioeconomic background, to uncover patterns and information about sub-groups of children with disabilities.

Member States should also collect and publish disaggregated data on the operation of crisis hotlines, child helplines and victim support services.

Member States could consider establishing a database listing the different forms of support available through public services and civil society organisations, including disabled persons' organisations and victim support organisations. This database could also act as a gateway to existing tools, such as training or awareness-raising materials.

Member States could consider developing, with the support of FRA, fundamental rights indicators that can support monitoring and evaluating the implementation of policies and measures addressing violence against children with disabilities.

Introduction

This report outlines the extent, various forms and characteristics of violence against children with disabilities, as well as the different protection and prevention measures adopted in EU Member States. It aims to provide further information on a subject regarding which there is limited research and awareness, but which deserves attention from policymakers and society as a whole. Parts of society still incorrectly assume that children with disabilities are among the most protected group of children, and that it is not possible that they are subjected to violence.

The report is part of the FRA's broader work on the rights of children and of persons with disabilities, as set out in the Multi-Annual Framework 2013–2017. It follows previous FRA research, which included interviews with adults with disabilities and shows that targeted violence and hostility – often experienced from childhood and throughout adult life – strongly interfere with people with disabilities' ability to enjoy their rights. FRA research into child protection systems across the EU Member States shows that children with disabilities often remain overlooked by generic protection systems, and that many Member States have no structure or mechanism in place for consultation with children and families, and even less so for children with disabilities. This report thus builds on previous FRA research, particularly on the reports listed in the box highlighting recent FRA publications.

FRA PUBLICATIONS

This report builds on previous FRA research, particularly on the following publications:

- Choice and control: the right to independent living (2012)
- Making hate crime visible in the European Union: acknowledging victims' rights (2012)
- Opinion of the European Union Fundamental Rights Agency on the Framework Decision on Racism and Xenophobia – with special attention to the rights of victims of crime, FRA Opinion No. 02/2013 (2013)
- Victims of crime in the EU: the extent and nature of support for services (2015)
- Equal protection for all victims of hate crime - The case of people with disabilities, FRA Focus (2015)
- Child-friendly justice – Perspectives and experiences of professionals on children's participation in civil and criminal judicial proceedings in 10 EU Member States (2015)
- Mapping of child protection systems, online, (2015)

There are little data and research available regarding many aspects of the lives of children with disabilities in Europe, including on violence. Existing research shows that children with disabilities face higher rates of violence, with UNICEF estimating that such children are three to four times more likely to experience physical and sexual violence, and neglect, than non-disabled children.[1] Children are vulnerable to violence due to their stage of development or dependence on caretakers. Children with disabilities are even more vulnerable, given that they depend more on care-takers, and face specific forms of violence, including social exclusion and hate crimes.

The CRC and the CRPD are the main international instruments acknowledging that children with disabilities have a right to protection from violence. In line with Article 19 of the CRC, violence is understood as any form of physical or mental violence, injury, abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse:

> *1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
>
> *2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*
>
> *CRC, Article 19.*

The EU and its Member States have a solid legal framework prohibiting discrimination and violence against children with disabilities. Almost all Member States have ratified the CRPD, and the EU has acceded thereto, creating momentum for disability rights and fostering developments in recent years.[2] But the Concluding Observations of the CRPD Committee to the EU's first report, adopted in September 2015,[3] point out that there is still a long way to go for full implementation of the CRPD within the EU's competences.

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[1] UNICEF (2013), *The State of the World's Children 2013. Children with disabilities*, New York, UNICEF.

[2] FRA (2015a).

[3] UN, CRPD Committee, Concluding observations on the initial report of the European Union, CRPD/C/EU/CO/1, 4 September 2015.

Several EU instruments – of primary and secondary law – are relevant to this research, mainly the Victims' Rights Directive and the Combating Sexual Abuse and Exploitation Directive. A number of policies are also relevant, particularly the EU Agenda for the Rights of the Child and the European Disability Strategy 2010–2020, as are EU funding schemes such as the ESIF funds, further analysed in this report.

National policy frameworks often acknowledge that children with disabilities are more vulnerable to violence, but lack concrete and targeted measures or basic disaggregated data on the issue. An important conclusion of the research is that children with disabilities need to be integrated into general child protection policies and services, without spurring further isolation by creating separate instruments or programmes. Here coordination between the various actors and structures is essential, and the report presents concrete suggestions on how to improve multi-agency cooperation. Enabling professionals to support children's individual needs requires resources, developing tools, training, and better working conditions.

In the context of addressing deinstitutionalisation efforts in EU Member States, as well as the use of ESI funds, the reports also acknowledges both the abuse suffered by children in institutions, and the importance of strengthening family support to allow them to take care of their children in a safe environment.

Scope, methodology and structure

This report presents an overview of the applicable international, European and national frameworks, and the challenges faced in implementing the existing frameworks at the national level. This is followed by an overview of relevant standards, and an outline of research findings and respondents' views on the extent of violence, its causes, and the different settings in which it can occur – focusing on violence at home, in school, and in institutions.

Following up on previous FRA work, this research also looked into how disability intersects with other characteristics, and at the multiple discrimination faced by children from ethnic minorities, girls, and children with disabilities who are also in a situation of poverty.

The report also presents – either in promising practice boxes throughout the report or by identifying preventive measures – examples of various Member State efforts to fight violence against children with disabilities. The preventive measures are listed in Tables in Chapter 4. The scope of the research did not allow for an evaluation of any of these measures, so the Tables aim only to promote the sharing of experiences, and to inspire national authorities and NGOs to explore different ways of responding to violence against children with disabilities.

This report is based on desk research in 28 EU Member States and interviews with stakeholders in 13 Member States. The desk research examined national legal and policy instruments addressing violence against children with disabilities, data collection, case law, measures taken by national authorities and programmes that address specific forms of violence.

The interviews complement the information gathered through the desk reports, providing in-depth information about important characteristics of violence against children with disabilities, the implementation of laws and policies, triggers of violence in particular settings, as well as the operation of prevention and protection measures.

The 13 EU Member States selected for the fieldwork reflect a range of geographical regions and a variety of legal and policy frameworks (Austria, Bulgaria, Croatia, Czech Republic, Denmark, Italy, Lithuania, the Netherlands, Poland, Portugal, Slovenia, Sweden, and the United Kingdom). In total, 132 interviews with select stakeholders were conducted on the basis of semi-structured questionnaires from April to September 2013, including with representatives from:

- designated bodies of the national frameworks for the implementation of the CRPD Art. 33 (1) national focal points and Art. 33 (2) independent mechanisms;
- public authorities, health professionals, educational professionals, and service providers for children with disabilities;
- specialised organisations (such as national umbrella organisations representing people with disabilities; parents' organisations; victim support organisations, and NGOs working on children's rights);
- human rights protection bodies (such as National Human Rights Institutions, equality bodies, and Ombudspersons, particularly Children's Ombudspersons).

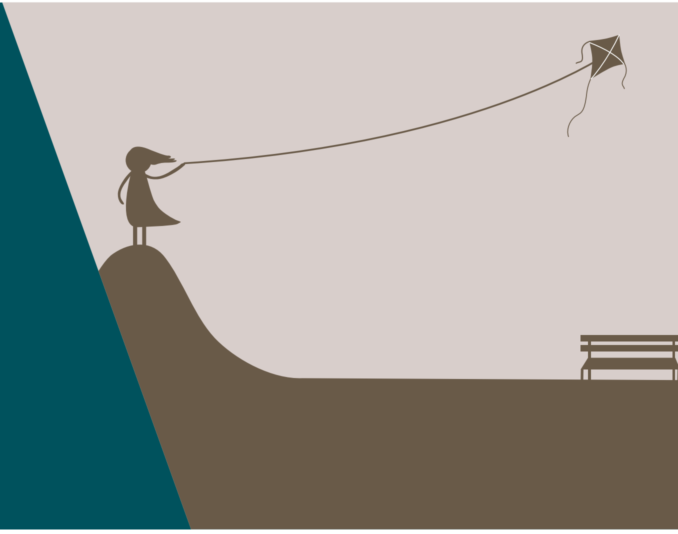
FRA has included findings from research involving interviews with children, as well as examples of measures in which children with disabilities are active participants. During a meeting organised by FRA in April 2015, the agency discussed the research findings with select stakeholders. Annex 1 includes more information on this meeting and on the research methodology.

The report is divided into four chapters:

- Chapter 1 reviews the international and European legal and policy frameworks addressing violence against children with disabilities.
- Chapter 2 examines how national laws across the EU address violence against children with disabilities and protect victims, and what policies, monitoring and data collection mechanisms are in place. It also analyses the main challenges to implementing laws and policies, and to access to justice for children who are victims of violence.
- Chapter 3 examines the extent, causes and characteristics of violence against children with disabilities. It covers violence at home, in schools and in institutions, as well as the intersection with other characteristics, such as poverty, ethnicity and gender.
- Chapter 4 examines protective and preventive measures in place in EU Member States, as well as remaining challenges in support services targeting children with disabilities and their families. The chapter presents measures for targeting different groups: stakeholders, children with disabilities themselves, families and communities, and professionals.

1

International and European standards



Violence against children with disabilities is a cross-cutting issue for two major United Nations (UN) conventions and their respective committees. This chapter provides an overview of the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities. In the European context, the Council of Europe (CoE) has developed relevant standards and there is important case law from the European Court of Human Rights (ECtHR). This chapter also provides information on European Union (EU) laws and soft law relevant to protecting children with disabilities from violence.

1.1. United Nations

The UN Convention on the Rights of the Child (CRC), adopted in 1989, and the UN Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006, mutually reinforce each other to provide protection against violence aimed at children with disabilities. The rights and principles contained in the CRC, such as the rights to education, health, recreation and participation, apply to all children, including those with disabilities. This general convention on children also contains specific guarantees for children with disabilities. Additionally, the CRPD, a general convention on persons with disabilities, contains specific guarantees for children. Given that one relates to the specificities of children and the other to the specificities of living with a disability, both are essential to ensuring that children with disabilities are protected from violence.

The CRPD, adopted 17 years after the CRC, benefits from increased awareness and evidence on adults and children with disabilities' exposure to violence and their rights as victims of violence. As such, it is more detailed on the rights of victims of violence and their families, and their specific needs. The General Comments of both the Committee on the Rights of the Child (CRC Committee) and the Committee on the Rights of Persons with Disabilities (CRPD Committee) have further elaborated on, and facilitated, the interpretation of several provisions relevant to violence against children with disabilities. Although both conventions apply in their entirety to children with disabilities, some articles are particularly relevant. Table 1 provides an overview of these articles.

While the CRC has been ratified by all EU Member States, the CRPD is the first and to date the only UN human rights instrument that the EU itself has acceded to, doing so in 2010.[4] The EU's accession has been a key factor in developments in Europe during the last years. All EU Member States except for Finland, Ireland and the Netherlands have ratified the CRPD, and these three have started the legal reforms necessary for its ratification.

The CRC obliges all States Parties to recognise that children with disabilities should enjoy a "full and decent life, in conditions which ensure dignity, [and] promote self-reliance" and to "facilitate the child's active participation in the community". To implement this obligation, States Parties must eliminate barriers that prevent children with disabilities from achieving full and effective participation in all areas of life, e.g. in education and healthcare (Article 23 (1)).

The CRC further requires States Parties to recognise children with disabilities' right to "special care", and to "ensure the extension of assistance to the eligible child and those responsible for his or her care, provided free of charge, whenever possible" (Article 23 (2)).

The CRPD obliges States Parties to adopt "all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children" (Article 7).

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[4] Council of the European Union (2010).

Table 1: A selection of CRC and CRPD articles most relevant to children with disabilities and protection from violence

CRC	CRPD
Children with disabilities	
• Article 2: Right to non-discrimination • Article 23: Rights of children with disabilities to become independent and participate in the community. Special care free of charge, access to education, training, healthcare, rehabilitation and preparation for employment and recreation.	• Article 7: Rights of children with disabilities on an equal basis with other children. Best interest of the child with disabilities. Right to express views. • Other important articles: 8 (awareness raising), 18 (liberty of movement and nationality), 23 (respect for home and the family), 24 (education), 25 (health), 26 (habilitation and rehabilitation), 30 (participation).
Protection from violence	
• Article 19: Right to protection from violence. States must take appropriate measures	• Article 16: Right to protection from violence. State obligation and protection services must be age-, gender- and disability-sensitive. Need for child-focused legislation and policies.

Source: FRA, 2015

Additionally – and reiterating the best interest principle contained in Article 3 of the CRC – it underlines the duty of States Parties to consider the best interests of the child in all actions concerning children with disabilities.

The issue of violence against children with disabilities is linked to several topics addressed by both conventions and their respective committees' Concluding Observations.[5] These topics are: the prohibition of discrimination; the right to protection from violence; the right to access justice and the right to be heard; and the rights to participation and to accessible services and information.

The respondents interviewed in this research believe that the CRC and CRPD provide useful standards and guidance for their work. National actors advocating changes to laws, policies and services often base their arguments on rights enshrined in the conventions.

> *"I think it's very much the CRC, in the Cabinet there is a children's conventions coordination […] which handles and addresses these types of issues[…] it's clear that these child right politics has really come through in recent years. I believe that the CRC is a strong driving factor in this. The CRC is supposed to be in every business where there is a child."*
>
> (National human rights body (NHRB) representative, Sweden)

> *"Before you know it you end up at the Ministry of Health, Welfare and Sport, there's no way around it. In other words: other ministries do not feel involved. Perhaps the Ministry of Education somewhat but other ministries say 'that is not our responsibility because that is arranged by the Ministry of Health and all legislation that originates there.' We think that is a one-sided approach. So the [CRPD] is a much better starting point. And so is the children's rights convention."*
>
> (NGO representative, the Netherlands)

> *"When the CRPD is ratified, the Institute will become the monitoring body […] and as one article specifically mentions the rights of children, we will definitely pay attention to that. That entails that we will specifically look at that and if there are signals we will surely start an investigation."*
>
> (NHRB representative, the Netherlands)

Respondents asserted that the new paradigm established since the CRPD's adoption has influenced and facilitated changes at the national level. For example, a representative from a CRPD monitoring body stated that the principle of inclusivity is a core value of the CRPD, and should be taken into consideration in all domestic policy.

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[5] CRC Committee Concluding observations between 2010 and 2015: UN, CRC Committee, Concluding observations on the combined third and fourth periodic report of Austria, (17 September – 5 October 2012); Concluding Observations: Belgium; Concluding observations on the combined third and fourth periodic reports of Croatia, (1-19 September 2014); Concluding observations on the combined third and fourth periodic report of Cyprus (29 May–15 June 2012), Concluding observations: Cyprus; CRC Committee, Concluding observations: Denmark, 17 January – 4 February 2011; Concluding observations: Finland, 30 May – 17 June 2011; Concluding observations on the combined third and fourth periodic reports of Germany, 25 February 2014; Concluding observations: Greece, 29 May – 15 June 2012; Concluding observations on the combined third, fourth and fifth periodic reports of Hungary (1 – 19 September 2014); Concluding observations on the combined third and fourth periodic reports of Lithuania (16 September – 4 October 2013); Concluding observations on the combined third and fourth periodic reports of Luxembourg (16 September – 4 October 2013); Concluding observations on the combined third and fourth periodic report of Portugal, 25 February 2014; Concluding observations: Spain, 13 September-1 October 2010; Concluding observations on the fifth periodic report of Sweden, 6 March 2015. CRPD Committee Concluding observations between 2010 and 2015: Concluding observations on the initial report of Austria, (2–13 September 2013); Concluding observations on the initial report of Belgium, 28 October 2014; Concluding observations on the initial report of Croatia, 17 April 2015, Advanced Unedited Version; Concluding Observations on the initial report of the Czech Republic, 17 April 2015; Concluding observations on the initial report of Denmark, 30 October 2014; Advance Unedited Version; Concluding observations on the initial report of Germany, 17 April 2015, Advance Unedited Version; Concluding observations on the initial periodic report of Hungary (17-28 September 2012); CRPD Committee Concluding observations, Spain, 19 October 2011; Concluding observations on the initial report of Sweden, 12 May 2014.

Monitoring CRC and CRPD implementation

Respective expert committees monitor the implementation of the CRC and the CRPD. Based on periodic reports, both committees regularly engage in dialogue on implementation with States Parties, and issue concluding observations and recommendations to improve and strengthen implementation. Where a State Party has ratified the respective Optional Protocols, the committees can also handle complaints from individuals regarding that state.

The CRC obliges States Parties to "undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the [...] Convention" (Article 4), but does not require the establishment or designation of a national body tasked with monitoring its implementation. However, in its General Comment No. 2 on the role of independent national human rights institutions in the promotion and protection of the rights of the child, the committee encourages States Parties "to establish an independent institution for the promotion and monitoring of implementation of the Convention" and "considers the establishment of such bodies to fall within the commitment made by States parties upon ratification".[6] The comment also provides detailed guidance on establishing and operating independent human rights institutions for children, and recommends that NHRIs carry out a range of activities.

While the CRC encourages establishing an independent mechanism to monitor its implementation, Article 33 of the CRPD obliges States Parties to "maintain, strengthen, designate or establish, a framework, including one or more independent mechanisms, as appropriate, to promote, protect and monitor implementation of the present Convention." Furthermore, it requires Member States to ensure that persons with disabilities and their representative organisations are involved, and fully participate, in the monitoring process (para. 3). Of the 25 EU Member States that have ratified the CRPD to date, 17 have established or designated independent monitoring mechanisms.[7]

> *"The social model of disability promoted by the CRPD [...] basically ensures the inclusivity of persons with disabilities as a key element of ensuring that their rights are protected."*
>
> (CRPD monitoring body representative, United Kingdom)

> *"The Disability Convention is based on the slogan 'Nothing about us without us', and we try to respect that to the widest extent possible. It [inclusion of organisations] gives good input to our work [...] and our co-operation [with the organisations] is good".*
>
> (CRPD monitoring body representative, Denmark)

1.1.1. Prohibition of discrimination

The CRC was the first international human rights instrument to explicitly identify 'disability' as a ground of discrimination. The CRC Committee, in its General Comment No. 9, recognises that children with disabilities face discrimination in various aspects of their lives and development, and examines how this is linked to violence:

> *"Social discrimination and stigmatization leads to their marginalization and exclusion, which can lead to physical or mental violence against children with disabilities."*
>
> *United Nations (UN), Committee on the Rights of the Child (2007), General Comment No. 9 (2006), The Rights of Children with Disabilities, CRC/C/GC/9, 27 February 2007, para. 8.*

The CRPD requires States Parties to prohibit all discrimination on the basis of disability and to "guarantee to persons with disabilities equal and effective legal protection against discrimination" (Article 5). Additionally, it obliges States Parties to take measures to ensure that "reasonable accommodation" is provided to promote equality and eliminate discrimination. The convention defines "reasonable accommodation" as carrying out, when necessary, appropriate modifications and adjustments that do not impose a "disproportionate or undue burden", so that persons with disabilities can enjoy their human rights and fundamental freedoms on an equal basis with others (Article 2). The concept of "disproportionate or undue burden" is essential in determining whether, for example, educational institutions or service providers took all required measures to accommodate a child with a disability. Institutions must prove that accommodating the needs of a child "would impose an undue or disproportionate burden on the organization considering factors such as health, safety or cost" to be exempt from the duty to accommodate.[8]

The duty to provide reasonable accommodation set out in the CRPD applies to different areas, such as employment (Article 27), education (Article 24) and health (Article 25), as well. Such a duty is not explicitly found in the CRC. However, in its General Comment dedicated to the rights of children with disabilities,[9] the CRC Committee stresses the need to, for example, provide children with disabilities the appropriate technology to access media and the internet, and notes that "children should be provided with whatever mode of communication they need to facilitate expressing their views".

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[6] UN, CRC Committee (2002), paras. 1–2.

[7] For detailed information on the structures set up to implement the CRPD in EU Member States, see FRA Annual Report 2014 and the FRA website, at: http://fra.europa.eu.

[8] UN, OHCHR (2010), p. 21.

[9] UN, CRC Committee (2007).

Figure 1: CRC and CRPD committees' concluding observations on discrimination against children with disabilities in EU Member States (2010–2015)

CRC

- Noted the prevalence of discrimination against children with disabilities – Finland, Greece, Hungary
- Had concerns about the implementation of laws prohibiting discrimination against children with disabilities – Hungary, Lithuania
- Underlined the necessity of adopting and implementing a comprehensive strategy addressing all forms of discrimination against children with disabilities – Belgium, Cyprus, Spain
- Recommended the implementation of programmes and measures to fight discrimination against children with disabilities – Croatia, Germany

CRPD

- Signalled concerns over the lack of, or insufficiently comprehensive, anti-discrimination legislation on grounds of disability – Austria, Belgium, Denmark, Germany, Spain
- Noted concern about "cases of discrimination by association with a person or child with disabilities" – Belgium, Spain
- Noted the failure to actively fight multiple discrimination faced by children with disabilities – the Czech Republic

Source: *CRC Committee, Concluding Observations on Belgium, Croatia, Cyprus, Finland, Germany, Greece, Hungary, Lithuania, Spain and CRPD Committee, Concluding Observations on Belgium, the Czech Republic, Denmark, Germany, Spain*

1.1.2. Protection from violence

Both the CRC and the CRPD guarantee the right of children with disabilities to be protected from all forms of violence. The CRPD includes detailed provisions on the elements necessary for protection from violence. The CRC Committee issued a comment – General Comment No. 13, addressing the right of children to freedom from all forms of violence – which refers to children with disabilities.[10]

Both the CRC (Article 19 (1)) and the CRPD (Article 16 (1)) stipulate that States Parties must take appropriate legislative, administrative, social and educational measures to protect children from violence. The CRPD also requires protection against gender-based violence. It is worth mentioning that the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) also includes girls. The CEDAW Committee's work has also addressed girls with disabilities and mothers of children with disabilities in its general recommendations and through jurisprudence.[11]

The CRC requires States Parties to adopt preventive measures such as social programmes to support children and their caregivers; measures for identifying, reporting, referring, investigating, treating and following up on child maltreatment; as well as measures on judicial involvement (Article 19 (2)). The CRC also calls upon States Parties to take measures appropriate for promoting the physical and psychological recovery and social reintegration of child victims of any form of neglect, exploitation, abuse, or torture, or any other form of cruel, inhuman or degrading treatment or punishment (Article 39).

The CRPD requires similar assistance, but also demands that support be "age, gender, and disability-sensitive". It further provides that persons with disabilities and their families and caregivers should be given information and educated on how to avoid, recognise and report instances of violence (Article 16). The CRPD explicitly calls for child-focused legislation to ensure that violence is identified, investigated and prosecuted.

The CRPD also identifies – in Article 16 (3) – the need to monitor facilities and programmes for children with disabilities, thus addressing the issue of violence in institutions. In this context, it is essential to note children with disabilities' right to family care. The CRC acknowledges that a child has "the right to know and be cared for by his or her parents" (Article 7), and provides that a child "shall not be separated from his or her parents against their will, except when such separation is necessary for the best interests of the child" (Article 9). Moreover, "parents have the primary responsibility for the upbringing and development of the child" (Article 18 (1)). Where parents face difficulties in raising their children, "State Parties shall render appropriate

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[10] UN, CRC Committee (2011a).

[11] See, for example, UN, CEDAW Committee (2012); UN, CEDAW Committee (2005).

Figure 2: CRC and CRPD committees' concluding observations on the protection of children with disabilities from violence (2010-2015)

CRC

- Noted the levels of violence against children – Sweden; especially girls with disabilities – Germany
- Underlined specific instances of ill-treatment in health care institutions – Croatia; and in care centres - Lithuania, Portugal, Spain
- Was concerned by the lack of data on the level of violence against children with disabilities - Spain, Sweden
- Urged to strengthen reporting mechanisms for children with disabilities who are victims of violence, abuse and neglect - Austria, Germany
- Asked to investigate, prosecute and punish promptly allegations of abuse and maltreatment of children with mental disabilities, as well as to provide assistance with recovery and rehabilitation - Lithuania
- Was concerned about coercive / involuntary treatments of children with disabilities in mental health-care settings, particularly the use of restraining straps or belts for up to two hours, and of seclusion - Sweden

CRPD

- Underlined higher rates of abuse of children with disabilities in comparison with other children and the lack of awareness and training of staff working with children on this issue - Croatia, Denmark, Spain, Sweden
- Called for measures to ensure due and timely identification, reporting, investigation and prosecution of violence against children with disabilities - Denmark, Hungary, Spain, Sweden
- Called for establishment of protocols to detect, register, monitor and track violence, especially in institutions - Belgium, Hungary
- Requested more inclusive access to protection and support services for children with disabilities who are victims of violence - Croatia, Denmark, Hungary, Spain, Sweden
- Was concerned about reports on violence against girls with disabilities in families and institutions, particularly psychiatric institutions - Croatia

Source: *CRC Committee, Concluding observations on Austria, Germany, Lithuania, Portugal, Spain and Sweden; CRPD Committee, Concluding observations on Belgium, Croatia, Denmark, Hungary, Spain and Sweden*

assistance to parents in the performance of their child-rearing responsibilities".

Article 23 (1) of the CRPD states that children with disabilities have equal rights with respect to family life, and Article 23 (5) states that, where the immediate family is unable to care for them, States Parties shall "undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting".

The UN General Assembly adopted Guidelines for the Alternative Care of Children to encourage and assist governments in optimally implementing the CRC as it relates to the protection and well-being of children who are – or are at risk of being – deprived of parental care.[12] The guidelines emphasise that efforts should primarily be directed at enabling the child to remain in, or return to, the care of his/her parents or, when appropriate, of other close family members. The Member State should ensure families access to support in their care-giving role.[13]

The Convention against Torture[14] also ensures the right of all persons to be free from torture and other acts of cruel, inhuman or degrading treatment and punishment that do not amount to torture. In its most recent Concluding Observations on Romania,[15] the Committee against Torture raised concerns about the treatment and living conditions of children with disabilities in psychiatric wards, hospitals and specialised social care institutions, which have reportedly resulted in numerous deaths and amount to inhuman and degrading treatment.

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[12] UN, General Assembly (GA) (2010).

[13] *Ibid.*, para. 3.

[14] UN, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

[15] UN, Committee against Torture, para. 14.

1.1.3. Access to justice and the right tobe heard

Effective access to judicial remedies for children with disabilities is a core element of addressing violence against them. The CRPD and CRC committees have both highlighted accessibility issues for persons and children with disabilities, respectively.[16] The third protocol to the CRC – which covers a communications procedure[17] and has only been ratified by seven Member States[18] – allows children themselves, or their representatives, to bring complaints about individual cases to the CRC Committee.

In conjunction with Article 12, Article 19 (2) of the CRC provides the possibility for children who have experienced abuse and are capable of forming their own views to participate in judicial proceedings. The CRC Committee also identified the right to be heard as one of the four principles underlying the convention.[19]

The CRC Committee's General Comment 12 elaborates on the right to be heard – a right of both an individual child and of groups of children. This comment notes that child-friendly reporting mechanisms are needed so that children can report cases of violence in confidence and safety.[20] Regarding children with disabilities, the CRC Committee recommends that States Parties create specialised units within the police, the judiciary and the prosecutor's office to ensure equal and fair participation in the judicial process for children with disabilities.[21]

The CRPD expands the obligation to ensure the right of all children with disabilities to express their views. Unlike Article 12 of the CRC, it does not limit this to children "capable of forming their own views"; instead, the CRPD states that "States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right."[22] In respect to access to justice, Article 13 of the CRPD also requires the provision of procedural and age-appropriate accommodations, and training for professionals.

Figure 3: CRC and CRPD committees' concluding observations on children with disabilities' access to justice and right to be heard (2010–2015)

CRC	CRPD
■ Was concerned that the views of children with disabilities were often not heard on all issues relating to them - Denmark, Finland, Sweden; in particular regarding decisions to place them in special schools - Austria, Germany, Luxembourg ■ Urged to amend legislation to ensure that children in mental health settings are guaranteed the right to freely express their views on matters of treatment, services and support, and that they have access to age- and disability- appropriate support to exercise these rights - Denmark	■ Recommended respecting the right of children to be consulted on all issues affecting them by providing age- and disability- appropriate support and allowing them to express their own views - Belgium, Croatia, the Czech Republic, Germany, Spain ■ Noted the lack of complaint mechanisms for children - Denmark

Source: *CRC Committee, Concluding observations on Austria, Denmark, Germany, Luxembourg and Sweden; CRPD Committee, Concluding Observations on Belgium, Croatia, the Czech Republic, Denmark, Germany and Spain*

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[16] For more information on access to justice, see FRA (2011a).

[17] UN, GA (2012a).

[18] As of 11 November 2015, the following EU Member States have ratified this protocol: Belgium, Denmark, Germany, Ireland, Portugal, Slovakia and Spain.

[19] UN, CRC Committee (2003).

[20] UN, CRC Committee (2009a), para. 120.

[21] UN, CRC Committee (2011a), para. 56.

[22] UN, CRPD Committee (2006), Art. 7 (3).

1.1.4. Participation and accessible services and information

The CRC requires children with disabilities' active participation in the community (Article 23 (1)). The CRPD more specifically obliges States Parties to consult children with disabilities on the development and implementation of laws and policies through their representative organisations (Article 4).

Article 9 of the CRPD defines the measures to be taken to ensure that persons with disabilities can access all aspects of life. It calls for measures to ensure access to the physical environment; to information and communication, including the internet; and to transportation and other services**.** Public buildings – for example, schools, health facilities and governmental buildings – must be physically accessible for children with disabilities.[23] Children should also have access to available information and means of communication irrespective of their impairment.[24]

In addition, in its General Comment No. 2, the CRPD Committee linked access to justice with ensuring the accessibility of support services and safe houses:

> *"There can be no effective access to justice if the buildings in which law-enforcement agencies and the judiciary are located are not physically accessible, or if the services, information and communication they provide are not accessible to persons with disabilities (Article 13). Safe houses, support services and procedures must all be accessible in order to provide effective and meaningful protection from violence, abuse and exploitation to persons with disabilities, especially women and children."*
>
> *United Nations (UN), CRPD Committee, General Comment No. 2 (2014), Article 9: Accessibility, 22 May 2014, para. 37.*

The two conventions also specifically refer to freedom of expression and opinion and access to information (CRPD, Article 21, and CRC, Articles 13 and 17), which are vital for allowing a child to recognise what violence is, and where to turn for help.

Figure 4: CRC and CRPD committees' concluding observations on the rights to participate and to accessible services and information (2010–2015)

CRC

- Underlined the lack of participation of children with disabilities in various aspects of public life due to the limited accessibility of their physical environment and public transportation - Austria, Finland
- Underlined the lack of appropriate services and full access to information and communications - Austria
- Noted the exclusion of children with disabilities from participatory initiatives - Belgium.
- Recommended revising legislation, policies and practices to eliminate physical, economic, legal and cultural factors that may prevent children with disabilities from exercising all their rights on an equal basis with other children - Luxembourg
- Underlined necessity of awareness-raising activities to promote meaningful participation of marginalised and disadvantaged children - Croatia
- Underlined necessity of providing community-based services that ensure their inclusion and participation - Greece

CRPD

- Highlighted the lack of participation of children with disabilities in the development and implementation of legislation and policies concerning their rights, at all levels - Spain, Hungary.
- Recommended improving the physical and communicative accessibility of courts, judicial authorities and other bodies involved in administering the law - Germany

Source: CRC Committee, Concluding Observations on Austria, Belgium, Croatia, Finland, Greece, Luxembourg; CRPD Committee, Concluding Observations on Spain and Hungary

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[23] UN, CRC Committee (2007).

[24] *Ibid.*, para. 37.

In its General Comment No. 9, the CRC Committee calls for children with disabilities to obtain appropriate technology and other services and/or languages, for example Braille and sign language, that give them access to all forms of media, including television, radio and printed material.[25] Attention should be given to groups of children. They are particularly vulnerable because of their alternative methods of communicating or because of their immobility, and must be provided with reasonable accommodation so they can communicate and signal problems on an equal basis with others.[26]

1.2. Council of Europe

Several Council of Europe conventions, recommendations and guidelines refer to both the rights of children – including children with disabilities – and to protection from violence. The European Convention for the Protection of Human Rights and Fundamental Freedoms, or European Convention on Human Rights (ECHR), adopted in 1950, contains no specific reference to the rights of the child, but recognises rights that are relevant to children, such as the right to life (Article 2), the right to protection from torture and inhuman or degrading treatment or punishment (Article 3), the right to liberty and security (Article 5), the right to a fair trial (Article 6) and the right to respect for private and family life (Article 8). Protocol No. 12 to the ECHR was adopted in 2000 to further define discrimination, but it does not explicitly mention disability as a ground for discrimination.[27] In addition, the European Court of Human Rights (ECtHR) has elaborated on the rights of the child in its case law and acknowledges the need for a certain flexibility when interpreting the convention, as well as the need to adapt it to more up-to-date human rights discourses.[28]

The European Social Charter (revised)[29] includes the right of persons with disabilities – irrespective of their age and the nature and origin of their disabilities – to independence, social integration and participation in community life (Article 15), and the right of the child to be protected against negligence, violence and exploitation (Article 17). The European Committee of Social Rights, the body responsible for monitoring compliance with the Charter and for reviewing complaints, has examined collective complaints on corporal punishment,[30] and on children with disabilities, often linked to the right to education.[31]

The Convention on the protection of children against sexual exploitation and sexual abuse (the Lanzarote Convention)[32] applies to all children, and Article 18 requires that States Parties criminalise sexual abuse committed against, amongst others, children with a "mental or physical disability or a situation of dependence". Article 28 obliges States Parties to take the necessary measures to ensure that offences committed against a particularly vulnerable victim "may be taken into consideration as aggravating circumstances in the determination of the sanctions".

The Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention)[33] is a key instrument for protecting girls from violence in both the public and private spheres. For example, it provides that committing an offence against or in the presence of a child constitutes an aggravating circumstance.

The Council of Europe Strategy for the Rights of the Child 2012–2015[34] and the Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe 2006-2015,[35] both about to be renewed, address violence against children and the importance of child participation. For example, the Disability Action Plan highlights the need to consult young people with disabilities and their representative organisations when preparing youth policies and programmes.[36] It also identifies specific actions member states can take to protect people with disabilities from violence, such as training police and judicial authorities on receiving testimony from persons with disabilities, and ensuring that victims have access to support services.

The Committee of Ministers of the Council of Europe has adopted a number of recommendations relating to the rights of children with disabilities, covering issues such as violence against children and adults with disabilities, rights of children living in institutions, deinstitutionalisation, and child-friendly social services (these are listed in the box dedicated to relevant CoE recommendations

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[25] *Ibid.*, para. 37.
[26] UN, CRC Committee (2011a), para. 48.
[27] Council of Europe (CoE) (2000).
[28] European Court of Human Rights (ECtHR), *Winterwerp v. the Netherlands*, No. 6301/73, 24 October 1979.
[29] CoE (1996).
[30] See, for example, ECSR (2015).
[31] See, for example, CoE, ECSR, *Autism-Europe v. France*, Complaint no. 13/2002, 4 November 2003.
[32] CoE (2007), Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, CETS No: 201, Lanzarote, 25 October 2007. The Lanzarote Convention has been signed by all 28 EU Member States, but not yet ratified by the Czech Republic, Estonia, Germany, Ireland, Slovakia and the United Kingdom.
[33] CoE (2011), Convention on preventing and combating violence against women and domestic violence, CETS No. 210, Istanbul, 12 April 2011. Ratified by 11 Member States: Bulgaria, Czech Repulic, Estonia, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, and Luxembourg.
[34] CoE, Committee of Ministers (2012), Council of Europe Strategy for the Rights of the Child (2012-2015), CM(2011)171 final, 15 February 2012.
[35] CoE, Committee of Ministers (2006).
[36] *Ibid.*, appendix.

and guidelines). Although such recommendations are not legally binding, they provide useful guidance for legal and policy developments.

In 2005, the Committee of Ministers' Resolution on safeguarding adults and children with disabilities against abuse noted a failure to promote the rights of people with disabilities.[37] The resolution provides a detailed definition of abuse, requires member states to ensure that people with disabilities have access to the criminal justice system, and that those who are victims of abuse can access redress and/or compensation at least to the same extent as other citizens. Where necessary, additional assistance should be provided to remove physical and other barriers for people with disabilities.

In 2009, the Committee of Ministers adopted policy guidelines on integrated national strategies for the protection of children from violence, calling for the development of integrated national strategies with particular attention to protecting children with disabilities.[38]

Furthermore, the Council of Europe Guidelines on child-friendly justice aim to enhance children's access to justice and their treatment in justice proceedings; the guidelines make specific reference to children with disabilities and contact with the police, privacy and personal data protection, as well as legal representation.[39]

A number of ECtHR cases deal with violence against children with disabilities. Even where the state is not *per se* the perpetrator, the court has found that a state may have inadequate structures to prevent abuse – for example, when a social worker does not intervene early enough to stop family abuse, or when the criminal provisions are inadequate for dealing with child abuse. Most ECtHR case law concerning violence against children centres on violations of Article 2 (right to life), Article 3 (prohibition of inhuman or degrading treatment) and Article 8 (respect for private and family life).[40] In *X and Y v. the Netherlands*,[41] the court held that states must ensure that the right procedures are in place to allow children with disabilities to report violence.

Relevant Council of Europe recommendations and policy guidelines

- Committee of Ministers (2005), Recommendation Rec(2005)5 of the Committee of Ministers to member states on the rights of children living in residential institutions, 16 March 2005.
- Committee of Ministers (2005), Resolution ResAP(2005)1 on safeguarding adults and children with disabilities against abuse, 2 February 2005.
- Committee of Ministers (2010), Recommendation CM/Rec(2010)2 of the Committee of Ministers to member states on deinstitutionalisation and community living of children with disabilities, 3 February 2010.
- Committee of Ministers (2009), Recommendation CM/Rec(2009)10 of the Committee of Ministers to member states on integrated national strategies for the protection of children from violence, 18 November 2009.
- Committee of Ministers (2010), Guidelines of the Committee of Ministers of the Council of Europe on child friendly justice, 17 November 2010.
- Committee of Ministers (2011), Recommendation CM/Rec(2011)12 of the Committee of Ministers to member states on children's rights and social services friendly to children and families, 16 November 2011.
- Council of Europe, Commissioner for Human Rights (2012), CommDH/IssuePaper (2012)3, The right of people with disabilities to live independently and be included in the community, 12 March 2012.
- Committee of Ministers (2012), Recommendation CM/Rec(2012)2 of the Committee of Ministers to member States on the participation of children and young people under the age of 18, 28 March 2012.
- Committee of Ministers (2012), Recommendation CM/Rec(2012)6 of the Committee of Ministers to member States on the protection and promotion of the rights of women and girls with disabilities, 13 June 2012.
- Committee of Ministers (2013), Recommendation CM/Rec(2013)2 of the Committee of Ministers to member States on ensuring full inclusion of children and young persons with disabilities into society, 16 October 2013.

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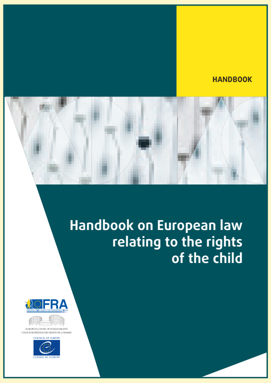
[37] CoE, Committee of Ministers (2005).
[38] CoE, Committee of Ministers (2009).
[39] CoE, Committee of Ministers (2010).
[40] See ECtHR, *Factsheet - Protection of minors*, January 2015.
[41] ECtHR, *X and Y v. the Netherlands*, No. 8978/80, 26 March 1985.

FRA ACTIVITY

Analysing European law relating to the rights of the child



FRA, in cooperation with the Council of Europe and the Registrar of the European Court of Human Rights, has published a Handbook on European law relating to the rights of the child, presenting relevant legislation and case law from the EU and the Council of Europe.

The ECtHR, the European Committee of Social Rights, and more recently, the Court of Justice of the European Union, are increasingly examining issues concerning the rights of the child. The handbook aims to assist practitioners who deal with the legal protection of the rights of the child in EU and Council of Europe member states – and beyond. It provides such practitioners easy access to European child protection standards and other information they can use when pursuing claims or in daily practice.

For more information, see: http://fra.europa.eu/en/project/2014/handbook-european-law-rights-child.

The term 'violence' includes the concept of neglect or negligent treatment, defined as the failure to meet the physical and psychological needs of a child. [42] The ECtHR has on several occasions addressed violence and negligent treatment of children by staff in institutions and the responsibilities of the state. In *Nencheva and Others v. Bulgaria,*[43] the court found a violation of Article 2 (right to life) where fifteen children and young adults in a state-run home for young people with physical and intellectual disabilities died as a result of the cold and shortages of food, medicine and basic necessities. The authorities had also failed to conduct an effective, official investigation into the deaths.

In *Valentin Câmpeanu v. Romania*, the court found a violation of Article 2 (right to life) and Article 13 (right to an effective remedy), among others. The case concerned Valentin Câmpeanu, a young adult who died in a psychiatric hospital in 2004, at the age of 18. Abandoned at birth and placed in an orphanage, he was diagnosed as HIV-positive as a young child and also suffered from a severe intellectual disability. The court found that he had been inadequately cared for, his life put in danger, and that no effective investigation had been made into the causes of his death.

In *Dordevic v. Croatia*,[44] the court examined a complaint by a mother and 'her disabled son', who was harassed for over four years by a group of children and youths living in the neighbourhood. The applicants turned to various authorities for protection to no avail, and asked the ECtHR to clarify the state's obligations under the ECHR. The court ruled that by failing to act, the Croatian authorities violated the applicants' rights under Article 3 (prohibition of inhuman or degrading treatment), Article 8 (right to private life), Article 13 (right to effective remedy) and Article 14 (prohibition of discrimination).

1.3. European Union

Article 3 of the Treaty on European Union obliges the Union to promote the protection of the rights of the child. In addition, EU legislation on the sexual exploitation of children, the rights of individuals in criminal procedures, and the rights of victims of crime includes provisions relevant to protecting children with disabilities against violence. As the EU is party to the CRPD, it is also bound by the CRPD's obligations to the extent of its competences.

The Charter of Fundamental Rights of the European Union, applicable within the scope of EU law, contains several provisions relevant to violence against children with disabilities, and Article 24 explicitly recognises the rights of the child. The Court of Justice of the European Union has delivered several judgements on the rights of the child, which are analysed in the FRA Handbook on European law relating to the rights of the child.

Aside from the general right to protection of children (Article 24) and the general right to respect of physical and mental integrity (Article 3), Article 26 of the Charter recognises the right of persons with disabilities to benefit from measures to ensure their integration and participation in the life of the community. The EU has also adopted several directives that are relevant for the protection of children with disabilities from violence.

The Directive on combating the sexual abuse, sexual exploitation of children and child pornography regulates throughout the EU criminal offences relating to sexual abuse and exploitation of children and child pornography, and requires specific protection for children with disabilities.[45] Article 3 and Article 9 call for stronger

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[42] UN, CRC Committee (2011a), para. 4.

[43] ECtHR, *Nencheva and others v. Bulgaria*, No. 48609/06, 18 June 2013 (available in French only).

[44] ECtHR, *Đorđević v. Croatia*, No. 41526/10, 24 July 2012.

[45] Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA, OJ L 335 (Combating Sexual Abuse and Exploitation Directive).

Monitoring CRPD implementation through the EU framework

In 2010, the EU acceded to the CRPD, making it the first legally binding international human rights instrument to which the EU is party. Two years later, the Council of the EU put in place a mechanism – the EU Framework – to promote, protect and monitor the implementation of the CRPD at EU level, as required by Article 33 (2) of the convention.

The European Parliament, European Ombudsman, European Commission, FRA, and the European Disability Forum are all members of the EU CRPD monitoring framework.

The framework supports the EU's implementation of the CRPD in matters of EU competence concerning:

- EU legislation and policy; for instance, regarding non-discrimination in employment, passengers' rights and EU funding.
- EU public administration; for instance, regarding EU personnel selection procedures or access to documents.

As a party to the CRPD, the EU can foster the convention's implementation in Member States by encouraging mutual learning and exchanges of good practices, providing financial support to civil society to promote and raise awareness of the CRPD, and strengthening the data collection system.

In 2015, the CRPD Committee started reviewing the EU's first report on the implementation of the CRPD. This report presents to the expert committee the extent to which EU laws and practices comply with the convention. As a first step of the review process, the committee adopted a 'List of issues', requesting further information on the implementation of specific convention articles. Regarding Article 16 (freedom from exploitation, violence and abuse), the committee specifically asked about monitoring mechanisms in place to ensure the implementation of the Directive on combating the sexual abuse and sexual exploitation of children and child pornography and the Directive on preventing and combating trafficking in human beings and protecting its victims. In addition, the committee requested information on how women and girls with disabilities are included in EU programmes and legislation on violence against women.

As a final step of the review process, the committee adopted Concluding Observations,[45] which acknowledge the positive precedent set by the EU by signing an international convention, as well as with the anti-discrimination provisions included in the ESI funds. But the committee also raises concerns in many areas, including the number of boys and girls with disabilities living in institutions, remaining barriers to inclusive education, the lack of cross-cutting framework for consultation of children with disabilities, and the fact that disability strategies do not include children. Regarding Article 16 (freedom from exploitation, violence and abuse), the committee recommends that the EU take measures to mainstream disability in all legislation, policies and strategies for fighting violence and to provide persons with all types of disabilities effective protection from violence inside and outside the home. Regarding Article 23 (respect for home and the family), the committee recommends that the EU take measures to ensure that its economic and social policy and its recommendations support families of persons with disabilities and ensure the right of children with disabilities to live in their communities.

For more information, see:
- *Website of the EU Framework for the UN Convention on the Rights of Persons with Disabilities.*
- *Report on the implementation of the CRPD by the European Union, CRPD/C/EU/1, 3 December 2014.*
- *List of issues on the initial report of the European Union, CRPD/C/EU/Q/1, 15 May 2015.*
- *Concluding observations on the initial report of the European Union, CRPD/C/EU/CO/1, 4 September 2015.*

punishment when sexual abuse is committed against a child in a particularly vulnerable situation, especially because of a mental or physical disability or a situation of dependence, and consider this circumstance to be an aggravating factor.[47]

The Directive establishing minimum standards on the rights, support and protection of victims of crime, the 'Victims' Rights Directive', is another significant EU law.[48] The directive, to be transposed by 16 November 2015, includes several references to victims with disabilities and the need for special protection of children. Article 22 notes that child victims "have specific protection needs due to their vulnerability to secondary and repeat victimisation, to intimidation and to retaliation". The Victims' Rights Directive requires Member States to ensure accessible communication with victims, taking into consideration any disabilities. It also requires a child-sensitive approach that takes into account a child's age, maturity, views, needs and concerns (Articles 1 and 3).

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46 UN, CRPD Committee (2015a).

[47] The transposition deadline for the directive was 18 December 2013. By the end of January 2014, the European Commission had initiated formal infringement procedures against 11 Member States for non-communication on the national measures taken to implement the directive.

[48] Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA, OJ L 315 (Victims' Rights Directive).

FRA ACTIVITY

Assessing the child-friendliness of justice systems in Europe

FRA and the European Commission have both analysed the framework and experiences of children involved in justice proceedings. A Commission study collected existing data on children's involvement in criminal, civil and administrative judicial proceedings for 2008–2010 (and 2011, where available) for all 28 EU Member States. The study also provides a narrative overview for each Member State, describing the legal and policy environment with regard to children's involvement in judicial proceedings. The overview describes whether and how children are involved before, during and after judicial proceedings. In relation to children with disabilities, the report describes the policy measures aimed at supporting children with physical or mental disabilities. In Estonia and Sweden, for example, investigating authorities must interview child victims and witnesses who have speech impairments, learning disabilities or other mental health problems in the presence of an expert professional.

FRA conducted fieldwork research on the treatment of children as parties, witnesses or victims in criminal and civil judicial proceedings. This research built upon the Commission's research and interviewed actors in the field, including children with disabilities, to explore their daily realities. Regarding children with disabilities, professionals – such as judges, police officers, psychologists and social workers –suggested that the facilities and services catering to their particular needs are not always adequate. They also noted a lack of regulations and common practices to ensure that they are treated equally, and a tendency to disregard their special needs and question their statements.

For more information, see: http://fra.europa.eu/en/project/2012/children-and-justice.

1.3.1. European Union policies and funds

The EU Agenda for the Rights of the Child,[49] the main child rights policy document of the EU, identifies children with disabilities as more vulnerable to violations of their rights and as requiring special protection. It raises concerns over the significant lack of official data and urges addressing the "gaps in knowledge about the situation and needs of the most vulnerable groups of children […] as a matter of priority". It recognises that bullying in schools is part of children's everyday lives across Europe. The strategy commits the EU to eliminating all forms of violence against children. It strongly emphasises child-friendly justice and the participation of children. In the disability policy field, the European Disability Strategy 2010–2020: A Renewed Commitment to a Barrier-Free Europe,[50] provides an action framework for EU institutions and Member States to address the diverse situations of people with disabilities, including children, but with no focus on violence. The document refers directly to children with disabilities in its section on education and training, requiring the inclusion of children with disabilities in mainstream education and the provision of individual support. The concluding observations of the CRPD Committee[51] express concern that the EU Agenda for the Rights of the Child has expired and recommends that the renewed Agenda includes a comprehensive rights-based strategy for boys and girls with disabilities and safeguards to protect their rights. It also recommends that all disability strategy address and mainstream the rights of boys and girls with disabilities.

The European Commission's recommendation 'Investing in children: breaking the cycle of disadvantage' acknowledges that children are more at risk of poverty and social exclusion, and identifies children with disabilities as being in a situation of special vulnerability and in need of focused measures.[52] The discussions within the European Semester process, with the National Reform Programmes and Country-specific recommendations, also acknowledge that certain children, such as those with disabilities, are more at risk of poverty and social exclusion than their peers. The country-specific recommendations propose measures on inclusive education and deinstitutionalisation.[53] The EU has set the goal of ensuring that by 2020 at least 95 % of pre-school children aged four years or older participate in early childhood education.[54] Including children with disabilities in early childhood education is key to identifying those at risk of violence or families in need of early support. In addition, the European Commission reflection paper on child protection systems emphasises the need to ensure that national child protection systems are also accessible to children with disabilities.[55]

A European Parliament study on Member State policies on children with disabilities[56] recommends that the EU promote the use of the Structural Funds to "foster the development of quality social services provided for children with disabilities", as well as for "deinstitutionalisation and support to families".[57] Civil society

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[49] European Commission (2011).

[50] European Commission (2010).

[51] UN, CRPD Committee (2015a).

[52] European Commission (2013).

[53] For more information on children and poverty in the EU, see the European Platform for Investing in children, available at: http://europa.eu/epic/index_en.htm.

[54] Council of the European Union (2009).

[55] European Commission (2015a).

[56] European Parliament, Directorate-General for Internal Policies (2013), p. 143.

[57] *Ibid.*

has claimed that EU structural funds have been used for the institutionalisation of children, especially children with disabilities and from the Roma community.[58] In 2012, in its Concluding Observations for Hungary, the CRPD Committee also raised concerns that Hungary "has dedicated disproportionally large resources, including regional European Union funds, to the reconstruction of large institutions, which will lead to continued segregation, in comparison with the resources allocated for setting up community-based support service network".[59] The European Ombudsman completed an own-initiative inquiry into the European Commission's means to ensure respect for fundamental rights in Member States' implementation of the cohesion policy. It recommends that the Commission apply the strictest scrutiny to Member States when examining their compliance with the EU Charter of Fundamental Rights; focuses its guidance on preventive measures; and applies strictly and consistently its sanctioning prerogatives regarding *ex ante* conditionalities, including suspending interim payment or initiating infringement procedures.[60]

The legislative package for the European Union Structural Funds for the period 2014–2020 clearly prioritises deinstitutionalisation and the rights of persons with disabilities.[61] For the first time, the European Social Fund (ESF), which represents 23 % of the total Structural Fund's budget, includes a specific focus on fighting discrimination on the grounds of, among others, disability and age.[62]

In the new programming period, EU Member States were required to show in their Partnership Agreements (PAs) and Operational Programmes (OPs) that they have relevant legal and policy instruments and measures in place concerning non-discrimination, gender and disability before applying for funding. Particularly important in the context of disability and children are the criteria for fulfilment attached to the objective of promoting social inclusion, combating poverty and discrimination, the so-called *ex ante* conditionalities, which include "measures for the shift from institutional to community-based care".[63] The CRPD Committee concluding observations also address the use of ESI funds, recommending that the EU take necessary measures, including through the use of ESI funds and other EU funds, to develop support services in local communities for boys and girls with disabilities and their families, foster deinstitutionalisation and prevent new institutionalisation, and promote social inclusion and access to mainstream, inclusive quality education for boys and girls with disabilities.

A recent NGO coalition report assessed the attention paid to the deinstitutionalisation of children in the PAs and OPs of eight EU Member States (Bulgaria, Estonia, Greece, Hungary, Latvia, Lithuania, Poland and Romania).[64] It found that deinstitutionalisation remained a priority for investment and was explicitly mentioned in the PAs and OPs of all countries analysed, except for Greece. However, only half of the countries' respondents felt that the ESIF budget allocation for deinstitutionalisation was satisfactory (Bulgaria, Estonia, Latvia and Romania); three considered it unclear (Hungary, Lithuania and Greece), and Poland considered it insufficient. The report calls on the European Commission to adopt, on its own initiative, a policy position to increase awareness and Member State engagement in deinstitutionalisation reforms.

Aside from Structural Funds, the Daphne programme has been an important EU mechanism to address violence against children since 1997, focusing on funding projects to prevent and combat violence against children, young people and women and to protect victims and groups at risk.[65] Under the Fundamental Rights and Citizenship programme 2007–2013, the European Commission funded different programmes on the rights of the child, such as participation, including for children with disabilities, and training for professionals in the administration of justice.[66]

In its last phase, the budget of the Daphne III programme – covering 2007 to 2013 – amounted to €116.85 million.[67] Typical Daphne-funded projects include awareness-raising action targeting specific audiences; exchanges of information and good

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[58] See, for example, European Coalition for Community Living (2010).
[59] UN, CRPD Committee (2012), para. 33.
[60] European Ombudsman (2015).
[61] Regulation (EU) No. 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund covered by the Common Strategic Framework and laying down general provisions on the European Regional Development Fund, the European Social Fund and the Cohesion Fund and repealing Council Regulation (EC) No. 1083/2006, OJ L 347.
[62] Regulation (EU) No. 1304/2013 of the European Parliament and of the Council of 17 December 2013 on the European Social Fund and repeating Council Regulation (EC) No. 1081/2006, OJ 2013 L 347, para. 19.
[63] FRA (2014a).
[64] Better Care Network (2015).
[65] For more information on EU funding mechanisms relevant to child protection, see http://ec.europa.eu/justice/fundamental-rights/files/roc_funding_mechanisms_2014.pdf.
[66] Council of the European Union (2007), OJ L 110.
[67] Decision No 779/2007/EC of the European Parliament and of the Council of 20 June 2007 establishing for the period 2007-2013 a specific programme to prevent and combat violence against children, young people and women and to protect victims and groups at risk (Daphne III programme) as part of the General Programme 'Fundamental Rights and Justice', OJ L 173. For an overview of the Daphne III programme, see http://europa.eu/legislation_summaries/human_rights/fundamental_rights_within_european_union/l33600_en.htm.

practices; the study of phenomena related to violence and its impact on victims and society (healthcare, social and economic costs); and the development of support programmes for victims and people at risk, and of intervention programmes for perpetrators.[68]

In 2013, the European Commission replaced Daphne with the Rights, Equality and Citizenship Programme 2014–2020. Among others, the new programme contributes to fighting discrimination on the grounds of disability, and develops activities previously carried out through the Daphne programme and Rights of the Child funding.[69] The programme aims to promote the rights of persons with disabilities; prevent violence against children, young people, women and other groups at risk, in particular groups at risk of violence in close relationships; protect victims of such violence; and promote the rights of the child more generally. The programme will finance projects such as analytical activities (studies, data collection, development of common methodologies and indicators), training activities and awareness-raising activities.

Regarding the use of EU funds, individuals interviewed as part of FRA's research generally considered the funds to play a positive role at Member State level.

> *"[F]or that [foster care system] we will have to apply to EU funds because there is no money for training."*
>
> (Public authority representative, Portugal)

Conclusions

- The legal framework for protecting the rights of children with disabilities has significantly advanced since the approval of the CRPD, which has reinforced certain provisions of the CRC. The prohibition of discrimination, the protection from violence, the rights to access justice and to be heard, the right to participate and the right to accessible services and information are key elements of international law that are underlined by both treaty bodies in their General Comments and Concluding Observations to the EU and to EU Member States.

- The Council of Europe has developed different instruments outlining how Member States can address violence against children with disabilities. A number of international treaties, such as the Istanbul Convention, still require ratification by Member States. The ECtHR has also reviewed relevant cases involving matters such as children dying in residential care due to neglect and the lack of investigation by national authorities.

- At the EU level, several directives – some of which were recently or are currently being transposed – are expected to improve the harmonisation of criminal law provisions, the support of child victims, the reporting of crimes, and the prosecution of offenders. The EU has a great role to play in promoting non-discrimination, disability rights and the shift from institutional to community-based care, especially through the appropriate use of ESI funds.

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[68] For an example of a programme funded under DAPHNE, see PIECES (Policy Investigation in Europe on Child Endangerment and Support), available at: http://www.childsafetyeurope.org/pieces/index.html.

[69] Regulation (EU) No. 1381/2013 of the European Parliament and of the Council of 17 December 2013 establishing a Rights, Equality and Citizenship Programme for the period 2014 to 2020; Text with EEA relevance, OJ 2013 L 354.

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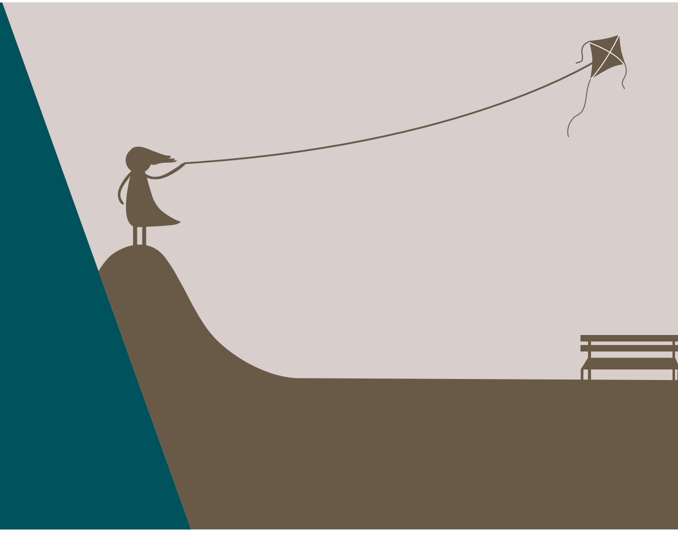
National legal and policy provisions



Drawing on desk research and select stakeholder interviews, this chapter provides a comparative analysis of national legal and policy provisions on violence against children with disabilities, including on monitoring mechanisms and data collection.

2.1. Legislation

EU Member States take different approaches to protecting the rights of children and/or persons with disabilities in their national legislation. Legal provisions protecting children with disabilities from violence range from general legislation (criminal codes) to specific legal instruments. Not all Member States prohibit corporal punishment in all settings.[70] The European Committee of Social Rights has received complaints regarding corporal punishment in Belgium, the Czech Republic, France, Italy, Ireland and Slovenia.[71]

Member State legislation also variably defines 'disability'. For example, in Austria, Belgium, France and Romania, it refers to a victim's vulnerability, punishing crimes committed against "a defenceless or psychologically impaired person", "invalid, sick or mentally disabled" persons, a person in an "obvious state of vulnerability", or persons/children in a particular "state of health". Other countries, such as Greece and Sweden, refer specifically to children with disabilities or a "mental disorder". The language referring to disability varies and can be pejorative or even offensive, reflecting an older 'medical approach' to disability. Austrian law for instance refers to "psychologically impaired persons", and Romanian law to "mental alienation or debility". This lack of common definition of disability furthers the divide between countries that have adopted a social approach to disability and those that still look at disability from a medical perspective.[72]

The scope of legal protection against violence for children with disabilities differs. In some countries, they are explicitly mentioned in the context of a limited number of crimes, mainly relating to sexual offences, while other countries also refer to other types of violence, such as abuse, incitement, battery, manslaughter or murder, and cover diverse settings, for example at home or at school.

The majority of EU Member States provide for the protection of children with disabilities from violence in their criminal codes, and some have additional specialised legislation.

Among Member States with specialised legislation, two separate approaches can be identified. Some have put in place a general child protection instrument. In Bulgaria, for example, the Child Protection Act guarantees the protection of children from all forms of violence.[73] According to this law, children who are at risk of abuse or are victims of abuse are classified as "children at risk". In particular, a "child at risk" includes any child permanently deprived of parental care, a victim of

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[70] See Global initiative to end all corporal punishment of children (table on Europe and Central Asia): http://www.endcorporalpunishment.org/progress/legality-tables/.

[71] Collective complaints: No. 92/2013, Association for the Protection of All Children (APPROACH) Ltd v. France, No. 93/2013 Association for the Protection of All Children (APPROACH) Ltd v. Ireland, No. 94/2013 Association for the Protection of All Children (APPROACH) Ltd v. Italy, No. 95/2013 Association for the Protection of All Children (APPROACH) Ltd v. Slovenia, No. 96/2013 Association for the Protection of All Children (APPROACH) Ltd v. Czech Republic, and No. 98/2013 Association for the Protection of All Children (APPROACH) Ltd v. Belgium; the complaints are available at: http://www.coe.int/t/dghl/monitoring/socialcharter/Activities/Complaints2013_en.asp.

[72] FRA (2011b), pp. 9, 21-22.

[73] Bulgaria, Child Protection Act (2000), Art. 3, para. 4.

abuse, violence, exploitation or any other inhumane or degrading treatment or punishment, either in or outside of his/her family environment, as well as any child whose physical, mental, moral, intellectual and social development is endangered, or who has a disability.

Others Member States have provisions on protecting children (including children with disabilities) from violence in statutes regulating specific settings, for example, in the family, in alternative care or in education. In Sweden, for example, children are protected against harassment at school under the Discrimination Act,[74] while the Education Act obliges schools to prevent harassment and degrading behaviour.[75] Similarly, the Croatian Act on education in primary and secondary school[76] obliges school staff to take measures to protect students, especially from all forms of physical or psychological violence, sexual abuse, neglect or negligent treatment, maltreatment or exploitation, through the provision of house rules, case monitoring, prevention programmes and student counselling. The Croatian Law on Protection against Family Violence prescribes more severe sanctions for perpetrators when violence is committed against persons with disabilities or in their presence.[77]

FRA ACTIVITY

Mapping national child protection systems in the EU

The European Commission asked FRA to map national child protection systems in the 28 EU Member States. The agency collected data on the scope and key components of these systems across the EU, focusing on how they respond to the needs of children with multiple vulnerabilities and on issues of cooperation and coordination when developing and implementing national laws and policies. The research shows that children with disabilities, along with other children in situations of vulnerability, face particular challenges in accessing certain rights and in receiving adequate services.

For more information, see: http://fra.europa.eu/en/project/2014/mapping-child-protection-systems-eu.

2.1.1. Disability and age as aggravating circumstances

The legislation of most Member States treats disability and age as aggravating circumstances for violent crimes. However, the legislation differs in terms of the scope of the provisions they cover, the language in which they are worded, and whether they refer directly or indirectly to children. Due to the variety in applicable legislative frameworks, for example, some Member States create separate self-standing offences that incorporate the notion of age and vulnerability as aggravating circumstances, while others increase sanctions for existing offences when the victim has a disability or belongs to certain age groups.

This section presents cases illustrating the different ways Member States have dealt with disability and age as aggravating circumstances.

Article 9 of the Directive on combating the sexual abuse, sexual exploitation of children and child pornography[78] requires EU Member States to ensure that committing sexual offences against a child in a particularly vulnerable situation, such as a child with a mental or physical disability, in a situation of dependence or in a state of physical or "mental incapacity", is treated as an aggravating circumstance.

FRA research shows that the national legal frameworks of 20 Member States identify disability – or "health status", "the state of vulnerability" or "lack of defence" – as an aggravating circumstance for committing a violent crime. Twenty EU Member States include age as an aggravating circumstance, and 18 Member States recognise both disability and age as aggravating circumstances.

Various types of legislation include aggravating circumstances: some Member States include them in their criminal codes, while others include them in laws for the protection of children, laws for the protection of persons with disabilities, or guidelines for the calculation of sentences. Similarly, disability and/or age are considered aggravating circumstances for a wide variety of specific violent crimes, from sexual violence to violent theft and physical assault.

Some Member States deem committing certain crimes against 'vulnerable children' or 'vulnerable persons' as constituting aggravating circumstances. The lack of specific definition risks allowing courts to interpret the notion of vulnerability differently. Moreover, some

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[74] Sweden, Discrimination Act (2008b), Chapter 2, Section 7.
[75] Sweden, Ministry of Education and Research (2010). Chapter 6, Section 10.
[76] Croatia, The Act on Education in Primary and Secondary School (2008).
[77] Croatia, Protection against Domestic Violence Act (2010).
[78] Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography and replacing Council Framework Decision 2004/68/JHA, OJ L 335.

Member States do treat committing crimes against 'persons with disabilities' as involving aggravating circumstances, but do not refer specifically to children, failing to highlight their vulnerability or specific status.

These differences are relevant both for the scope of protection that children with disabilities receive, and, more practically, when judicial authorities have to consider whether a certain circumstance aggravates a crime. The clearer and more precise the language, and the more specific the situation and person to which/whom it applies, the more likely it is that the court will consider disability and/or age to be an aggravating circumstance in a specific situation.

In France for instance, the criminal code prohibits physical and psychological violence against children in general. Violence against a child under 15 years of age or a "vulnerable person" are both considered aggravating circumstances. Persons are defined as being vulnerable "due to age, sickness, infirmity, physical or psychological disability, pregnancy". The level of the aggravated sanction faced by the perpetrator varies with the nature of the offence. The vulnerability of the victim (for example, a child with a disability) is also integrated into the definition of a number of relevant offences.[79]

In Spain, the criminal code establishes that trafficking a "child" or "a person with disability", and sexually assaulting or abusing such victims, constitutes an aggravating circumstance.[80] In such cases, the presence of one of these aggravating circumstances triggers a higher punishment. If two of the circumstances apply – meaning the victim is a child and has a disability – the punishment must fall into the upper half of the penalty range.

In Austria, crimes committed against children with disabilities (for example, abuse or neglect, severe violence, sexual abuse, incitement on the basis of disability) are dealt with in the criminal code[81] under provisions relating to crimes committed against children or against "defenceless or psychologically impaired persons". For some of these crimes, disability is an aggravating circumstance. It was only in 2013 that Austria abolished lighter sentences for crimes involving victims who are defenceless or "psychologically impaired".[82]

In Denmark, organisations for disabled persons and NGOs[83] have been critical of criminal sanctions relating to rape, which penalize rape with up to eight years of imprisonment – a penalty that increases if the rape is committed against a child under 15, but diminishes to a maximum of four years of imprisonment where a perpetrator exploits a person's "mental impairment" to have sexual intercourse with them.[84]

FRA's research found little case law on violence against children with disabilities. This may be due to the inadequacy of legal provisions, the reluctance of parents or guardians – or the children themselves – to report incidents or, in the case of children with disabilities living in institutions, their limited access to redress: the research showed that only 11 EU Member States have specific provisions on the rights of children in alternative care to issue complaints regarding possible abuse or violence.[85]

The different interpretations and uses of the concept of 'aggravating circumstances' is well-reflected in a case from the Netherlands, in which a local court highlighted the vulnerability of the victim in a case against a 49-year-old man convicted of possessing child pornography and sexually abusing a 10-year-old child with an intellectual disability. The man was both the child's coach and therapist, and the victim's family had trusted him. He sexually abused the child at the child's home. In its judgement, the court stressed the vulnerability of the victim due to his age, intellectual disability, and the fact that he was in the perpetrator's care, and underlined that these circumstances rendered the crime particularly serious. The court did not impose an increased penalty on the perpetrator due to the disability of the victim, even though this is possible under Dutch law, but rather based its conviction on the fact that the child was a 'minor' in his trust, and sentenced him to 42 months of prison.[86]

In a case of rape and sexual assault of a child, a Lithuanian court found that the perpetrator had taken advantage of the "victim's helplessness", which resulted from two factors: age and intellectual disability. The court found that the perpetrator himself caused the disability, as the physical violence he perpetrated resulted in a temporary mental disorder. The court held that the victim's age, together with the temporary disability, hindered the victim from understanding the violent actions against her and sentenced the defendant to eight years of imprisonment and imposed pecuniary damages.[87]

Concerning the concept of 'vulnerability', a court in France[88] sanctioned an educator who worked in a specialised institution for children with disabilities for

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[79] France, Criminal Code (*Code pénal*), (2015). See for example article 221-4 3.
[80] Spain, Organic Act 10/1995, of 23 November, on the Criminal Code (1995).
[81] Austria, Criminal Code (*Strafgesetzbuch, StGB*) (2015).
[82] Austria, Parliament (2013).
[83] Denmark, The Danish Parliament (2013).
[84] Denmark, Department of Civil Affairs (2011a).
[85] For more information, see FRA (2014b).
[86] Netherlands, District Court Dordrecht (2009).
[87] Lithuania, *Klaipėda Area Court, Criminal case No. 1-87-106-2011*, (2011).
[88] France, Court of Appeal of Lyon, 7th Chamber (2007).

sexually assaulting four girls with intellectual disabilities. The Court of Appeal declared the accused guilty of sexual assault with the aggravating circumstance of "vulnerability", ruling that the victims were "greatly vulnerable" as a result of disability. It sentenced him to two years of imprisonment, with one year suspended, and the deprivation of his civic, civil and family rights for five years.

As reported by respondents, claims or statements by children with disabilities are often dismissed, or sentences reduced because national courts do not fully take into account or question the truthfulness of such statements. For instance, in the French case presented above, the court of first instance did not find the accused guilty regarding one of the girls, who was affected by a "profound mental deficiency of a psychotic nature" and had an intelligence quotient under 30. The Court of Appeal overturned the judgement, finding it was based only on the testimony of an expert (who indicated that the girl's declarations were extremely limited and unreliable, and that it was unlikely that she could provide facts or understand their gravity). The Court of Appeal held that in doing so, the lower court had failed to take into account testimony by two other children from the institution concerning the sexual assault of the victim, even though this was reliable testimony, consistent with declarations of the victim and "leaving no doubt as to the culpability of the accused".

In the Regional Court of Bonn, a male neighbour and friend of the victim and her family was sentenced to two years and six months of imprisonment for sexually abusing an 11-year-old girl with intellectual disabilities.[89] The court found the man guilty of sexual abuse, but not of grave sexual abuse, given that the girl's statements could not be used in court, as recommended by an expert evaluation report (*Sachverständigergutachten*). Due to the girl's strong intellectual disability, it was not possible to determine to what extent her testimony described actual events, and so the judgement mainly relied on the perpetrator's confession.

Addressing hate crime against persons with disabilities

The research also covers violence against children motivated by negative and discriminatory attitudes towards their disability, which qualifies as a hate crime.

At the European level, the Council Framework Decision on combating certain forms and expressions of racism and xenophobia by means of criminal law[90] (Framework Decision on Racism and Xenophobia) defines and establishes legally binding minimum standards in the EU for criminal law and criminal justice approaches to fighting racism and xenophobia.

However, the Framework Decision covers only race, colour, religion, descent and national or ethnic origin; it does not cover other characteristics protected by Article 21 of the Charter, such as disability. FRA's opinion on the Framework Decision on Racism and Xenophobia suggested that legislation adopted at Member State-level should address all forms of discrimination equally, including disability.[91]

The Victims' Rights Directive in Article 22 refers to disability as a personal characteristic, requiring states to pay particular attention in individual assessments to "victims who have suffered a crime committed with a bias or discriminatory motive which could, in particular, be related to their personal characteristics", and ensure that "victims of […] hate crime and victims with disabilities shall be duly considered". It requires Member States to assess whether and to what extent victims particularly vulnerable to secondary and repeat victimisation should benefit from special measures.[92]

Some EU Member States include a victim's disability as a ground for criminalising a hate crime. As of October 2014, 13 EU Member States explicitly recognise, in one form or another, a disability-bias motivation in their criminal laws: Austria, Belgium, Croatia, Finland, France, Greece, Hungary, Lithuania, the Netherlands, Romania, Slovenia, Spain, and the United Kingdom. This applies equally to adults and children. Only a few clearly separate the hate motivation from the basic offence by using enhanced penalties to stress the severity of bias-related offences. Most define bias motivation as an aggravating circumstance. The practice of imposing enhanced penalties stresses the severity of bias-related offences, and clearly separates the hate motivation from the basic offence. When treated as an aggravating circumstance, it may be only one among many, meaning police reports and court proceedings will be less likely to consider this motivation by itself. The bias element may therefore remain invisible, increasing the victim's suffering and at the same time reducing the chances that perpetrators will be deterred from committing bias-related offences in the future.[93]

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[89] Regional Court of Bonn (2012).
[90] Council of the European Union (2008), OJ L 328.
[91] FRA (2013a).
[92] Victims' Rights Directive, OJ L 315.
[93] FRA (2015b).

At the policy level, few countries address hate crimes against persons with disabilities in their governmental plans or strategies. The United Kingdom, however, has a comprehensive policy framework on hate crimes, including against persons with disabilities. The Strategy and Action Plan on persons with disabilities, 'Fulfilling Potential: Making it happen',[94] acknowledges that persons with disabilities are victims of hate crime, and also acknowledges the need to change attitudes and behaviours to address this issue. The Government's 2012 plan to tackle hate crime – 'Challenge it, Report it, Stop it' – proposes several measures, including to address the under-reporting of hate crimes against persons with disabilities and to challenge negative media portrayals of disability issues.[95] The police has its own Hate Crime Strategy and Guidance,[96] and the Crown Prosecution Service has several policies, one of which addresses Disability Hate Crime.[97] The Crown Prosecution Service has also developed resources for teachers to explore the issue of disability in hate crime with children in schools, including a lesson plan, teacher's guide and power-point presentations.[98]

In Finland, hate crimes against persons with disabilities are mentioned in the National Action Plan on Fundamental and Human Rights, which states that mechanisms to identify violence against vulnerable groups, such as persons with disabilities, will be improved and that the government will intensify its preventive work on hate crimes against persons with disabilities.[99]

In terms of data collection, official statistics on disability-related hate crime are not available in most EU Member States. Where such statistics do exist, they are not always disaggregated according to bias motivation, type of crime, sex or age of the victim. Policy actors across the EU are thus often forced to base their decisions on unsupported evidence. FRA research found that data on hate crime against persons with disabilities is recorded and available in only four EU Member States (Croatia, Finland, the Netherlands and the United Kingdom).[100] More recently, other Member States – such as Spain –have started to collect hate crime data on disability-biased crimes.[101]

In the Netherlands, reports and notifications of discrimination and other crimes with a discriminatory element are published annually in the 'POLDIS' publication.[102] However, these reports do not specify whether adults or children are involved.[103] In Finland, the Police College collects age-disaggregated information on disability hate crime, which is available upon request. In Denmark, the Ministry of Social Affairs and Integration is undertaking a study to map hate crimes, including those motivated by disability-bias. The study's results, to be published in 2015, will lead to concrete recommendations for ways to strengthen and tailor efforts to prevent hate crimes.[104]

Turning to the responses of the stakeholders interviewed for this research, it is worth mentioning that only respondents from five countries – Denmark, the Netherlands, Sweden, Slovenia and the United Kingdom – raised the issue of hate crime and its link to violence against children with disabilities. The limited information provided by the stakeholders can be interpreted as a lack of awareness of hate crime in general and of that motivated by disability more specifically, as well as of how these two relate to children.

One of the issues the respondents raised is the difficulty of proving a bias-related motivation and the resulting limitations on prosecuting those crimes.

> *"[H]aving said that we are struggling to get the crime recognised properly and to be able to prosecute it [...] [t]he difficulty is proving that the crime was committed because they hated the disability or because so many people with disability are easier to target. So for instance it is easier to steal from somebody who can't run very fast or who is in a wheelchair. So to prove in court that that person had their money stolen because they were disabled is very difficult. It is more likely that they had their money stolen because it is easier to take."*
>
> (NGO representative, United Kingdom)

> *"[I]f we talk about the Criminal Code, it is a general norm on considering all of the circumstances, also subjective ones, motive and so on of the offender when determining the sentence. And here we lack a provision determining that if the purpose, the motive is hostility or discrimination, the sanction has to be more aggravating. Now, there is a space for judges to do this, but it's not necessary that they will."*
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> (NHRB member, Slovenia)

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[94] United Kingdom (2013).
[95] United Kingdom, Home Office (2012).
[96] College of Policing (2014).
[97] Crown Prosecution Service (2014a).
[98] Crown Prosecution Service (2014b).
[99] Finland, Ministry of Justice (2012), pp. 38 and 41.
[100] FRA (2012).
[101] Spain, Ministry of Interior (2015).
[102] Tierolf, B. and Hermens, N. (2011).
[103] FRA (2012).
[104] Denmark, Ministry of Social Affairs and Integration (2013).

Some respondents noted a need to raise awareness among people with disabilities, as well as professionals, so they can recognise when an incident of bullying, harassment, or abuse is in fact a hate crime.

> *"I imagine somewhere to the work we have done on hate crime, where people don't see what has happened to them as something wrong and that they are actually being victims of a crime as such and therefore don't report it."*
>
> (Representative of the national framework for implementation of the CRPD, United Kingdom)

> *"The persons receiving reports should also be better at treating them properly. They should be better at asking the right questions, describing the episodes correctly, and they should also accept that it is a real problem. I actually think that if you go to the police and report that you have been a victim of a hate crime because of you disability [the reaction would be] Why do we have to know about that? We don't believe you. Someone might have hit you but it is not because of your disability."*
>
> (Consultant in a DPO umbrella organisation, Denmark)

For more information, see FRA (2015b), Focus paper, Equal protection for all victims of hate crime - The case of people with disabilities; FRA (2013), Opinion no. 02/2013, Opinion of the European Union Fundamental Rights Agency on the Framework Decision on Racism and Xenophobia – with special attention to the rights of victims of crime; and FRA (2012), Making hate crime visible in the European Union: acknowledging victims' rights.

2.1.2. Obligation to report

The CRC obliges States Parties to take all measures necessary to protect children from all forms of violence. Such protective measures should include effective reporting procedures, as appropriate.[105] States Parties are obliged to establish an accessible, child-sensitive complaint mechanism and a functioning monitoring system based on the Paris Principles.[106]

The CRC Committee has highlighted the need to pay special attention to children who are particularly vulnerable due to their alternative methods of communicating, their immobility and/or the perceived view that they are 'incompetent'. States Parties must provide reasonable accommodation for children with disabilities to ensure that they are able to communicate and signal problems on an equal basis with others.[107]

The Directive on combating the sexual abuse and sexual exploitation of children and child pornography emphasises that professionals must contact child protection services when they have reasonable grounds to believe that a child is a victim of sexual abuse, sexual exploitation or child pornography, independently of any confidentiality rules imposed by national law on certain professions (Article 16 (1)). The directive requires EU Member States to take all the "necessary measures to encourage any person who knows about or suspects" that such offences have been committed to report this to the competent services (Article 16 (2)).[108]

FRA research[109] reveals that all Member States except for Germany, Malta and the Netherlands have legislation obliging professionals who work with children to report child abuse, neglect and violence. In Germany, however, certain professionals are required to work with the child and his/her parents towards an acceptance of support services; they can confidentially obtain advice from an experienced specialist and, if the situation does not improve, are authorised to report it to the youth protection authorities.[110]

Only 15 of the 25 Member States who have such a reporting obligation impose it on all professionals (Bulgaria, Croatia, Denmark, Estonia, France, Hungary, Ireland, Lithuania, Luxembourg, Poland, Romania, Slovenia, Spain, Sweden and the United Kingdom). In the remaining Member States, existing obligations only address certain professional groups, such as social workers or teachers.

In addition, the general requirement that all citizens must report crimes sometimes specifically includes an obligation to report cases of child abuse, neglect or exploitation. In Latvia, for example, everyone has the duty to inform the police or another competent institution regarding any violence or other criminal offence directed against a child.[111] In Denmark all citizens are obliged to notify the municipality if they know about a child exposed to ill-treatment or abuse.[112] Similarly, in Estonia, the Child Protection Act obliges every person who knows of a child in need of protection or assistance to immediately notify social services, the police or some other body providing assistance.[113]

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[105] UN, Convention on the Rights of the Child (CRC) (1989), Art. 19.

[106] UN, CRC Committee (2007).

[107] UN, CRC Committee (2011a), p. 19.

[108] Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography and replacing Council Framework Decision 2004/68/JHA, OJ L 335.

[109] FRA (2014b).

[110] Germany, Cooperation and Information in Child Protection Act (2013), Art. 4.

[111] Latvia, Protection of the Rights of the Child Law (*Bērnu tiesību aizsardzības likums*) (1998).

[112] Denmark, The Ministry of Social Affairs, Children and Integration (2012).

[113] Estonia (2014).

In Ireland, the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012[114] makes it a criminal offence to fail to disclose information regarding the commission of certain offences against a child or vulnerable person. "Vulnerable person" covers persons, including children, suffering "from a disorder of the mind", intellectual disability or physical disability that severely restricts their ability to guard themselves against serious exploitation or abuse, including physical or sexual abuse.[115]

2.2. Policies

In its General Comment No. 9, the CRC Committee noted that to meet the requirements of Article 23 of the CRC on the rights of children with disabilities, "it is necessary that States Parties develop and effectively implement a comprehensive policy by means of a plan of action which not only aims at the full enjoyment of the rights enshrined in the Convention without discrimination but which also ensures that a child with disability and her or his parents and/or others caring for the child do receive the special care and assistance they are entitled to under the Convention".[116] Moreover, all programmes should be "adequately supplied with financial and human resources and equipped with built-in monitoring mechanisms".[117]Article 16 of the CRPD also calls on States Parties to put in place legislation and policies, including women- and child-focused legislation and policies, to address violence against them.

The research indicates that EU Members States address violence against children with disabilities within their general policies on child protection or children's rights in general, on people with disabilities, or on violence in different settings, such as domestic violence. These different types of policies will be examined in the following sections, which provide select examples of national practices. Some policies recognise that children and persons with disabilities are particularly vulnerable to violence, but only few contain specific and targeted measures to address it.

Some Member States assigned to particular categories below have more than one type of policy addressing violence against children with disabilities, and thus fit into more than one category. In Spain, for example, relevant policies exist both at national and regional level, and tackle different areas when addressing violence against children with disabilities. Provisions relating to violence against children with disabilities can be found in the general national children's rights plan ('National Strategic Plan for Childhood and Adolescence 2013–2016'),[118] in the strategy dedicated to the rights of persons with disabilities ('Action Plan for Persons with Disabilities 2009–2012'),[119] as well as in the 'Third Action Plan to combat sexual exploitation of children and adolescents 2010–2013', which deals with a specific form of violence,[120] and in the more general 'National Action Plan for Social Inclusion 2013-2016'.[121] Although children with disabilities are addressed in a variety of strategies and action plans, such a fragmented policy framework might make it difficult to interpret and implement the different instruments, as already observed in FRA's research on child protection systems in the EU.

Figure 5: Addressing violence against children with disabilities – different types of policies

Note: *The examples are merely illustrative, and not exhaustive.*
Source: *FRA, 2015*

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[114] Ireland (2012), Sec. 1.
[115] *Ibid.*
[116] UN, Committee on the Rights of the Child (2007), para. 13.
[117] *Ibid.*, para. 18.
[118] Spain, Ministry of Health, Social Policy and Equality (*Ministerio de Sanidad, Política Social e Igualdad*) (2013a).
[119] Spain, Ministry of Health, Social Policy and Equality (*Ministerio de Sanidad, Política Social e Igualdad*) (2009).
[120] Spain, Ministry of Health, Social Policy and Equality (*Ministerio de Sanidad, Política Social e Igualdad*), (2010).
[121] Spain. Ministry of Health, Social Policy and Equality (*Ministerio de Sanidad, Política Social e Igualdad*), (2013b).

2.2.1. National policies addressing child protection or child rights

FRA research on child protection systems has shown[122] that 13 EU Member States have national policies addressing the situation of children in general, and that four EU Member States have expired national policies and are currently adopting new ones. Some Member States, like Denmark, have separate plans for child protection at the local and regional level. Moreover, in some federal Member States, like Germany and Belgium, policies are developed at community or local level.[123]

Figure 6 summarises the three categories of child protection or children's rights policies that were identified.

One group of Member States, which includes Ireland[124] and Spain,[125] has adopted general child protection policies containing specific measures and objectives regarding violence against children with disabilities, such as the Irish national guidance on child welfare and protection. This guidance sets out specific protocols for Health Service Executive social workers, police officers (*Gardaí*) and other front line staff for dealing with suspected child abuse or neglect. It states that the abuse of children with disabilities is a significant problem and that the victim most likely knows the abuser. According to the guidelines, "parents, teachers and all staff in services for children with disabilities need to be familiar with the indicators of abuse and to be alert for signs of abuse". It also states that "all agencies or organisations working with children with disabilities should have clear guidelines for preventing, identifying and reporting child abuse or neglect and should ensure that staff and volunteers are trained in the use of the Children First: National Guidance".

A second group of Member States, which includes Bulgaria, Germany, the Netherlands[126] and Slovenia,[127] has policies addressing the protection of children from violence that refer generally to children with disabilities, some of them recognising their particular vulnerability. However, they do not contain specific measures addressing violence against children with disabilities in particular.

The Bulgarian National Strategy for the Child 2008–2018[128] refers to children with disabilities in sections addressing non-discrimination, accessibility, and inclusion in mainstream schools, but does not specifically address children with disabilities in the section on protection from violence.[129]

The German National Plan of Action of the Federal Government on the Protection of Children and Young Persons from Sexual Violence and Exploitation[130] acknowledges the particular vulnerability of children with disabilities, but does not focus on or provide particular measures for this group.

Figure 6: Different categories of child protection or child rights policies

Categories of child protection policies

Contain specific objectives on violence against children with disabilities
Examples: Ireland, Spain

Refer specifically to children with disabilities, but do not set objectives to protect them from violence
Examples: Bulgaria, Germany, the Netherlands, Slovenia

Do not specifically refer to children with disabilities
Examples: the Czech Republic, Lithuania, Slovakia, Sweden

Note: *The examples are merely illustrative, and not exhaustive.*
Source: *FRA, 2015*

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[122] FRA (2014b).
[123] *Ibid.*
[124] Ireland, Department of Children and Youth Affairs (2011), [108].
[125] Spain, Second National Strategic Plan on Infancy and Adolescence (2013c).
[126] Netherlands, Children Safe. Action Plan against Child Abuse 2012-2016 (2011).
[127] Slovenia, Ministry of Labour, Family and Social Affairs (2006).
[128] Bulgaria, National Assembly (2008), National Strategy for the Child (2008-2018) (*Национална стратегия за детето (2008-2018)*), 12 February 2008.
[129] Bulgaria, National Assembly (2008), p. 41.
[130] Germany, Federal Ministry for Families, Senior Citizens, Women and Youth (*Bundesministerium für Familie, Senioren, Frauen und Jugend*, BMFSFJ) (2011).

A third group of Member States, which includes the Czech Republic,[131] Italy,[132] Lithuania,[133] Slovakia and Sweden,[134] has adopted child protection policies that do not specifically refer to children with disabilities in the context of protection from violence.

The Slovakian National Action Plan for Children 2013–2017,[135] for instance, addresses various spheres of protection for children's rights, including the protection of children from violence, but does not specifically address violence against children with disabilities.

2.2.2. National policies addressing violence against persons with disabilities

A number of Member States have policies addressing the rights of persons with disabilities and their protection from violence: Austria, the Czech Republic, Finland, Germany, Italy, Portugal, Slovenia and Spain.

Figure 7 outlines the two types of policies addressing violence against persons with disabilities identified in Member States.

Some EU Member States – such as Austria,[136] the Czech Republic,[137] Germany, Slovenia and Spain[138] – have disability policies or action plans that set out specific objectives or measures aiming to prevent violence against persons with disabilities. These policies include specific references to children with disabilities and some, like Austria, refer to girls with disabilities. Most of these objectives revolve around raising awareness about violence against children and focus to a great extent on sexual violence.

The Slovenian 'Action programme for persons with disabilities 2014–2021',[139] aims to raise awareness about violence against children with disabilities, collect statistical data, and provide assistance to persons with disabilities to detect, resolve and prevent violence. Children with disabilities are identified as a particularly vulnerable group, along with women and elderly persons with disabilities.

In Germany, the 'National plan of action' adopted to implement the CRPD[140] aims to improve the protection of the best interests of the child in care institutions, and calls for research on sexual violence. A concrete result of this national plan was the holding of a roundtable on sexual child abuse in dependency and power situations in private and public facilities and in the family sphere. The roundtable's final report[141] included guidelines for preventing, intervening in, evaluating and initiating change after sexual violence by a staff member in an institution, including – but not specifically referring to – institutions for children with disabilities.

Figure 7: Different categories of policies addressing violence against persons with disabilities

Note: *The examples are merely illustrative, and not exhaustive.*
Source: *FRA, 2015*

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131 Czech Republic, National Strategy for Preventing Violence against Children for 2008-2018 (2009).
132 Italy, Decree of the President (2011).
133 Lithuania, Ministry of Social Security and Labour (2011).
134 Sweden, Ministry of Health and Social Affairs (2009a); Sweden (2007), p. 33; Sweden (2009b), The National action plan against child sexual exploitation (*Handlingsplan mot sexuell exploatering av barn*); Sweden (2008a).
135 Slovakia, Government of the SR (*Vláda* SR) (2013).
136 Austria, Federal Ministry of Labour, Social Affairs and Consumer Protection (2012), p. 11.
137 Czech Republic, National Plan for Creating Equal Opportunities for Persons with Disabilities (2010).
138 Spain, Ministry of Health, Social Policy and Equality (2009).
139 Slovenia, Ministry of Labour, Family, Social Affairs and Equal Opportunities (2012).
140 Germany, Federal Ministry for Labour and Social Affairs (2011), pp. 153-154.
141 Germany, Federal Ministry of Justice (2013).

Finally, the research indicates that national disability policies in some Member States, such as Finland[142] and Portugal, recognise that children with disabilities face an increased risk of violence, but fail to establish specific objectives.

For example, the Portuguese 'National Disability Strategy 2011–2013'[143] recognises that persons with disabilities are targets of discrimination, and refers to children with disabilities as a particularly vulnerable group. The strategy suggests the establishment of a national system for early intervention to support children with intellectual disabilities. The document does not, however, refer to any specific measure for addressing, preventing or fighting violence against children with disabilities.

2.2.3. National policies addressing violence against children with disabilities in specific settings

Several EU Member States, such as Finland, the Netherlands and Slovenia, have adopted policies that address violence in different settings, such as family or care institutions, and refer to persons or children with disabilities.

The Slovenian 'National program for preventing family violence 2009–2014'[144] recognises that special programmes to support and assist persons with disabilities who are victims of family violence have to be set up. Similarly, the 'Resolution on a national plan on the prevention and combating of crime 2012–2016' also recognises that special attention should be given to setting up support networks for persons with physical disabilities and "persons with special needs" who are victims of family violence.[145]

To address psychological abuse in educational settings in the Netherlands, the State secretary of education, culture and science and the Children's Ombudsperson jointly presented a 'Plan for combating bullying'. Among other things, the plan stated that the State Secretary is to propose a new law that will oblige schools to adopt an effective anti-bullying programme, and to monitor social safety at schools. According to the plan, the general approach to fighting bullying should be sensitive to vulnerable groups, such as young people with disabilities.[146]

Addressing the institutionalisation of children with disabilities under the age of 3

The UN Guidelines for the Alternative Care of Children state that "care for young children, especially those under the age of three years, should be provided in family-based settings".[147] Although some Member States have made efforts to shift away from institutional care of children under the age of three, and move towards family-based care, research shows that children continue to be institutionalised in most EU Member States.[148] In its latest Concluding Observations on the Czech Republic,[149] the CRPD Committee noted that the concept of "caring for children with disabilities in institutions" persists in public policy, and urged the state to stop placing children under the age of three in institutionalized care as soon as possible.

Overall, EU Member States largely still do not explicitly prohibit institutionalising children under the age of three. Among those that do, some exempt children with disabilities under the age of three from the prohibition.

In Hungary, for example, the newly-revised Child Protection Act[150] prohibits placing children under the age of 12 in institutions. However, there are three exceptions: in the case of disability, long-term illness and for multiple siblings. In its Concluding Observations, the CRC Committee expressed concern about this.[151] In Poland, the Act on family support and the system of alternative care prohibits placing children below the age of 10 in "socialisation, intervention, or specialist therapeutic type of a care-guardianship facility", excluding exceptional cases relating to a child's health or sibling concerns.[152] In Romania, children younger than two can only be placed with an extended family or a foster family, except for children with severe disabilities "who need specialised care" and may be placed in institutions.[153] In Slovakia, children under the age of six must be placed in foster families, except when a child's health condition requires "specialised care in a specialised institution". According to the law, this includes, among others, children with psychosocial, intellectual, physical and sensory disabilities.[154]

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[142] Finland, Ministry of Social Affairs and Health (2010), pp. 115 and 118.

[143] Portugal, Resolution of the Council of Ministers 97/2010, The National Disability Strategy 2011-2013 (2010).

[144] Slovenia, Resolution about the National Program for Preventing Family Violence (2009).

[145] Slovenia, Ministry of Labour, Family, Social Affairs and Equal Opportunities(2012).

[146] Netherlands, State Secretary for Education, Culture and Science, (2013).

[147] UN, GA (2012b).

[148] UN, OHCHR (2011), Europe Regional Office.

[149] UN, CRPD Committee(2015b).

[150] Hungary, Act XXXI of 1997, on the protection of children and the administration of guardianship affairs (1997).

[151] UN, Committee on the Rights of the Child (2014a), para. 8.

[152] Poland, Act on family support and the system of alternative care (2011), Art. 95.

[153] Romania, Law no. 272/2004 concerning the protection and promotion of the rights of the child, Art. 64 (1) and (2).

[154] Slovakia, Law No. 305/2005 on Socio-Legal Protection of Children and Social Guardianship, Art. 52 (4) and 100j (8).

Promising practice

‘Don’t hit the child’ – action plan on fighting corporal punishment

The Finnish Ministry of Social Affairs and Health has developed a ‘National action plan to reduce corporal punishment of children 2010–2015’. The plan singles out parents of children with special needs as one of the key target groups. The main goal of the plan is “to strengthen the human dignity of children and to increase mutual respect between children and parents so that no child would have to encounter corporal punishment and all children could grow up in a positive, nurturing, understanding and inclusive environment”. The plan focuses on improving support services to families and fatigued parents and on strengthening the overall human rights perspective on corporal punishment.

For more information, see: Finland, Ministry of Social Affairs and Health (2011), Don’t hit the child! National Action Plan to Reduce Corporal Punishment of Children 2010-2015, 9/2011, available at: www.stm.fi/julkaisut/nayta/-/_julkaisu/1537947.

2.3. Challenges to implementing national law and policies

Respondents from all 13 EU Member States in which interviews took place raised concerns over the lack of implementation of legislation and policies. Similarly, a study commissioned by the European Parliament regarding policies on children with disabilities in the EU Member States identified the practical implementation of the principle of freedom from violence for children with disabilities as a weak point at the national level, noting a lack of specific safeguards protecting children with disabilities from abusive acts.[155]

> *“We have almost stopped saying that we want more legislation. We actually just want the existing legislation to be respected.”*
>
> (Consultant in disability umbrella organisation, Denmark)

> *“At this point I would say that existing policy, existing legislation is sufficient to prevent this kind of violence […] and I do not think that extra measures need to be taken.”*
>
> (NHRB representative, the Netherlands)

FRA research on child protection systems also found that, in most Member States, laws, policies and the national coordination and harmonisation of policies on children are fragmented.[156] This might prevent children with disabilities from enjoying some of their rights and receiving adequate and quality services. Moreover, national strategies and policies for children are not always linked to local and regional strategies or budgets and are not always accompanied by concrete action plans with specific time-bound and measurable goals and policy, and legislation is not coordinated to address the needs of children facing multiple vulnerabilities.

Respondents agreed that children with disabilities can be sufficiently protected under general legislative frameworks protecting children, provided these are tailored to the needs of children with disabilities and that state responses to violence against children also cater to various types of impairments, by, for example, ensuring accessibility – both of physical structures and of information and communication. Only a minority of respondents asserted that distinct legal instruments should be put in place to address violence against children with disabilities.

> *“Actually, I think that such provisions should not exist, because they would represent discrimination […]. The laws should be the same for everyone and should be applied with regard to the particular case.”*
>
> (NHRB representative, Bulgaria)

> *“How far should we go into those divisions then, if we can create one policy and include all those important elements, and emphasise what we consider important and significant, instead of repeating the same thing 50 times in the general part considering only the narrow needs in the field of, for example, disability.”*
>
> (Public authority representative, Poland)

> *“In most of the work we are doing here, we say that the Danish legislation and guidelines and all the other measures, which have been developed in connection with the legislation, fundamentally are good. But it is the implementation, the resource allocation, it is the realisation of it, which is the problem.”*
>
> (Psychologist in an international NGO, Denmark)

> *“If I was the Minister of Education, I would change the whole legal system; I would get rid of this phrase ‘a disabled child’ and I would get rid of the phrase ‘a child with special educational needs’. I would start with language, because in fact some sort of otherness and some hostility are created in our heads. It is often reflected in the language in which we communicate with each other.”*
>
> (NHRB representative, Poland)

Respondents generally agreed that on the policy level a holistic approach is required, but that individualised and tailored responses are required by the implementation

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[155] European Parliament, Directorate-General for Internal Policies (2013), p. 84.

[156] FRA (2014b).

bodies. They indicated that the main challenges to implementing national law and policies are:

- lack of training for professionals and few practical tools, such as guidelines and protocols;
- lack of financial and human resources;
- difficulties in viewing children as reliable witnesses;
- lack of age-appropriate and accessible complaint mechanisms and low reporting rates.

> *"Authorities at all levels of the state responsible for the protection of children from all forms of violence may directly and indirectly cause harm by lacking effective means of implementation of obligations under the convention. Such omissions include the failure to adopt or revise legislation and other provisions, inadequate implementation of laws and other regulations and insufficient provision of material, technical and human resources and capacities to identify, prevent and react to violence against children."*
>
> *United Nations (UN), Committee on the rights of the child (2011), General Comment No. 13 (2011), The Right of the Child to Freedom from all Forms of Violence, CRC/C/GC/13, 18 April 2011, para. 32.*

Respondents identified the lack of practical means to implement laws as a key challenge. Adopted legislation is not followed up on with appropriate measures for implementation, such as guidelines, trainings, protocols or action plans.

> *"Many legal documents were ratified without a clear plan or vision about their implementation. If you try to take a child with Down syndrome to a gymnasium, you will hear: 'You must be kidding. We have no training to work with these kids.' Yet the law guarantees such rights."*
>
> (NHRB representative, Lithuania)

> *"But very little has been done at a national level. I would have said that recent experience, post-2010, is that there is less and less being directed, funded and instructed from central government and more is dependent on local good practice. It can be variable across the country."*
>
> (Public authority representative, United Kingdom)

According to the CRC Committee, countries should provide adequate budget allocations for the implementation of legislation prohibiting violence against children.[157] Respondents raised concerns about governments' failures to allocate resources for the implementation of legislation and policies concerning children with disabilities. Stakeholders noted a lack of both financial and human resources at the national and local levels.

> *"[T]he funding of these policies is a major issue as it is insufficient for all activities the plans for implementation contain."*
>
> (NHRB representative, Bulgaria)

> *"The problem is that the legal framework, as it often happens, does not always have an implementation answer. [...] When there is the Financial Budget, they do a law that is intended to protect the disabled, especially the family who is the tutor of the disabled, but then the administration does not have adequate resources. The point, then, is not that the administration is not there, it is that politicians pass Financial Bills, where, oddly enough, social policy spending is cut."*
>
> (Public authority working in education, Italy)

Others said that the main problem is the lack of political will by policymakers to make child protection and the rights of children and adults with disabilities priority policy areas. They thus allocate insufficient funds to such policies, limiting progress in improving the living conditions of children with disabilities:

> *"According to the opinion of state officials, there are no funds [to implement rights of children with disabilities] [...] but I think the main reason is not the lack of funds but our attitudes. People with disabilities can wait, and we will designate the funds for other purposes: to build roads, repair bridges etc. Of course, it is important, but a human being is not a priority."*
>
> (DPO representative, Lithuania)

Evidence shows that challenges exist in terms of human resources in most EU Member States: understaffing of social protection services, a lack of representative distribution of existing carers, low remuneration, high workload and burnout. These problems disproportionately affect social services for children with disabilities, and can lead to their institutionalisation.

The Greek Ombudsperson, for instance, noted that staff members at many institutions – especially those for children with disabilities – experience severe burnout.[158] In Bulgaria, low remuneration and limited possibilities for continuous qualification are the main reasons for the very low number of social workers.[159]

In Romania, specific services – such as centres for supporting the reintegration of children into their families or centres helping the development of independent life skills – are understaffed.[160] In residential centres, most vacancies involve staff positions that entail working directly with children (educators, nurses and carers).[161]

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[157] UN, CRC Committee (2011a), para 41.

[158] Greek Ombudsman (2011), pp. 5 and 27.

[159] Bulgaria, National Network for Children (2014), p. 23.

[160] MMFPSPV (2013), *'Conclusive Study based on the National Assessment of DGASPC, SPAS and other institutions and organisations involved in the child protection system'*, p. 65.

[161] Hopes and Homes for Children (2012), p. 27.

Several respondents noted that professionals lack relevant knowledge when investigating sensitive cases of violence and sexual abuse of children with disabilities. In the United Kingdom, respondents highlighted that specialists who work with children who do not communicate verbally – i.e. speech and language therapists or intermediaries in the court system – are lacking.

> *"For these children in Slovenia, I'd say, you do not have professionals to be able to conduct interviews with them, which is the most important thing in recognising abuse. […] You know, sadly it's going in two extreme directions. One extreme occurring lately is that in some cases they do not carry out an interview at all, they won't work with such a young child. But you will not hear that, they do not say this out loud. And the other extreme is that of course they report on how they are equipped to conduct an interview with a three year old. You know, I was there myself and I know what it means."*
>
> (NGO representative, Slovenia)

In the Czech Republic, an interviewee was very critical of police action, asserting that they do not sufficiently investigate cases due to a lack of evidence. She was also critical of the courts' methods, stating that they impose low penalties in the form of suspended sentences on perpetrators in such cases.

> *"Here in the Czech Republic […] maybe a tenth, maybe not even that, one percent of sexual abuse cases are actually detected. Half of those then aren't investigated and the police suspend the cases for lack of evidence. From the other half that go to court, a half of those are acquitted. And the quarter that is left, 85 % of them only get a suspended sentence. In the Czech Republic the protection of such victims is completely minimal."*
>
> (NGO representative, Czech Republic)

Many of the respondents also noted that few reports are submitted and that or on the difficulties in reporting cases of violence against children with disabilities.

> *"People don't communicate. They don't make complaints. We hear things via the grapevine, we hear rumours. […] A few days ago, I was with the Chairperson of an organisation who told me that a child had been prevented from going to school. So I said to him, 'Well, give me the case, tell me where it happened.' But the case never went any further than hearsay."*
>
> (Public authority representative, Portugal)

> *"I wish (we) the actors who meet the children would be stronger and dare report to social services. Everyone should do it, it can't be the school who will investigate allegations, it must be the social services."*
>
> (Sweden, public authority representative)

> *"We need the organisations to be transparent and mainly, we need a culture in which citizens accept that this responsibility is also theirs."*
>
> (DPO representative, Portugal)

Interviewees emphasised that sexual abuse is particularly difficult to report.

> *"[A]lot of [children with disabilities] don't have the capacity to express in language what is happening to them. Or if they say something they are often not believed or false interpretations occur. That the children can't evaluate what happens to them. Or that they like to invent things; that they lie. So children with impairments are often accused of that."*
>
> (NGO representative, Austria)

At the same time, respondents stated that fear was possibly discouraging people from reporting violence.

> *"It discourages children to report abuse, bullying or violence, because the fear of reprisals is very large. They are really scared, because it's often about acquaintances from their environment. Lately I had a child that was robbed by a friend […]. He knows the boy that took it, but he says: "I am not going to report it, because then I would add fuel to the fire. I am not going to file a complaint, because who knows what happens then." That is what I mean with fear. It discourages you to report that you are being bullied, that you are abused or that you are a victim of violence. I think there is a lot of fear amongst these children, because they are so vulnerable."*
>
> (Public authority representative, the Netherlands)

FRA ACTIVITY

Researching the child-friendliness of justice systems

FRA's research on children and justice points to several elements that can prevent children with disabilities from participating in judicial proceedings on an equal footing with other children. These include:

- facilities and services that do not cater to their particular needs;
- lack of regulations and common practices to guarantee equal treatment;
- lack of specific measures to address possible prejudice;
- poor cooperation among different professionals involved, e.g. police, judges, psychologists, social workers;
- tendency to disregard accessibility issues and to question statements by children with disabilities.

According to this research, many buildings, such as police stations, are not accessible to persons with physical disabilities. Accessing justice and participating in judicial proceedings is particularly problematic for children with intellectual disabilities or those living in institutions. Respondents noted that children with intellectual disabilities are often not seen as credible and their views disregarded, based on claims, for example, that they 'misinterpret' acts when it comes to abuse. Interviewees also stressed that children with and without disabilities placed in institutions are as a rule not heard. However, respondents also gave positive examples of specific measures introduced for children with disabilities. The active participation of psychologists in cases involving children with mental disabilities in Poland is an encouraging example.

For more information, see: FRA (2015c), Child-friendly justice – Perspectives and experiences of professionals on children's participation in civil and criminal judicial proceedings in 10 EU Member States.

As explained in Section 2.1, respondents believe that children who are victims of crime are often excluded from proceedings because they are not considered to be 'reliable' witnesses. When they are involved, their statements are not given full value – even when supported by other relevant evidence.

> *"We have noticed that it is quite difficult for a child or even his parents to find justice in such situations, because no one believes them. It is always said that this child with disabilities is making things up, that it is all nonsense and that nothing happened there, this probably is the reason why those children do not always seek help."*
>
> (NHRB representative, Lithuania)

> *"Absolutely, I'd say not second-grade but third-grade citizens in the sense of their right to hear them, to believe them and to take seriously what they are saying."*
>
> (NGO representative, Slovenia)

> *"Still, very often cases which involve a child with a disability are dropped. […] I may tell you a lot about the way the prosecution service handles cases in which kids with disabilities are witnesses to an offence. They are rather difficult witnesses as they have trouble remembering the course of events, problems with perception and reconstructing what happened, because of their intellectual 'deficits'. Often they are diagnosed on the basis of a one-off examination which may last for an hour, maximum. It's too short to make contact with such a child. But sometimes it is considered enough to draw up 'opinions', if I may call them such, whose quality is questionable, and the proceedings are discontinued."*
>
> (Therapist, Poland)

> *"[T]oo-early charges might reduce the significance of the affected child's statement, particularly if the child is disabled. Therefore, it can be doubted at court and, as a consequence, the child might be forced to remain in the environment in which he/she is exposed to violence or abuse."*
>
> (DPO representative, Austria)

2.4. Data collection mechanisms on violence against children with disabilities

Collecting disaggregated data is crucial for identifying inequalities in the realisation of rights and for adopting and assessing targeted policies on the rights of children with disabilities.

The CRPD specifies that data should be disaggregated, as appropriate, and used to assess the implementation of the convention by the state and to identify and address barriers faced by persons with disabilities in exercising their rights (Article 31). As shown in Figure 8, the CRC and the CRPD committees have recommended that a number of EU Member States introduce centralised integrated data collection mechanisms; ensure systematic and comprehensive collection of data, which is disaggregated by sex, age and disability; and undertake research on violence against children with disabilities.

Figure 8: CRC and CRPD committees’ concluding observations on data collection (2010-2015)

CRC Committee

- Expressed concern about the lack of comprehensive system for collecting data on all areas covered by the Convention and noted that "[t]his is one of the major obstacles for the effective planning, monitoring and evaluation of policies, programmes and projects for children, especially in the fields of violence against children, children with disabilities" – Germany
- Was concerned about "the lack of statistics on children at risk of domestic violence and/or other forms of abuse and ill-treatment, child victims of sexual exploitation and abuse, and other children in need of special protection, including children with disabilities" – Greece

CRPD Committee

- Recommended improving data collection on violence against children with disabilities – Austria, Hungary, Spain, Sweden
- Expressed concern over the lack of information on the situation of children with disabilities and recommended undertaking research on violence against children with disabilities and systematically collecting disaggregated data, including on abuse and violence – Spain
- Singled out the lack of data on women and girls with disabilities – Croatia, Czech Republic; especially regarding inter-sectional discrimination – the Czech Republic

Source: *Committee on the Rights of the Child, Concluding Observations on Germany and Greece; CRPD Committee, Concluding Observations on Austria, the Czech Republic, Hungary, Spain and Sweden*

FRA ACTIVITY

Using indicators as human rights assessment tools

FRA takes a rights-based approach to indicator development, linking indicators to fundamental rights enshrined in international and European human rights instruments. Indicators and benchmarks support the implementation of human rights standards by providing concrete measurements and policy goals, and strengthen transparency and accountability.

To do this, FRA draws on the Office of the High Commission for Human Rights’ (OHCHR) conceptual framework, which, as shown in Figure 9, uses three types of indicators to measure progress in implementing fundamental rights: structural, process and outcome indicators.[162]

Figure 9: Conceptual framework for human rights indicators

As part of the EU Framework to promote, protect and monitor the implementation of the CRPD, FRA collects data and develops indicators and benchmarks. The agency has so far developed human rights indicators on the right to political participation of persons with disabilities (Article 29 of the CRPD), and is currently developing indicators on the right to independent living (Article 19 of the CRPD). In its work on indicators on Article 19, FRA strives to include issues relating to children with disabilities’ right to family life, and to map structures and efforts of Member States to protect children with disabilities from institutionalisation. The children and justice report has also used indicators to provide evidence regarding the participation of children in judicial proceedings.

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[162] UN, OHCHR (2012a).

Indicators can be a useful tool to monitor the situation of children with disabilities as well as issues relating to violence, and to evaluate how Member States are progressing. Although indicators are not the focus of this report, Table 2 provides a few examples of what such a framework could look like.

Table 2: Example of human rights indicators in the field of fighting violence against children with disabilities

Reference: CRC (Art. 19), CRPD (Art. 16), Charter of Fundamental Rights of the EU (Art. 24)			
ISSUE	**STRUCTURAL INDICATOR**	**PROCESS INDICATOR**	**OUTCOME INDICATOR**
Action plan/strategy	• Does the EU Member State have a strategy/action plan on violence against children? • Does it include measures to address violence against children with disabilities? • Does the strategy/action plan set out particular actions for specific: o impairment groups (if so, which?) o other groups? (if so, which?) • Does the strategy/action plan set out concrete targets and a timeframe in which they are to be met? • Is there a mechanism in place to monitor the implementation of the strategy/action plan?	• How large of a budget has been annually allocated to implementing the strategy/action plan since 2010? • Have the targets in the strategy/action plan been met?	
Monitoring	• Is monitoring of publicly and privately provided services for children with disabilities provided for in law? • Does the legal provision stipulate how often monitoring must take place? • Is the monitoring independent of government and service providers? • Does the monitoring system have the authority to investigate complaints by children with disabilities, in a form sensitive to their age and impairment? • Does the monitoring system have adequate human and financial resources? • Are the recommendations of the monitoring mechanisms legally enforceable? • Are there mechanisms in place to ensure that children with disabilities (irrespective of impairment) and DPOs are involved in the monitoring?	• How many DPOs and organisations representing children with disabilities have been involved in monitoring publicly and privately provided services for children with disabilities? • Are the monitoring reports published, including in accessible formats? • How large of a budget has been allocated annually to the monitoring system since 2010?	• Percentage of public and private services monitored/year. • Percentage of monitoring reports published/year. • Percentage of complaints initiated by children themselves.

For more information on the agency's work on indicators, see FRA's indicators on the right to political participation of people with disabilities; FRA's project on the right to independent living (Article 19 of the CRPD); FRA (2010), Developing indicators for the protection, respect and promotion of the rights of the child in the European Union; and FRA (2015c), Child-friendly justice – Perspectives and experiences of professionals on children's participation in civil and criminal judicial proceedings in 10 EU Member States.

The EU has acknowledged that official and comparable data on children with disabilities' enjoyment of their rights in EU Member States is lacking. Four EU-wide surveys provide disability-related statistics: European Health and Social Integration Survey (EHSIS), European Health Interview Survey (EHIS), EU Statistics on Income and Living Conditions (EU-SILC) and the Labour Force Survey (EU LFS). However, these cover populations aged 15 or 16 and older, meaning that no source provides data on disabled children. The EU Agenda for the Rights of the Child urges EU institutions and Member States to: improve existing monitoring systems, establish child rights-related policy targets, and monitor the impact of those policies.[163] Through the DAPHNE III Programme, the Commission is funding a project to create a scientific basis, tools and synergies for establishing national child abuse and neglect monitoring systems using a minimum data set. Such systems would provide comprehensive, reliable and comparable case-based information at national level on children who have used protection services (social, health, educational, etc., depending on country specifics), and would also facilitate monitoring child abuse and neglect at EU level.[164] Another EU-funded project – "Access to Justice for Children with Mental Disabilities", implemented by the Mental Disability Advocacy Center (MDAC) and focused on access to justice – also analysed shortcomings in data collection and dissemination and provided suggestions and guidance.[165]

Despite the CRPD's obligations, a significant gap in knowledge about the prevalence and extent of violence against children with disabilities remains. Some countries have established mechanisms for collecting data on violence against persons with disabilities, but do not disaggregate according to age; others have mechanisms for collecting data on violence against children in general, but do not collect information on whether or not the children have disabilities.

In Germany for example, the police's crime statistic registration system lists 'helplessness' as an evaluation criteria. This criteria is subdivided based on the ground for the helplessness: drug-, alcohol- and medication-induced; disability; age, illness or frailty; and other. However, the 'disability' category does not further specify the kind of impairment nor does it provide the victim's age.

Other Member States have mechanisms to collect data on child protection services, but these fail to establish whether or not the child has a disability. In Bulgaria, for example, the state child protection agency collects and publishes data on violence against children in general, but does not disaggregate the data based on disability. Similarly, the Belgian Trust Centres on Child Abuse, which is tasked with collecting data on child abuse cases, does not specify whether or not the child has a disability. Latvia only collects general data about violence against children, without differentiating cases involving violence against children with disabilities.

Promising practice

Surveying children about experiences with crime

The Crime Survey for England and Wales records crimes that may not have been reported to the police. Since January 2009, the survey asks children aged 10 to 15 about their experiences with crime in the preceding 12 months, and disaggregates the data based on whether or not the victim has a long-standing disability or illness.

The survey for 10-to-15-year-olds is much shorter than the adult survey, lasting only around 15 to 20 minutes. It contains questions on their experiences with crime, bullying, thoughts on the police, and steps taken to keep belongings safe. There is a section in which young persons type their answers directly into a laptop, covering cyber bullying, truanting from school, alcohol and drugs, carrying knives and street gangs. In the last survey, 2,902 children aged 10 to 15 took part.

Stakeholders use the data gathered in the survey to obtain more accurate information on crime levels and attitudes towards the police, and to support their work to reduce crimes.

For more information see: http://www.crimesurvey.co.uk/AboutTheSurvey.html.

Aside from the data collection mechanisms established by governmental institutions, some data are also collected by NGOs. In Cyprus, the Committee for the Protection of the Rights of People with a Mental Handicap annually publishes data on the number of complaints it receives. No disaggregated data are available concerning the nature of the complaints, but the total number includes complaints regarding violence against children and adults with disabilities.[166] In the UK, the National Society for the Prevention of Cruelty to Children provides a briefing every year with data on violence against children, including children with disabilities. In 2014, it estimated that 811,460 children with

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[163] European Commission (2011).

[164] For more information about the project, see "Coordinated Response to child abuse and neglect via a minimum data set", at http://www.can-via-mds.eu/.

[165] Access to Justice for Children with Mental Disabilities, Mental Disability Advocacy Center (MDAC), www.mdac.org/accessing-justice-children.

[166] Cyprus, Committee for the protection of the rights of people with a mental handicap (2011).

a "physical or mental impairment" experienced different forms of violence.[167]

Promising practice

Mapping deaths of children with mental disabilities in custody

In Romania, the NGO Center for Legal Resources compiled and published an interactive map specifying the number of children and young persons (under the age of 26) with mental disabilities who died in state custody between 2011–2014. Local child protection authorities provided the data pursuant to public inquiries, but they are not available on the respective authorities' websites. Although not all deaths were consequences of mistreatment or neglect, the Center for Legal Resources uses the tool to advocate for more transparent data publication and proper investigations of cases in which violence is suspected.

For more information, see: http://www.crj.ro/harta-deceselor-cate-persoane-cu-dizabilitati-mintale-au-murit-in-custodia-statului-intre-anii-2011-2014/.

The lack of comprehensive data collection and evidence-based research on children with disabilities in general, and even more so regarding their experiences with violence, was a common theme in most stakeholder interviews across the 13 EU Member States. Many respondents noted that it is difficult to develop targeted policies and programmes to fully address the issue because not enough is known about it. Some noted that developing research involving children with disabilities or collecting statistics on their experiences is complex, which often results in their being left out.

> *"We have signals that [violence against children with disabilities] occur in orphanages, in social care houses, towards persons who use social care centres or are placed in such centres. What the extent of this issue is is hard to say because only individual cases reach us."*
>
> (NHRB representative, Poland)

> *"For if one is to include children with disabilities, this could require so much more. The surveys become difficult to write, it becomes harder to find these interviewees [...] and harder to target the questions to them. This makes children with disabilities the most invisible group, and thus we do not know much about them today."*
>
> (Researcher, Sweden)

Respondents acknowledged that when there are no data or research on violence against children with disabilities, they encounter difficulties in defining appropriate measures for tackling the issue. For example, a Swedish interviewee commented that it was hard to plan prevention measures against bullying and harassment in schools, since schools and municipalities have no data on how many children with disabilities attend a given school or which type of impairment they have.

> *"Well, that's why we have ended up in this situation that we lack of statistics. This is the same when it comes to the school area, we do not know how many pupils leave school with complete grades, for example regarding different groups of disabilities, there is a lack of statistics, because all children are perceived as just children, then it tilts over in the opposite direction that we cannot get the facts in order for us to work with these issues."*
>
> (Sweden, NGO representative)

> *"So, how could we possibly make policies, plan policies, in the absence of any clear, precise statistics made available to us?"*
>
> (NHRB representative, Bulgaria)

Finally, some respondents raised concerns that, even when available, the knowledge accumulated by field workers or through research findings is not being adequately disseminated. For example, an employee of a Swedish DPO stressed that research results must be highlighted and disseminated repeatedly and to a broad base of people and organisations so that these do not remain mere "words on paper" but become "tangible actions".

2.5. Participation of children with disabilities and their organisations

As explained in Section 1.1, the participation of children and persons with disabilities is one of the key pillars of both the CRC and the CRPD. In addition, Article 33 (3) of the CRPD requires civil society, in particular persons with disabilities and their representative organisations, to be involved and participate fully in the monitoring of the convention's implementation.

The participation of children with disabilities is usually organised through NGOs working on the rights of the child, or through DPOs, and sometimes through Ombudspersons offices. In most – but not all – EU Member States, consultation with DPOs is ensured and required in a legal instrument.[168] Several respondents suggested that prior to the ratification of the CRPD, DPOs were involved sporadically, but that consultation has become more systematic since ratification. However, in its con-

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[167] United Kingdom, NSPCC, Jutte, S., Bentley, H. *et. al.* (2014).

[168] For an updated list of structures set up for the implementation of the CRPD, see FRA (2015d).

cluding observations to the EU, the CRPD Committee expressed concern over the lack of boys' and girls' involvement in decisions and recommended that the EU ensure that boys and girls with disabilities and their representative organisations be consulted in all matters affecting them — with assistance appropriate to their disability and age provided.[169]

According to the respondents, the participation of children themselves remains a challenge. However, they also provided examples showing that Ombudspersons for children are increasingly consulting directly with children. In Sweden, the Agency for Disability Policy Coordination carried out a project – commissioned by the government – in co-operation with the Sweden Disability Federation and in consultation with the Children's Ombudsman. The project aimed to gather experiences and disseminate information on methods and strategies for enabling children and young people with disabilities to influence decisions that concern them.[170] In Belgium, 300 young persons with a mental or physical disability (aged 12-18) were interviewed as part of UNICEF's 'What Do You Think' project. The goal was to encourage them to speak about the obstacles they face and to reflect on possible solutions. All recommendations formulated by the young individuals interviewed were collected in the report 'We are young people, first and foremost!', which was used to draw policy makers' attention to problems faced by young people with disabilities in Belgium. A respondent from the UK commented that the most successful anti-bullying policies and strategies involve children themselves.

> *"Some of the areas of good practice and best practice have involved children and young people themselves developing anti-bullying policy and strategy within those schools to contribute to and teach one another in terms of what acceptable behaviour is and what's acceptable language, to have a peer mentor type programme."*
>
> (NHRB representative, United Kingdom)

> *"The participation of disabled persons in the process of decision-making with regard to their issues should be increased. We should avoid a situation where only fully able persons have a say in what's good for a disabled person."*
>
> (NGO representative, Poland)

> *"I believe that a partnership is needed and that only when everyone can contribute suggestions and stress relevant aspects, best quality programs will result."*
>
> (NHRB representative, Croatia)

Promising practice

Hear our voices – promoting and encouraging the participation of children with intellectual disabilities

The European project 'Hear Our Voices!' aims to bridge the gap between children with and without disabilities by training and teaching children with intellectual disabilities how to participate in various matters that directly affect them.

Over 500 children, with and without disabilities, were involved in the project; over 600 professionals were trained on participatory mechanisms; and several toolkits were produced.

The toolkit developed as part of the 'Participating in my life: Hear My Voice!' project describes participatory mechanisms in child care services, including residential institutions. It also shows how to develop mechanisms to support the planning and monitoring of services, and ensure their quality. The toolkit 'Participating at School: Hear My Voice!' describes participatory mechanisms at schools. It shows how schools can provide opportunities for children to be heard and to participate. It also demonstrates how children and their parents can be supported and trained to become advocates.

The project covered six European Member states and was funded by the Fundamental Rights and Citizenship Programme of the EU. It followed up on a project entitled 'Turning Words into Action: Enabling the Rights and Inclusion of children with intellectual disabilities in Europe'.

For more information, see: http://www.childrights4all.eu/. Both publications are available in Bulgarian, Czech, English, French, German, Spanish, Polish and Portuguese.

The European Commission's report entitled '*Evaluation of legislation, policy and practice on child participation in the European Union*' shows that the participation rights of children with disabilities, and other vulnerable groups of children, are often overlooked or under-valued, for example in institutional care.[171] The study suggests that very few countries have legislation recognising children with disabilities' right to participate. However, it also shows several good examples, such as the Child Protection Act in Bulgaria, which requires the state to undertake special measures to fulfil the rights of children who may have difficulty participating or expressing their views due to a disability.

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[169] UN, CRPD Committee (2015a), para. 25.
[170] Sweden, (2015).
[171] European Commission (2015b).

Many respondents mentioned the need for participatory research involving children with disabilities themselves or for surveys among parents of children with disabilities to identify their needs in terms of support services.

Promising practices

Involving children with disabilities in research on violence – examples in the United Kingdom

A recent report of the Office of the Children's Commissioner (OCC) in England was drafted with the involvement of four young researchers with disabilities. The researchers were supported and guided in their work; they defined the rights the research would prioritise based on their experiences, designed and facilitated four focus groups with children and young people with disabilities, analysed the data and helped draft the report's recommendations.

Source: Office of the Children's Commissioner (2014), "They still need to listen more": A report about disabled children and young people's rights in England

'Ditch the Label', the British anti-bullying charity, conducted its Annual Bulley Survey in partnership with schools and colleges from across the United Kingdom. Nine percent of respondents had a learning disability, 4 % had autism/Asperger's and 3 % had a physical disability. The report found that respondents with disabilities are more likely to experience bullying than those without disabilities. Nine percent of all respondents thought they were bullied because of their disability.

Source: Ditch the Label, Annual Bullying Survey 2015

A study commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC) gathered information on the experiences of deaf children and young people with disabilities in the child protection system. It includes direct accounts by ten deaf and disabled people from across the United Kingdom who experienced abuse during childhood. The study found that these children are at greater risk of child abuse, that they face a range of barriers to obtaining appropriate responses, and that the abuse is underreported, hidden and marred by stereotypes, which prevent the seeking of help, recognition and timely responses.

Source: Taylor, J. et al (2015), "Deaf and disabled children talking about child protection", London: NSPCC

Conclusions

- Desk research shows that most EU Member States treat disability and age as aggravating circumstances for violent crimes. The national legal frameworks of 20 EU Member States consider committing crimes against victims with disabilities or other vulnerabilities – referred to with varying terminology, such as "health status", "the state of vulnerability" or "lack of defence" – to constitute aggravating circumstances. Twenty EU Member States include age as an aggravating circumstance and 18 recognise both disability and age as aggravating circumstances.

- FRA research found little evidence of specific legal provisions or policy instruments addressing hate crime against adults and children with disabilities, with only 13 EU Member States explicitly recognising a disability-bias motivation in their criminal law and very few having specific government plans or strategies in place. Respondents noted that it can be difficult to prove bias-related motivation, and that this limits prosecutions of these crimes. They also emphasised the need to raise awareness among people with disabilities and professionals to help them recognise when bullying, harassment, or abuse is in fact a hate crime.

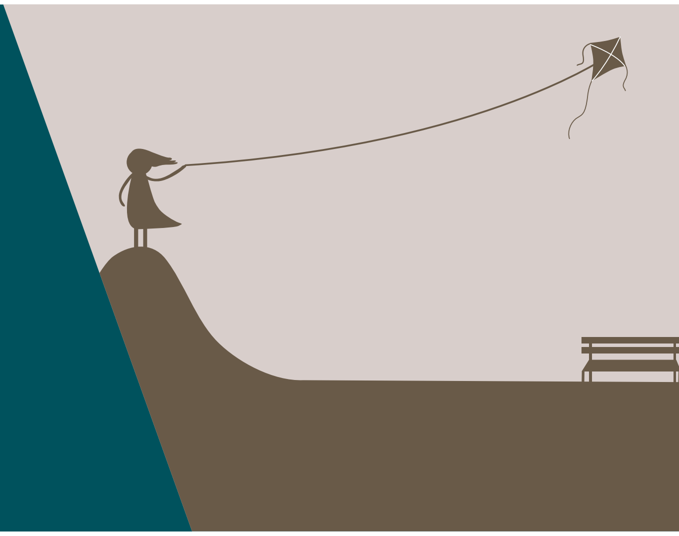
- Violence against children is addressed at the policy level in various forms. Sometimes the issue is included in child protection policies, and sometimes within policies that address violence against persons with disabilities or in specific settings. National policies seem to acknowledge that children with disabilities are more vulnerable to violence, but concrete measures are often weak or missing. There is general agreement on the need for child protection services to cover children with disabilities, and for ensuring that these are both accessible to children with disabilities and age-, gender- and impairment-sensitive.

- Respondents generally note that the main challenge lies in implementing laws and policies. Laws and policies are fragmented, human and financial resources are generally lacking, it is difficult to use children's statements in court, and there are problems with unskilled professionals, a lack of awareness, and other hurdles. Respondents also view the failure to collect disaggregated data as a major hindrance to developing the right policies and services.

- In line with participation principles recognised in the CRC and the CRPD, respondents noted that including children with disabilities in activities that promote their participation in all aspects of life is key for preventing violence, as is giving them tools to identify and report violent incidents.

3

Extent, causes and settings of violence against children with disabilities



This chapter explores the characteristics of violence against children with disabilities, starting with the different forms and prevalence of such violence and how violence can affect children with different impairments in different ways. The chapter then looks at the possible causes of violence against children with disabilities, including at what particular factors can prompt violence in certain settings, and lastly explores the impact of the intersection of disability with other protected discrimination grounds.

The chapter draws on desk research mapping policies and programmes across all 28 EU Members States, but mainly on field research comprising 132 in-depth interviews with experts from various key stakeholder groups in 13 EU Member States. The Annex contains more information on research methodology.

3.1. Extent of violence

Children with disabilities are more vulnerable and experience higher rates of violence than children without disabilities.[172] According to a 2013 UNICEF report on *Children with disabilities*, they are: 3.7 times more likely to experience any sort of violence; 3.6 times more likely to be victims of physical violence; and 2.9 times more likely to be victims of sexual violence. Children with intellectual or psychosocial disabilities appear to be among the most vulnerable, facing a risk of sexual violence that is 4.6 times higher than that faced by their peers without disabilities.[173]

> *"There are still attitudes in society that this group does not really exist. It is not visible. [...] It is thought that they are cared for. They live in care homes. So there is an assumption that it is impossible that they are subjected to violence."*
>
> (Officer working with children with visual impairments, Sweden)

In their concluding observations, both the CRC and the CRPD committees address the vulnerable situation of children with disabilities. For example, in its concluding observations on Spain, the CRPD Committee expresses concern over "reportedly higher rates of abuse of children with disabilities in comparison with other children and urge[s] [Spain] to adopt measures to eradicate this violation of their rights."[174] In its concluding observations to Sweden, the committee raises similar concerns.[175]

National research data also indicates that abuse against children with disabilities is more prevalent than against their non-disabled peers. A study in the UK shows that the increased risk of violence is related to a child's impairment. For example, children with intellectual disabilities are five times more likely to be victims of abuse, and those with moderate and severe speech and language issues are three times more likely to experience abuse.[176] In the context of the German Health Interview and Examination Survey for Children and

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[172] UN, CRC Committee (2007), *General Comment No. 9 (2006),* para. 42. See also: Jones L., Bellis M. A., Wood S., Hughes K., McCoy E., Eckley L., Bates G., Mikton C., Shakespeare T., Officer A., (2012), Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies, Lancet, Volume 380, No. 9845, pp. 899–907; Sullivan, P. M., and Knutson, J. F. (2000), *Maltreatment and Disabilities: a population based epidemiological study*, Child Abuse and Neglect 24(10): 1257–73; Spencer, N., Devereux, E., Wallace, A., Sundrum, R., Shenoy, M., Bacchus, C. and Logan, S. (2005), *Disabling conditions and registration for child abuse and neglect. A population based study*, Paediatrics 116: 609–13; Fisher, M. H., Hodapp, R. M. and Dykens, E. M. (2008), *Child abuse among children with disabilities: What we know and what we need to know*, International Review of Research in Mental Retardation 35: 251–89; Sullivan, P.M., Knutson, J.F. (2000), *Maltreatment and disabilities: A population-based epidemiological study*, Child Abuse and Neglect 24: 1257–73; and Nancy Fitzsimons (2009), *Combating violence and abuse of people with disabilities. A call to action,* Baltimore, Maryland: Paul H. Brooks Publishing.

[173] UNICEF (2013).

[174] UN, CRPD Committee (2011), p. 4.

[175] UN, CRPD Committee (2014a), para. 15, p. 3.

[176] Spencer, N., Devereux, E., Wallace, A., Sundrum, R., Shenoy, M., Bacchus, C. and Logan, S. (2005), Paediatrics 116: 609-613.

FRA ACTIVITY

Researching discrimination and stigmatisation of, and hostile attitudes towards, people with intellectual disabilities and people with mental health problems

The FRA report entitled *Choice and control: the right to independent living*, based on one-to-one interviews and focus groups with 105 persons with intellectual disabilities and 115 persons with mental health problems, reveals that discrimination and stigmatisation on the basis of disability are common, and that many face hostile and negative attitudes that contribute to isolation.

Respondents with intellectual disabilities recalled various forms of bullying and abuse, particularly during periods spent in institutional settings, such as boarding schools and long-term social care centres. Respondents also said that harassment occurred in their neighbourhoods, where they are exposed to perpetrators on a daily basis.

"I often get insulted. I mean, somebody in the street may come up to me and start laughing at me for no reason."

(Woman with intellectual disabilities, Romania)

"You were told all the time that you were worthless, you're bad, stupid and all that. So I never had any friends at all. And there was no-one who could stand me either, I think, I was kind of annoying and hard to get along with."

(Man with intellectual disability, Sweden)

"It was this bloke and his girlfriend. They had sticks and they broke the door down and they just beat me up."

(Woman with intellectual disabilities, United Kingdom)

"I have a cousin who is a bit racist. One day, he even told me: disabled people – it would be better to gas them all. Black people – it would be better to gas them all. All these people who are useless for the earth – it would be better to gas them all!" (Respondent with intellectual disability, France)

Research participants with mental health problems also recalled being victims of stigmatisation, abuse and bullying. One young man from Latvia, for example, recalled that he was assaulted by an orderly while living in a children's psychiatric hospital, but decided not to complain.

"No, I was simply scared. Because other patients there said that if you complained, you would be treated badly. Yes, by the same orderly. So I just kept my mouth shut." (Man with mental health problems, Latvia)

"As if it was not enough that we have psychological problems. One of the care workers, a guy in his twenties, ordered a female patient to sit upright, get out of bed and so on. The woman was like a rag doll, she had no power in her arms and legs […] The care worker left her on the floor after she collapsed, even kicked her and walked away in the end." (Respondent with mental health problems, Hungary)

Many respondents recounted negative experiences with staff in psychiatric hospitals; they spoke of isolation, lack of privacy, rigid daily routines and power inequalities between staff and patients.

"I think they ought to give the patient a feeling of having control, even in […] miserable moments. It is humiliating to be put in belt restrains on a plank bed with your legs spread; not even Jesus was crucified with his legs spread."

(Respondent with mental health problems, Sweden)

"[S]ometimes the patients were strapped down. The staff should not have tied them down to calm them. They should have talked to them. This made me sad." (Respondent with mental health problems, Greece)

For more information, see: 'Choice and control: the right to independent living' (2012).

Adolescents, when asked how often they experienced violence within the past year, children with disabilities between 11 and 17 years of age reported rates nearly twice as high as those reported by their peers without disabilities (17 % compared to 9 %).[177] A study commissioned by the Swedish government reveals that children with moderate or severe disabilities are three times more likely to become victims of bullying than their peers without disabilities. It is three times more common for children with physical or neuropsychiatric disabilities to be bullied than for children without disabilities. [178] Another study from Sweden on corporal punishment and degrading treatment shows that parents of children with attention deficit disorder or attention deficit hyperactivity disorder indicated that they "shoved, grabbed and shook the baby" to a greater extent than parents of children who do not have these disabilities.[179]

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[177] Germany, Federal Ministry of Labour and Social Affairs (2013), p. 231. For more on the German Health Interview and Examination Survey for Children and Adolescents (KiGGS), see: http://www.kiggs-studie.de/deutsch/home.html.

[178] Sweden, The Swedish National Institute of Public Health (2012), pp. 39 and 50.

[179] Sweden, Children´s Welfare Foundation Sweden and Karlstad University (2011).

Overall, respondents from all 13 EU Member States surveyed felt that prejudice against children with disabilities is widespread and that they are at greater risk of becoming victims of violence than children without disabilities. Isolating and segregating adults and children with disabilities from the community leads to 'fear of the unknown' and unfamiliarity with 'otherness', which can translate into hostile behaviour and violence. Many respondents noted a lack of knowledge about disability in society, or, in the words of one respondent, the predominant cultural "emphasis on strength and virility" in society – to which children with disabilities do not conform and thus "stick out".

> *"It has something to do with whether there is a culture where everybody is accepted, or whether there is a culture where being different is not accepted. If you have a culture where being different is not accepted, the culture is characterized by fear. Fear of being isolated, and then it becomes easier to push somebody else to make sure you are not being excluded yourself."*
>
> (Representative of a public authority responsible for inclusive education, Denmark)

Others emphasised that children with disabilities are excluded from all-round rights awareness campaigns and educational trainings aimed at preventing violence. Such campaigns or trainings are also rarely adapted and made accessible to children with disabilities. Therefore, they may lack the knowledge and understanding to recognise risk situations and lack the skills 'to stand up for themselves', which in turn renders them more vulnerable to violence.

The following section analyses whether and how different types of impairments can impact victims' experiences with violence, and aims to provide a short overview of these differences. The section after that examines in more detail the possible causes of violence and the varying risks faced by children with disabilities in different settings.

3.1.1. Risk factors, experiences and forms of violence relating to different types of impairment

> *"The less they differ from their peers, the lower the level of hostility [against them] is. When their difference becomes obvious, hostility emerges. [...] I think that the more obvious a mental or psychical impairment is, the higher is the risk [for a child] to become a victim of bullying."*
>
> (Public authority representative, Lithuania)

Characteristics tied to impairment can increase a child's risk of violence. Respondents generally distinguished between visible (physical) and invisible (psychosocial and intellectual) impairments, with the latter less understood and tolerated and triggering more abusive behaviour both from peers and carers. Respondents particularly often discussed peer-to-peer violence in the context of bullying and the educational setting. Other research also highlighted the risk of peer-to-peer violence in connection with sexual abuse in other contexts, such as sporting networks and care systems.[180] However, some respondents argued that children who "stand out more", i.e. whose disability is more visible, are more exposed and at risk of violence than children with more subtle disabilities.

All respondents asserted that the extent to which children rely on care for their daily needs – which depends on the degree of their disability – affects their vulnerability to abuse. Children with multiple and/or severe disabilities are particularly vulnerable, and their risk of abuse may be exacerbated by their exposure to multiple carers.

Lastly, respondents also spoke about difficulties in recognising and prosecuting abuse against children who communicate in a non-traditional way. As outlined in Section 3.2., several factors increase this particular group's risk of violence.

Children with multiple or severe disabilities

Respondents underlined that the risk and gravity of abuse against children with disabilities rise with the severity of their disability, and their dependence on assistance and care.

Respondents also indicated that children with multiple and severe disabilities experience more segregation. As a result, they access educational and empowerment programmes less often, and are thus less equipped to stand up for their rights. Violence against children with severe communication problems is more difficult to detect. A Polish interviewee raised a similar point, noting that children with severe and multiple disabilities, particularly those with communication difficulties, tend to more frequently become victims of violence because they cannot always defend themselves or report the abuse.

> *"The degree of disability is a deciding factor. If we have a young person who suffers from a serious or a severe disability, s/he will never report any abuse."*
>
> (Psychologist and head of training unit responsible for addressing violence, Portugal)

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[180] Brown, H. (2011), p. 107.

Finally, higher institutionalisation rates of children with severe and multiple disabilities further increases their risk of abuse and violence.

> *"[Children living in institutions are] on the one hand very well protected, but on the other they do not enjoy that many rights to inclusion."*
>
> (Healthcare professional and pedagogue, Slovenia)

Children with psychosocial and intellectual disabilities

> *"[I]ntellectual disability is viewed the worst in a way. We have encountered refusal by a town or village or local people, even adult people, to build a social day care centre. There is really a deeply rooted notion in the society that if a person has an intellectual disability, he is aggressive or dangerous."*
>
> (NGO representative, Czech Republic)

Most respondents claimed that children with intellectual and psychosocial disabilities are at higher risk of violence than children with other disabilities, and face more exclusion and deliberate social isolation. Respondents highlighted the following forms of violence in connection with children with intellectual and psychosocial disabilities: bullying, sexual violence, insults and aggression. Some respondents argued children with Down syndrome, autism spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD) are especially vulnerable. The violence is commonly verbal in nature, ranging from subtle to public bullying, mocking, teasing, name calling and belittling, or can consist of social isolation. Children with autism are particularly often excluded in schools and other settings.

> *"Whereas children and young people do get bullied for physical disabilities, it is remarkable how high bullying rates are and the experience of bullying and hostility amongst children who […] have a learning disability or are autistic. I think some of these non-average behaviours that are associated with someone with disabilities are causes for hostility towards them."*
>
> (Public authority representative, United Kingdom)

> *"[O]ur society is afraid of and struggles against any kind of… inadequate behaviour, aggression that comes with disability. This very much arouses hostility, the society is more inclined to feel sorry for people with physical impairment, basically they are totally dependent on the surrounding people. In case of mental disability, especially paired with atypical behaviour, such as aggression, it arouses some kind of hostility, the wish to somehow punish them, restrain them, and limit their freedom somehow."*
>
> (Provider of outpatient and inpatient healthcare services, Lithuania)

Girls and boys with intellectual disabilities may find it more difficult to differentiate between appropriate and inappropriate behaviour, and many respondents noted that girls with intellectual disabilities are at higher risk of falling victim to sexual abuse. Their vulnerability is also increased because perpetrators are more likely to perceive them as 'defenceless'. An interviewee from Croatia stated that children with intellectual disabilities are at particularly vulnerable situation for two reasons:

> *"Primarily because they are perceived to be different among the different. Secondarily, because they are sure they will not be able to talk about it, that they will not be able to coherently detect it and relate the information to someone else and protect themselves."*
>
> (Public authority representative Croatia)

This particular group of children is also more vulnerable because of problems with reporting and challenging abuse, and due to the perception that children with cognitive disabilities have limited forms of communication and cannot be trusted and used as reliable witnesses. Interviewees in several countries reported that children who communicate in non-traditional ways are especially vulnerable to abuse. This is because only professionals who work with the children and know them very well, or members of the children's immediate families, are in a position to learn about any incidents of violence. The director of a day care centre in Croatia also emphasised that non-verbal children are more vulnerable to violence because they are not in a position to defend themselves or might not be believed if they try to report abuse. Regarding this issue, the interviewee suggested that professionals should be trained to recognise signs of abuse based on the reactions by non-verbal children.

Children with physical disabilities

> *"It is better when people can see that you are disabled than when people cannot see it, because otherwise people can abuse it more easily. People do take people with a visible disability into account."*
>
> (Healthcare provider, the Netherlands)

The majority of research participants stated that children with physical impairments are better integrated in society than those with intellectual and psychosocial disabilities. They are less exposed to violence than children with intellectual or mental disability, who are 'impressionable' and for whom it is much harder to differentiate between appropriate and inappropriate behaviour. However, girls with physical impairments were identified as particularly vulnerable to sexual abuse.

However, a minority of respondents believe that children who ‘stand out more’ – whose disability is more visible – are more exposed to violence than children with more subtle disabilities, especially to bullying and verbal insults. For example, a Danish DPO representative mentioned that children with extensive physical disabilities or communication impairments are more likely to face isolation than those with milder forms of disabilities because people tend to be less interested in them:

> *“I also think that children with learning impairments to a higher degree are seen as sweet and funny than children with extensive physical disabilities, where we might experience that they are not able to do anything and never will be. If the physical expression is combined with a lack of communication, we become increasingly uninterested in them the older they get.”*
>
> (DPO representative, Denmark)

Children with sensory disabilities

Few respondents specifically addressed children with sensory impairments, but other studies show that these children face serious risks of violence. A report on access to specialised victim support services for women with disabilities shows that women with sensory impairments (deaf or blind women) are especially at risk, and face increased barriers to accessing support services when they have experienced violence. Interviews with women with disabilities in four EU countries revealed that during their childhoods, many of those with sensory impairments were exposed to bullying in schools and residential care homes.[181] A UN study on violence against women and girls with disabilities stresses that communication barriers faced by people with sensory impairments can make them vulnerable because of the belief that they will not be able to complain.[182]

A respondent noted that violence can occur when hearing-impaired children enter the ‘outside world’ of children who do hear. That hearing-impaired children use sign language may trigger peer teasing (bullying) or isolation. In such cases, the communication barriers and lack of education about different types of disabilities both represent possible triggers. That many people simply have no contact with hearing-impaired people, are not familiar with sign language, and do not know how to approach people using sign language can also trigger intolerance and violent behaviour.

3.2. Causes of violence against children with disabilities

> *“Children with disabilities are more vulnerable to all forms of abuse be it mental, physical or sexual in all settings, including the family, schools, private and public institutions, inter alia alternative care, work environment and community at large. […] Their particular vulnerability may be explained inter alia by the following main reasons:*
>
> *(a) Their inability to hear, move, and dress, toilet, and bath independently increases their vulnerability to intrusive personal care or abuse;*
>
> *(b) Living in isolation from parents, siblings, extended family and friends increases the likelihood of abuse;*
>
> *(c) Should they have communication or intellectual impairments, they may be ignored, disbelieved or misunderstood should they complain about abuse;*
>
> *(d) Parents or others taking care of the child may be under considerable pressure or stress because of physical, financial and emotional issues in caring for their child. Studies indicate that those under stress may be more likely to commit abuse;*
>
> *(e) Children with disabilities are often wrongly perceived as being non-sexual and not having an understanding of their own bodies and, therefore, they can be targets of abusive people, particularly those who base abuse on sexuality.”*
>
> *United Nations (UN), Committee on the Rights of the Child (CRC) (2007), General Comment No. 9 (2006), The Rights of Children with Disabilities, CRC/C/GC/9, 27 February 2007, para. 42.*

A number of causes interact and increase the risk of abuse for children with disabilities. It is not one single cause but a combination of various causes that leads to violence against them.

> *“[Triggers include] the characteristics of the children, the characteristics of adults that look after them, both parents and teachers, the social setting, and economic difficulties that eventually become relational difficulties.”*
>
> (Local health care authority, Italy)

Furthermore, violence and hostile behaviour towards children with disabilities should also be examined against the backdrop of unequal treatment and discrimination, as well as the segregation and isolation of adults and children with disabilities.

> *“Perhaps I would not call it targeted hostility. […] I would rather call it inability to communicate/interact […] because social exclusion of children with disabilities is very high.”*
>
> (CRPD monitoring body representative, Lithuania)

Figure 10 outlines the respondents’ views on potential causes of violence against children with disabilities. Each identified cause is further analysed below.

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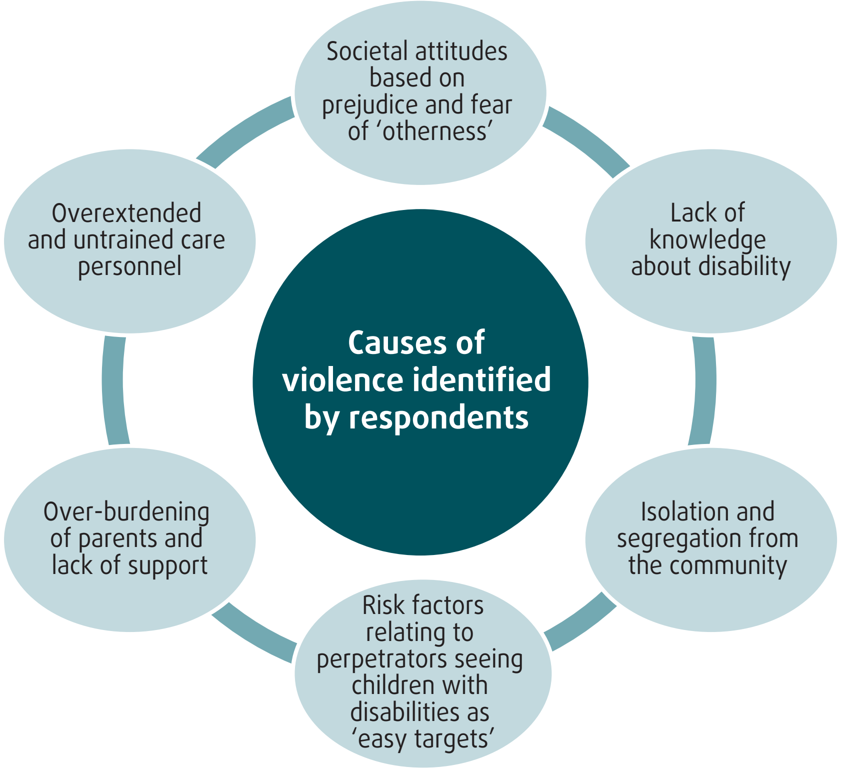
[181] Ludwig Boltzmann Institute of Human Rights (2014). For more information on the project, see: http://women-disabilities-violence.humanrights.at/.

[182] UN, OHCHR (2012), para. 14 and 37.

Figure 10: Potential causes of violence against children with disabilities identified by respondents



Source: FRA, 2015

Respondents argue that the main cause of violence is that most people lack knowledge and understanding of disability, as is a general intolerance towards 'otherness', including children who appear and behave differently. Respondents also identified perpetrators' perception of children with disabilities as 'easy targets' as a cause of violence. Furthermore, some stakeholders expressed concern about negative perceptions of disability among the general public, which can be based on both ignorance and prejudice; these are exacerbated by the economic crisis, which contributes to increasing levels of intolerance and possibly results in abusive behaviour. In some countries, respondents connected such behaviour to the social isolation of children with disabilities in the past.

The respondents reported that domestic violence is mainly caused by parental and carers' exhaustion and the lack of support services. Overextended and untrained personnel are the main causes of violence in institutional settings. Regarding professionals who work with children with disabilities outside of institutional settings – namely, in schools – interviewees noted a lack of training, awareness and support for teachers. While this section partly addresses these issues, Section 3.3 provides a more detailed analysis of the forms, characteristics and causes of violence in particular settings – at home, in schools and in institutions.

3.2.1. Societal attitudes based on prejudice and fear of 'otherness'

Nearly all respondents noted that society's lack of awareness, general discriminatory views based on prejudice, and a lack of interaction between people with and without disabilities all contribute to violent behaviour.

> *"There is general intolerance of different people, 'weaker' people."*
>
> (Provider of outpatient and inpatient healthcare services, Lithuania)

> *"When you ask someone if individuals with disabilities should have the right to be a part of the majority population, no one says no. But face-to-face with the matter in their daily lives, some people feel that 'it won't be possible' or 'we don't have to' [include them]. So actually we can look at this as a certain form of hidden aggression, […] a sort of persevering in an intellectual stereotype that can actually create a negative relationship with an individual without actually trying to rationally understand him or her."*
>
> (Parents' association representative, Czech Republic)

A national human rights body representative spoke about society's "difficulty to accept the right to be different and a prevailing culture where the distinction between 'normal' and 'abnormal' is always present". Another respondent pointed to "ignorance and inexperience… deal[ing] with the otherness" of adults and children with disabilities as the main cause of violence. A respondent from a Danish DPO noted that societal attitudes view persons with disabilities as "in need of care", which results in paternalism.

> *"I don't think I know any grown-ups with disabilities who have not experienced being pat on their head […] I know several persons who have told about episodes where people suddenly pick up candy from their pocket and give it to them because they think they want it. Some of these things are just awkward misunderstandings, but it of course makes you feel that you are not taken seriously and it makes you feel put down."*
>
> (DPO representative, Denmark)

Respondents also discussed the traditional mind-set of society, which largely still takes the medical approach to disability. This approach is based on pity and charity, and sees people with disabilities as victims of their impairment who should be 'cured' and looked after.

> *"[A] young man told me that he was shopping […] with his mother and there was a shop with a step and he couldn't go inside […] so he sat outside waiting in his wheelchair and he couldn't even look that quickly as someone already gave money to him. And I think that this welfare-attitude is also already related, unconsciously, with a hostile attitude."*
>
> (Independent monitoring body of the CRPD representative, Austria)

Respondents pointed out that society's negative perceptions of disability may also be tied to economic conditions. In fact, several respondents from Bulgaria, the Czech Republic, Denmark, the Netherlands and Sweden maintained that economic hardship and heavier burdens contribute to increased intolerance, which can result in hostility and violence against adults and children with disabilities.

> *"People with disabilities are often seen as costs, that is how they are seen. It is all about care, expenses, medication and that kind of thing."*
>
> (NGO representative, the Netherlands)

For instance, a national human rights body representative from the Czech Republic was concerned about increased societal tension resulting from the recent economic crisis, which significantly and negatively affects society's attitude towards minorities, including people with disabilities.

> *"[I]ndividuals with disabilities are perceived by economically active people as a burden more often in a time of crisis, because maybe this [economically active] person is having trouble finding a job himself."*
>
> (NHRB representative, Czech Republic)

Similarly, in Denmark, an NGO representative identified the financial crisis as a circumstance that can lead to cutbacks in different areas and to stigmatisation of persons with disabilities. They are seen as "expensive, selfish and demanding", which possibly results in more verbal assaults.

> *"People with disabilities have been spoken about publicly as being expensive, […] that they are drawing all the financial resources from the other areas. […] I think it can lead to hostility and increased stigmatisation as demanding and selfish."*
>
> (DPO representative, Denmark)

A public authority representative from the Czech Republic noted that a particularly bad regional economic situation and the size of a town can affect the level of hostility against persons with disabilities. In regions with high unemployment and poverty levels, people are more likely to have negative opinions on support measures aimed at people with disabilities.

Economic factors can also trigger domestic violence. Children with disabilities can bring extra financial costs for families, and families under financial stress may not have the resources to access support. For more information, see Section 3.3.1 on domestic violence and Section 3.4.1 on poverty and socioeconomic background; these analyse in detail the intersection between economic factors and hostile attitudes towards children with disabilities and how social inequalities can lead to higher risks of abuse.

3.2.2. Lack of knowledge and understanding of disability

> *"We are probably not doing enough around integration at an early stage, so a lot of people become adults without actually having integrated and mixed with and understood people with disability."*
>
> (NGO representative, United Kingdom)

The CRPD Committee has expressed concern regarding the lack of awareness and knowledge about disabilities and has recommended that State Parties introduce targeted national strategies to raise awareness of the Convention. In its Concluding Observations for Sweden, for instance, the Committee recommended that the "State Party reinforce its strategy and initiatives for the sensitization and training of parents and staff working with children as well as for awareness-raising among the general public",[183] and in its observations for Belgium recommended "foster[ing] among the general public a positive image of persons with disabilities and their contributions to society".[184] This is reiterated in the Concluding Observations to the EU, which recommend that the EU develops a comprehensive campaign to raise awareness of the convention and combat prejudice against persons with disabilities, including women and girls.[185]

Respondents asserted that rights awareness is key to addressing the 'fear of otherness' and contributing to social inclusion. For example, a respondent from the UK stated that efforts should be made to widely disseminate knowledge and information to everyone involved – authorities, families and children. Similarly, a respondent from the Czech Republic emphasised that "education in general" aimed at the general public, professionals, and teachers in mainstream schools presents a great opportunity to tackle abusive attitudes and behaviour towards children with disabilities. When asked to identify the key measure to prevent violence against children with disabilities, an expert from the Bulgarian Ombudsperson office replied:

> *"First of all, awareness. There is a great need for systematically raising public awareness, of promoting a change of attitudes by a variety of programmes targeted at all ages... The thing is that the greatest challenge faced by our society nowadays is the fact that we're failing to meet the new challenges our children have to handle and they lack good examples in their own family."*
>
> (Child rights expert, Bulgaria)

> *"In relation to inclusion in schools there can be some underplayed forms of hostility. It is not the targeted form where you want to hurt a person, but it can be a lack of understanding which ends up hurting the child."*
>
> (DPO representative, Denmark)

A lack of understanding and awareness of disability is often also connected to a higher risk of sexual violence against children with disabilities. The CRC Committee notes that children with disabilities are "often wrongly perceived as being non-sexual and not having an understanding of their own bodies and, therefore, they can be targets of abusive people, particularly those who base abuse on sexuality".[186]

Several respondents highlighted the issue and also argued that the public sees children with disabilities as non-sexual, which increases their risk of becoming victims of sexual violence. A representative of a Swedish NGO, for instance, stressed that researchers, professionals and policymakers must realise that people with disabilities are not asexual and very much prone to having risky sex or being sexually abused.

A respondent from Poland noted the lack of education about different types of disabilities, and argued that communication barriers could be leading factors in hostile behaviour against children with hearing impairments.

> *"What causes hostility may also be the fact that many people simply do not have contact with hearing-impaired people, they are not familiar with how they behave and, consequently, do not know how to approach them."*
>
> (Social worker, Poland)

3.2.3. Exclusion of children with disabilities

> *"The leading reason for violence is isolation. Regardless which group of children are placed in an institution, isolated and labelled – they will in any case turn into 'objects' and into targets of negative societal views. [...] Institutions see [children with disabilities] as 'physical objects', and in their understanding of humane treatment, this [is reflected in] care towards these children."*
>
> (Physician, Bulgaria)

Respondents talked about exclusion in terms of settings – mostly regarding segregation in institutions – but also about practices that deny children with disabilities full and effective participation and inclusion in society. Some discussed social taboos and also claimed that for some families certain disabilities are seen as "shameful". For instance, a representative from an Austrian NGO mentioned that in some cultures disability is regarded as a family issue and a parent's responsibility, and that many do not seek support, which can lead to the overburdening of family caregivers and limit the children's contact solely to family members.

Several respondents, notably in Bulgaria, Croatia, the Czech Republic and Lithuania, deemed the social isolation of children with disabilities in the past a trigger of violence and hostile societal attitudes.

> *"The main reason is the inability to communicate and interact with them and treating them as if they were different from the rest, simply because they have been in social exclusion too long."*
>
> (Representative of the independent CRPD monitoring body representative, Lithuania)

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[183] UN, CRPD Committee (2014a), para. 15-16.

[184] UN, CRPD Committee (2014b), Concluding observations on the initial report of Belgium, 28 October 2014, para. 18.

[185] UN, CRPD Committee (2015a), para. 27.

[186] UN, CRC Committee (2007), General Comment No. 9 (2006), para. 42.

Respondents noted that people with disabilities were not seen in public spaces and were secluded in segregated institutions, shielded from the eyes of others. Limited interaction resulting from children with disabilities' institutional isolation has led to a lack of awareness and understanding of disabilities among the general population.

> *"The mind-set in society is most difficult and slow to change through the years. These children were hidden for long years. They were usually hidden in institutions, away from populated areas […] and society; even our children are not used to seeing them, to accepting them."*
>
> (Children's advisor and expert, Bulgaria)

However, respondents also described steps taken during the past decade in some countries towards a more inclusive society, which have led to great progress, such as increased openness among the younger generation. Respondents also identified truly inclusive education from an early age and continuous sensitisation of the general population as key to overcoming segregation and fighting fear and prejudice. A Danish study on 'Children's attitude to disability' showed that children have most reservations towards children with cerebral palsy, ADHD and intellectual impairments, because they do not understand and do not feel confident with their behaviour. However, the study demonstrated a relationship between knowledge and attitudes, and found that it is possible to change prejudiced attitudes through targeted teaching about disability as well as interaction and contact with persons with disabilities.[187]

Regarding the school setting, many respondents believe that subtle forms of hostility, such as exclusion and isolation, are widespread. One interviewee, an Italian social worker, pointed out that the more a child is perceived as vulnerable by society, the more he or she is at risk of isolation. This may also lead to an increased risk of violence because children with disabilities may not have many friends and "this leads to them making relationships with people they shouldn't".

Similarly, isolation has also been identified as a factor leading to bullying.

> *"Not selecting them at gymnastics because they … have [motor development problems], secretly bullying them when the teacher does not watch, taking their belongings, not wanting to play with them at the schoolyard, […] not wanting to hang out with them, not wanting to sit next to them in class."*
>
> (Representative of a network organisation to prevent bullying, the Netherlands)

Other risk factors for children with disabilities becoming victims of abuse include a lack of understanding of what abuse constitutes and insufficient knowledge to recognise hostile behaviour, which can amount to violence. Many may not even be aware that certain behaviour is unacceptable.

> *"[V]ery often we are surprised by the people [with disabilities] themselves because in certain situations they don't regard such acts as being discriminatory against them. This is why they don't often lodge a complaint."*
>
> (Public authority representative, Portugal)

Regarding sexual abuse in particular, many respondents stressed that children with disabilities are excluded from training on sexuality provided for their non-disabled peers because they are seen as non-sexual. Findings also indicate that no counselling targets children with disabilities in particular and/or is accessible for them – hence they lack knowledge and understanding of what constitutes sexual abuse.

> *"People […] think that no-one wants to have sex with someone with a disability. Therefore people believe that nothing can happen to them."*
>
> (NGO representative, Sweden)

Respondents also noted that children with disabilities who are integrated in mainstream schools may be excluded from peer groups in which discussions about sexuality and sex take place. They miss out on hearing about experiences with sex from their peers and sometimes may not understand that these are issues they need to talk about. For more information on empowerment measures and training to help children with disabilities recognise sexual abuse, see Chapter 4.

> *"They might not have the reference framework […] about how a healthy relationship should look. They might think that it probably should be that a guy threatens to do things you do not want. They have no possibilities of mirroring themselves through other people's relationships, due to isolation or because they live in their own group."*
>
> (NGO representative, Sweden)

3.2.4. Risk factors relating to perpetrators seeing children with disabilities as 'easy targets'

Certain factors relating to a child's impairment and his/her concrete needs, such as extensive care and support, as well as a perpetrator's perception of children with disabilities as 'easy targets', can increase the risk of violence. Physical and social barriers tied to certain impairments, and a lack of exposure to training and empowerment measures, may prevent children with disabilities from defending themselves. As a result, perpetrators feel superior and dominant, and this "unequal

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[187] Denmark, National Board of Social Services (2011b).

division of power" can be an important factor triggering violence against children with disabilities.

> *"I think that hostility comes from the lack of understanding [and] the feeling of superiority. If this person is deprived, he is nothing, I am great."*
>
> (Therapist in an NGO, Bulgaria)

> *"It is like HC Andersen and the Ugly Duckling illustrated it; the ones who are different should be held down because it makes us feel better"*
>
> (Psychologist in a children's rights organisation, Denmark)

> *"If I know that there will be few consequences it's more likely to spur violence."*
>
> (Psychotherapist in an NGO, Austria)

Stakeholders also noted the easy access to children with disabilities, and the assumption that nobody will believe them and that, even if they try to challenge and report the abuse, their voices will be ignored due to stereotypes relating to their disabilities. Children with disabilities are also perceived as having problems with identifying perpetrators and consequently with reporting abuse.

> *"I feel that physical or sexual violence towards a child with disabilities takes place because the perpetrator, on the one hand, has this ease, so to say, in getting the victim. […] On the other hand, the perpetrator has this awareness that the person with disabilities will not inform anyone about it, may not understand what is going on, and often he/she knows that nobody will take seriously those messages from the person [with disabilities]."*
>
> (NGO representative, Poland)

Respondents identified sexual violence as one of the prevailing forms of violence against children with disabilities, and pointed to girls with intellectual disabilities as being especially vulnerable. An important aspect of this is that children who rely on caregivers for their daily needs and require support with personal hygiene generally face a higher risk of abuse. A UN report states that "a child who requires assistance with washing, dressing and other intimate care activities may be particularly vulnerable to sexual abuse".[188] Some children with disabilities' inability to hear, move, dress, use the toilet, and bathe independently increases their vulnerability to intrusive personal care or abuse.[189]

Many interviewees identified personal hygiene as a major factor underlying an increased risk of sexual abuse. More specifically, they noted that the dependency on others for intimate care coupled with a lack of awareness of what abuse constitutes and where the boundary between personal care assistance and sexual abuse lies all contribute to the risk.

> *"There is this problem that when you have a disability, your body does not belong to yourself as our bodies do. When you are physically disabled, you are dependent on help from others. The more severe the disability, the more dependent you are on help from others. So a child with a physical impairment will from a very young age be used to people doing things with his or her body, and it can therefore be difficult for them to sense when something is normal caretaking and when borders are actually being crossed."*
>
> (Psychologist, Denmark)

Research at the national level demonstrates that children with disabilities experience high rates of sexual abuse. In Ireland, a report analysing data from 14 rape crisis centres shows that almost half of the surveyed survivors with disabilities disclosed that they were subjected to sexual violence during childhood (48 %), while one in ten disclosed that they were subjected to sexual violence both as adults and as children (10 %). There were also some notable differences in the details of the sexual violence experienced by survivors with disabilities and survivors without disabilities. For example, individuals with disabilities who use rape crisis centre services are more likely to have been subjected to multiple incidents of sexual violence than those with no disabilities (39 % compared with 25 %).[190] Regarding the accessibility of services for victims of sexual violence, the report recommends working with providers of services to people with disabilities and supporting organisations to develop and update policies on disclosing abuse (including provisions on whistle-blowing) and to ensure that vulnerable adults and children have access to support other than their service provider.

In the Netherlands, an independent investigation conducted in October 2012 showed that children with intellectual disabilities are more than three times as likely to be victims of sexual abuse than children without such disabilities.[191] These findings are consistent with earlier data collected from professionals working in youth care institutions, who estimated sexual abuse among children with mild intellectual disabilities in Dutch youth care institutions to be as high as 9.7 per 1,000 children, compared to 3 per 1,000 children in regular youth care institutions and 0,3 per 1,000 children in the general population.[192]

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[188] UNICEF (2007), p. 19.

[189] UN, CRC Committee (2007), General Comment No. 9, para. 42.

[190] Rape Crisis Network Ireland (2011).

[191] Netherlands, Samson Commission (2012).

[192] Netherlands, Alink, L., Euser, S., Tharner, A., Van Ijzendoorn, R., Bakermans-Kranenburg, M. (2012).

3.2.5. Overburdening of parents and guardians and lack of support services

> *"It's like the mother or father spending her/his life in jail […]. There are people who accept this life and have the wherewithal to deal with it; there are others who are placed under constant stress. As the stress builds up, it's taken out on the child."*
>
> (NGO volunteer, Portugal)

Violence and hostility towards children with disabilities also occur in domestic settings. Respondents from various countries, notably Bulgaria, Croatia, Lithuania, Portugal and Sweden, noted that the burden families and carers of children with disabilities may experience can contribute to domestic violence.

Research findings indicate that violence at home tends to have various causes, mostly stress and the overloading of parents due to a lack of support services, but also disappointment and shame about a family member's disabilities. Difficulties with identifying and prosecuting domestic violence as well as reporting system failures have also been identified as contributing factors.

Respondents from various countries, including Austria, Bulgaria, the Czech Republic, Croatia, Italy and Sweden, emphasised that family support is crucial for preventing domestic violence caused by the overburdening of parents.

> *"I've worked a lot with family support and it's a complex situation. I've interviewed parents [who] say that if they'd received this kind of support from the beginning, they wouldn't have had thoughts [about hurting the child]. They need a broad family support (system); there are just too many contacts which in itself is very stressful."*
>
> (NGO representative, Sweden)

3.2.6. Overextended personnel, inadequate professional behaviour and lack of training

The research revealed that overextended and untrained personnel, staff burnout, a lack of resources and problematic working conditions are core factors triggering violence against children with disabilities in closed settings. Respondents consistently pointed out these challenges in various settings: residential facilities, services, and institutions for children with disabilities.

> *"In institutions, I could imagine that it's simply overstraining of the employees that leads to them losing their nerves."*
>
> (Public official, Austria)

Some respondents claimed that the lack of funds can lead to situations where, due to budgetary cuts, unqualified assistants perform tasks that should be completed by well-trained people. Several respondents identified the lack of specialised personnel as one of the main challenges to implementing support services, as well as one of the main factors increasing the risk of violence against children with disabilities.

> *"We need to train people. We don't have to know sign language or to have been born knowing how to speak about what the behaviour of a person with dual diagnosis is. But if we have learned what this is, we will be better equipped to realise that the person before us needs special attention."*
>
> (DPO representative, Portugal)

Regarding educational settings, respondents noted the school staff's low capacity, limited qualifications and lack of communication techniques for addressing the needs of children with disabilities. The lack of relevant knowledge and awareness can impact teacher behaviour. Stakeholders often noted that teachers lack training in disability rights and on building the skills and sensitivity to recognise abuse triggered by disability – the kind of training that could help teachers address possible risk situations.

> *"[I]t often happens that teachers are not able to decipher what's happening and when […] it happens right under their nose in the school, they start to deal with it, but they often don't have the space to […] go into more detail, they often can't do this, they don't want to, or they don't know how."*
>
> (Teacher, Czech Republic)

> *"Some teachers are willing to provide [support], but they really feel quite alone."*
>
> (Public authority representative, Bulgaria)

3.3. Settings and forms of violence against children with disabilities

Respondents noted that different forms – including disability-specific forms of violence, and causes of violence against children exist in different settings, and also discussed promising practices. The CRC obliges States Parties to take appropriate legislative, administrative, social and educational measures to ensure that children are protected from violence in all settings (Article 19). The following sections address violence in the family (3.3.1), in schools (3.3.2) and in institutions (3.3.3).

Understanding forms of violence specific to children with disabilities

Article 19 of the CRC defines violence against children as all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. In its General Comment No. 13, the CRC Committee provides a non-exhaustive list of different forms of violence, such as: neglect or negligent treatment; mental violence; physical violence; corporal punishment; sexual abuse and exploitation; torture and inhuman or degrading treatment or punishment; violence among children; self-harm; harmful practices; violence in the mass media; violence through information and communications technologies; and institutional and systemic violations of children's rights.[193]

General Comment No. 13 also identifies particular forms of physical violence that children with disabilities may be subjected to, including: "(a) Forced sterilization, particularly girls; (b) Violence in the guise of treatment (for example electroconvulsive treatment (ECT) and electric shocks used as 'aversion treatment' to control children's behaviour); and (c) Deliberate infliction of disabilities on children for the purpose of exploiting them for begging in the streets or elsewhere".[194]

The CRC and CRPD expert committees, as well as existing research, recognise that children with disabilities can face specific forms of violence. These include forced sterilisation, overmedication[195] or violence motivated by prejudice towards a person's disability, which is known as 'hate crime'. In this case, a child is abused simply for being disabled, or for being perceived as disabled, or for being associated with a person with disabilities.[196] This research found few specific legal or policy provisions concerning hate crimes against children with disabilities, though Member States have included disability as a possible bias motivation for 'hate crime'. In this research, respondents raised the issue of hate crimes against children with disabilities in only five countries: Denmark, the Netherlands, Slovenia, Sweden and the United Kingdom. Some respondents suggested that there is a need to raise awareness among people with disabilities as well as professionals to enable them to recognise incidents of bullying, harassment, or abuse as hate crimes.

"I would like if [...] disability was more clearly mentioned as a reason for persons to be exposed to hate crimes. I experience that persons are surprised when we say it. They think it is only persons with ethnic minority backgrounds who are assaulted and excluded, but persons with disabilities are also experiencing such things."

(DPO representative, Denmark)

Children with disabilities living in institutions are not immune to various forms of abuse considered 'endemic' in institutional care.[197] In its concluding observations on Hungary, the CRC Committee noted that "psychotropic drugs are used excessively on children in public care, without proper justification".[198] In 2015, the CRPD Committee also raised concerns about frequent forced medical treatment of persons with disabilities in its concluding observations on Croatia. In particular, "the Committee is deeply concerned that children and adults with disabilities can be sterilized without their free and informed consent pursuant to the Health Act, in cases where their parents or guardians have so requested".[199] The UN General Assembly's Guidelines for the Alternative Care of Children also addresses overmedication and the use of force and restraints. [200]

Respondents stated that prostitution and exploitation linked to trafficking can also affect children with disabilities. In its General Comment No. 9, the CRC Committee noted that children with disabilities are more likely than others to become victims of child prostitution and child pornography, as well as economic exploitation, drug trafficking and begging.[201] In its concluding observations to Germany, the Committee deemed insufficient measures to prevent sexual exploitation and abuse and provide help and support to victims of sexual offences, and, among others, recommended strengthening coordination between all actors in the protection system to enable the "prevention of sexual violence against children, especially in schools and facilities for children with disabilities".[202]

"In the first place, according to me, every child with mental disability is at risk. I have lots of observations in my work at the crisis centre. People with disabilities are regular clients there as victims of trafficking. And this is not a single case, this is massive."

(Therapist working with children who are victims of violence, Bulgaria)

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[193] UN, CRC Committee (2011a).
[194] *Ibid.*, para. 23.
[195] *Ibid.*
[196] FRA (2012).
[197] Brown, H., CoE (2003), p. 31.
[198] UN, CRC Committee (2014a), para. 38 (f).
[199] UN, CRPD Committee (2015c), para. 27.
[200] UN, GA (2010), para. 97.
[201] UN, CRC Committee (2007), para. 77.
[202] UN, CRC Committee (2014b), para. 35.

The Office for the High Commission of Human Rights (OHCHR) report indicates that women and girls with disabilities are both more exposed to violence than other women and girls, and are exposed to other forms of violence linked to their impairment, such as forced sterilisation, withholding medication or assistive devices, denial of food or water, verbal abuse and ridicule relating to their disability, and the removal or control of communication aids.[203]

"If children with disabilities still need support when showering, in the bathroom, even also when getting dressed or something similar [...] boundaries can quickly blur."

(NGO representative, Austria)

Finally, new forms of abuse linked to online activities, particularly the use of social media, also affect children with disabilities. In response, the Council of Europe is planning a participatory research project on the digital lives of children with disabilities, involving children with disabilities in the research. Preparatory discussions revealed that children with disabilities are more vulnerable to online risks such as grooming and bullying, and that issues that affect them in the online environment – such as accessibility, hostility and discrimination – are similar to those confronted in offline environments.[204]

Respondents in FRA's research also noted the issue of children with disabilities facing segregation from their peers and seeking 'acceptance'.

"Young people with disabilities' behaviour on the internet shows clearly that they want a boyfriend or girlfriend who is 'normal', so to say, which means that they are willing to do whatever it takes and even more than any other girl perhaps would do.'

(NGO representative, Sweden)

3.3.1. Domestic settings

The UN has acknowledged and documented abuse against children, including physical, sexual and psychological violence, as well as deliberate neglect in family settings.[205] Addressing possible triggers, the CRC Committee notes that children with disabilities are vulnerable to "neglect and negligent treatment since they often present an extra physical and financial burden on the family".[206]

> *"Parents or others taking care of the child may be under considerable pressure or stress because of physical, financial and emotional issues in caring for their child. Studies indicate that those under stress may be more likely to commit abuse."*
>
> *United Nations, Committee on the rights of the child (2007), General Comment No. 9 (2006), The Rights of Children with Disabilities, CRC/C/GC/9, 27 February 2007, para. 42 (d.)*

Similarly, stakeholders pointed out that children with disabilities are more likely to become victims of physical and sexual violence, verbal abuse and neglect within the family context. Respondents spoke of exclusion and rejection of children with disabilities within families and stressed that neglect is also a form of violence. Many noted that such 'hidden' forms of abuse often do not surface and are hard to investigate and sanction. Some respondents also spoke of careless treatment in connection with the provision of medical or other services.

> *"Regardless of our profession, each one of us understands disability differently. Not only visible behaviour represents aggressive behaviour. You can see it in facial expressions, in gestures, through belittling, through diminishing the presence of a person."*
>
> (Educator in health institution, Croatia)

Figure 11 summarises the respondents' views on the main factors leading to violent behaviour against children with disabilities in the domestic sphere.

When asked about causes of domestic violence, respondents mainly spoke of the overburdening of parents, and a lack of sleep and support services. For example, a Swedish NGO representative noted that caring for a child with a disability is exhausting and time-consuming, and that parents sometimes go with as little as two to three hours of sleep over a long period of time, which can "affect you physically and psychologically [and in] the worst cases, that results in violence".

> *"There are many parents of children with disabilities who display [...] violent features, but they are a result of burnout and, in fact, mild forms of depression or long-term burden and lack of sleep and lack of psychological support."*
>
> (Public authority representative, Poland)

A Slovenian NGO representative drew particular attention to mothers, who are often most overburdened with care and cannot devote any attention to other family members. This can lead to different forms of family violence, for example, hostile reactions by the mother towards the child with disability, violence by the father towards the mother, or neglect of the siblings because there is a child with disability in the family.

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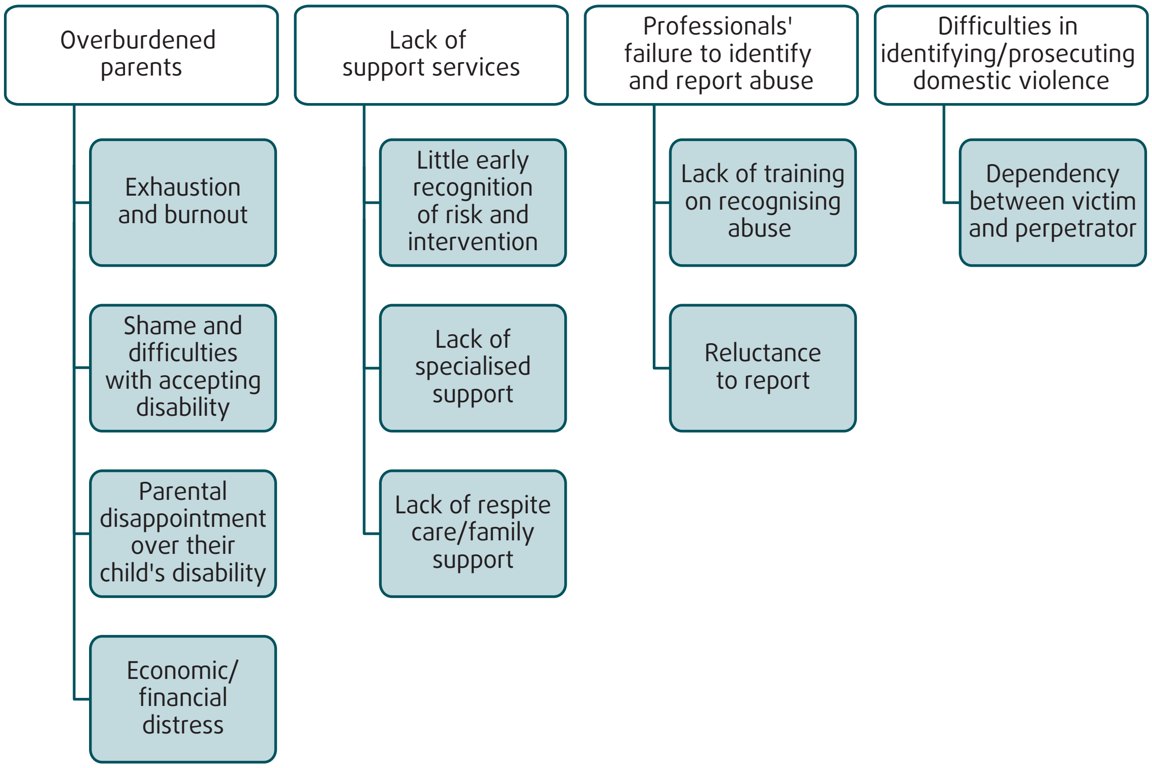
[203] UN, OHCHR, (2012b).
[204] For more information, see: http://www.coe.int/t/dg3/children/News/Children_with_disabilities_and_the_internet_en.asp.
[205] UN, GA (2006), para. 39.
[206] UN, CRC Committee (2007), para. 42.

Figure 11: Factors contributing to the persistence of violent behaviour against children with disabilities in domestic settings, as identified by respondents



Source: FRA, 2015

The financial hardship caused by the increased demand for resources such as medical treatment and care for children with disabilities constitutes another serious trigger of domestic violence, which can take the form of physical violence or neglect. According to an interviewee in Portugal, negligence in terms of healthcare provision can, for example, consist of failing to vaccinate a child on time or neglecting dental hygiene.

The majority of respondents emphasised that adopting more targeted support programmes and more comprehensive services for children with disabilities and their families – in the form of financial support, after-school care centres, leisure-time assistance, teaching assistants, counsellors, personal assistants, and early care services – is crucial tools for preventing violence. Respondents also said that professionals often lack the skills to recognise early signs of a risk of violence and knowledge on how to approach families and offer support.

> *"They do not ask parents with children with disabilities how they feel, how they are coping, if they have had thoughts of harming their child. They do not have the knowledge and training on how to raise these issues in a safe manner."*
>
> (DPO representative, Sweden)

Some respondents maintained that some parents find it difficult to cope with the birth of a child with a disability and the profound change that this has on their lives. Families feel like they are being held 'hostage' by the care needed for their child, which puts a lot of pressure on the family, especially when children require constant and intensive care. For example, a respondent from Sweden spoke about parents feeling "locked to a life situation where the situation would not change, and this frustration was sometimes directed at the child through violence, abuse and hostility".

Another risk factor emerging from the research relates to families seeing disability as an 'embarrassment'. Research findings indicate that shame and disappointment over a child's disability prompt some parents to isolate them. A representative from Portugal addressed the negative perception of disability, which can make people "feel ashamed and humiliated whenever there is a family with one of its members with a disability, particularly a child". Similar concerns were highlighted in a Finnish study, which revealed that parents' shame about their disabled child, combined with the fear of losing society's respect, can drive them to 'hide' their child.[207]

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[207] Viemerö, V., (2005), pp. 327-345.

A respondent from Bulgaria spoke about shame felt not only by parents but also by the child him/herself, pointing to a culture that makes both children and parents feel as if "they don't deserve any better". She specifically mentioned children who exhibit challenging behaviour, noting:

> *"The parents are ashamed that they gave birth to such a child, someone with 'defects', who is not like the others and is not deserving. The child him/herself honestly believes that he/she is unable and does not deserve more and that he/she is just that – a bad child."*
>
> (Representative of NGO working on inclusive education, Bulgaria)

As noted by a psychotherapist in a child protection centre, disappointment is often coupled with self-reproach but also with blame between partners.

> *"Disappointment to have a child who does not correspond to the norm, who doesn't develop healthily. I think that also self-reproach is a factor."*
>
> (Psychotherapist in a child protection centre, Austria)

All respondents emphasised that support measures for families and immediate caregivers of children with disabilities are important to prevent domestic violence. However, many respondents expressed concerns that early intervention systems are inadequate, failing to identify risk situations and respond on time. They also noted that targeted family support and respite programmes are generally lacking.

> *"One parent said that if she'd gotten support from the beginning she might not have had to go on sick leave, might still be together with the kid's dad, might still have her house, and might not be unemployed […] And she might not have had these 'forbidden thoughts' [about hurting her child]."*
>
> (NGO representative, Sweden)

Many respondents indicated, in connection with domestic violence, that the dependency between victims and perpetrators is a problem. According to an interviewee from Austria, some children with disabilities may feel like they are a burden to others, particularly their parents and caregivers, and therefore do not want to attract any more attention. The interviewee believes that the term 'special needs' is absolutely unsuitable in this context because it emphasises people's impairments and makes them more visibly different, when in fact everybody has 'special needs'. Another aspect relates to the emotional dependency of children on their carers, which can prevent children from trying to stop abusive behaviour and seeking help.

FRA's research also points to difficulties with identifying domestic violence. A study from Hungary suggests that, where the abuser is the guardian, prosecuting the case is extremely difficult[208] because of the unequal nature of the relationship between guardians and persons under their guardianship; i.e. the victim's power position is lower than the abuser's, and authorities may question the victim's credibility.

Another important issue raised by respondents is the failure of professionals working with children to report domestic violence. Several stakeholders said that professionals who work directly with families play an important role in the early identification of domestic violence. For instance, a respondent noted that, in Poland, medical staff are legally obliged to report violence – a common provision across Member States. However, according to the interviewee, doctors are often reluctant to do so (see Section 2.1.3 on obligations of professionals to report cases of child abuse, neglect and violence).

3.3.2. Schools and educational settings

Schools play a crucial role in promoting social inclusion, which requires protecting children from violence. Nevertheless, schools remain a common setting for abuse against children with disabilities, with bullying and verbal insults particularly widespread in educational settings.

> *"In addressing the issue of violence and abuse, States parties are urged […] to ensure that schools take all measures to combat school bullying and pay particular attention to children with disabilities providing them with the necessary protection while maintaining their inclusion into the mainstream education system."*
>
> *United Nations (UN), Committee on the rights of the child (2007), General Comment No. 9 (2006), The Rights of Children with Disabilities, CRC/C/GC/9, 27 February 2007, p. 12.*

A UNICEF report on 'Violence against disabled children' points out that children with disabilities are often beaten, abused or bullied, and that children with intellectual disabilities and children with hearing impairments are particularly vulnerable to violence.[209] Article 24 of the CRPD on the right to education obliges States Parties to ensure an inclusive educational system for children with disabilities and provide the support required to facilitate their effective education. However, respondents from most countries covered by the research expressed concern about how this is done in reality. Many indicated that shools lack proper mechanisms that enable inclusion in mainstream schools, ensure that teachers are properly prepared, and set up prevention measures and training to recognise and react to violence, meaning many children with disabilities become more vulnerable to abuse from both their peers and their teachers.

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[208] Hungary, Horváth, É., Lengyel, J., Ónody-Molnár, D., Tóth, M. (2011), p. 18.

[209] UNICEF (2005a), p. 10.

> *"[Sometimes] inclusion mistakenly is used as an argument for not making a special effort […]. If children with disabilities are to go to the public schools, special knowledge, a special framework, and some measures are needed."*
>
> (Consultant in disability umbrella organisation, Denmark)

Bullying and harassment are forms of violence against children, violating Article 19 of the CRC. In its General Comment No. 13, the CRC Committee classifies verbal abuse, psychological bullying and hazing[210] by adults or other children as forms of mental violence.[211] It has also expressed concern about bullying in schools in general observations to States Parties. In its Concluding Observations to Sweden, for instance, the Committee recommended that anti-bullying measures should be strengthened and that special attention should be paid to children with disabilities.[212]

> *"Again and again no one understands that bullying is not just bad, but it's forbidden and also a form of discrimination."*
>
> (Human rights equality body representative, Slovenia)

> *"They are called stupid, idiots, cretins, retards."*
>
> (NHRB representative, Croatia)

According to an online survey commissioned in the United Kingdom, the most common forms of bullying experienced by children with disabilities are: verbal (36 %), emotional (30 %) and physical (28 %).[213] According to the survey, bullying is mostly done by other children, while a small number of families reported bullying by other parents, or by teachers. Sixty-eight percent of families who reported bullying allegations to school authorities said that the school's response was not effective, and often negative or unhelpful.

Respondents also identified peer-to-peer violence as a widespread form of bullying in schools.

> *"[S]erious forms of violence are met at schools as usually older students harass younger ones or children who are physically weaker or shyer than other children, so such negative acts are actually a result of complex reasons and influences, where a particularly important factor is attitudes in society and tolerance towards violence."*
>
> (Ministry official, Bulgaria)

> *"His classmates wheeled [a child with spine bifida] somewhere out of town, left him there and called the police saying that there's some cripple there that pissed himself."*
>
> (Public authority representative, Czech Republic)

Promising practice

Ombudsperson addressing bullying

In Finland, parents of a child with ADHD claimed that their child was bullied during the whole school year and that the school had not done enough to stop the bullying or to take into account their child's special needs. The school admitted that bullying occurred, but claimed the child himself provoked the violence with his impulsive and hyperactive behaviour.

The Finnish Parliamentary Ombudsperson found that the cooperation between the school and the parents was unsatisfactory. In addition, the school failed to provide the child with a safe learning environment, even though the authorities were aware of the bullying. The Ombudsperson also stressed the duty of the municipal educational authorities, the headmaster and the class teacher to maintain a safe learning environment.

For more information, see: Finland, Parliamentary Ombudsman (Eduskunnan oikeusasiamies/Riksdagens justitieombudsman), 3131/4/09.

FRA desk research shows that EU Member States use different instruments (such as intervention units or safety plans) to tackle violence and bullying within the educational system, but that most fail to recognise and address the particular risks of children with disabilities. However, respondents caution that specialised programmes that solely target children with disabilities – and thus single them out – should be avoided, and that measures addressing the specific needs of children with disabilities should be integrated into existing, general instruments on countering violence in schools.

> *"If you take into account that one of [children with disabilities'] needs is to not be singled out as special all the time, then it would be good if that were not the case in an anti-bullying programme either."*
>
> (NGO representative, the Netherlands)

Many respondents maintained that violence in schools or other settings is triggered by, and reflects, societal attitudes based on prejudice. Negative attitudes and a lack of knowledge about disability in the community are reflected in the set up and cultural environment of schools, and underlie peer, teacher and parent behaviour.

> *"[In school] a child with disability is not accepted by the principal, not by the professor and not by peers themselves – that setting is a fertile ground for the occurrence of violence, which will go unsanctioned, because it only reflects the attitude of the majority."* (NHRB representative, Croatia)

Figure 12 outlines respondents' opinions on factors that can lead to violence within educational systems. These involve societal attitudes, structural weaknesses and aspects connected with staff issues.

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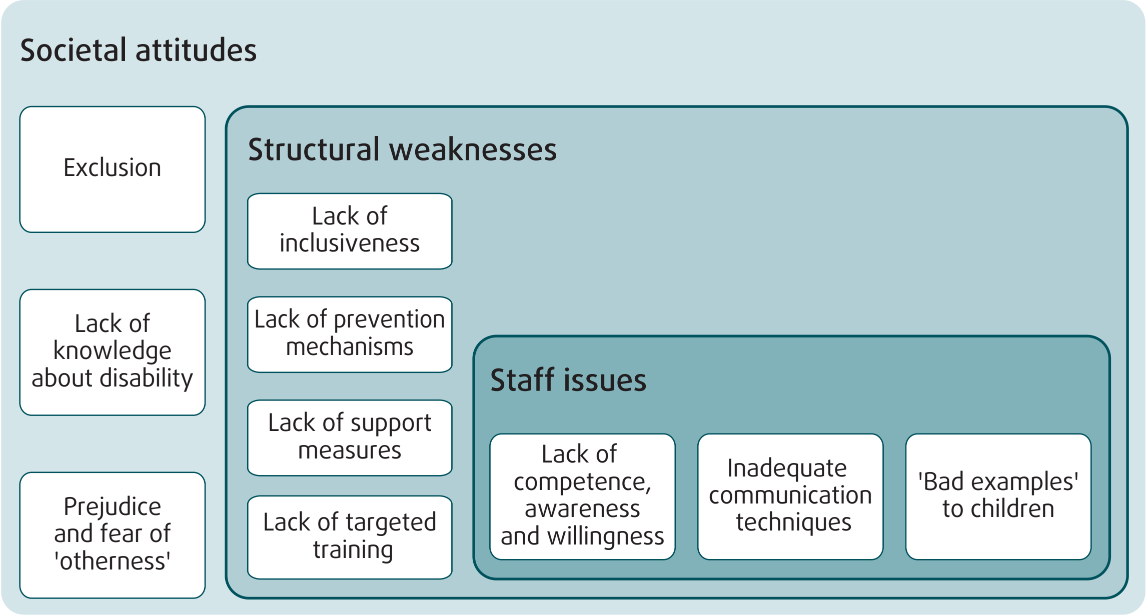
[210] "Hazing" refers to rituals and other activities involving harassment, violence or humiliation which are used as a way of initiating a person into a group. UN, Committee on the Rights of the Child (2011a), p. 9.

[211] *Ibid.*

[212] UN, CRC Committee (2009b), paras. 58-59.

[213] United Kingdom, Anti-bullying Alliance and Contact a Family (2011).

Figure 12: Factors contributing to the persistence of violent behaviour against children with disabilities in educational systems, as identified by respondents



Source: FRA, 2015

Respondents across the 13 EU Member States covered by this research identified several structural issues that increase the risk of violence against children with disabilities in educational systems. One issue is that schools are insufficiently prepared to implement inclusive approaches and lack support mechanisms for both teachers and children with disabilities. Targeted training for teachers on addressing conflict situations and recognising abuse is also lacking.

> *"[Schools] lack enough methodological tools, transportation, necessary services, specialists providing support and teacher's assistants. The funds are allocated for other purposes [...] and the approach is that implementation of the law can wait."*
>
> (Representative of an NGO working with people with intellectual disabilities, Lithuania)

Stakeholders in several EU countries – specifically, Bulgaria, the Czech Republic and Lithuania – voiced the concern that children with disabilities are included in mainstream schools without appropriate mechanisms to ensure a safe environment. A lack of such mechanisms can put children with disabilities at risk of violence. A respondent, who supports students with special educational needs in the mainstream educational systems, notes that children with disabilities sometimes refuse to go to school because they experience negative attitudes and abuse from their peers and teachers. As a result, they are educated in an individual setting, which further isolates them.

> *"Unfortunately this aggression which is directed towards the child leads sometimes to the creation of negative attitudes in the child and he/she refuses to go to school. Then very often they isolate these children in the individual form of education i.e. the school comes to their homes, but this isolates them because for children with disabilities the most important thing is [...] to achieve social skills [and not be] locked at home."*
>
> (NGO representative, Bulgaria)

A respondent from Sweden suggested that children with disabilities should never be alone in mainstream schools because they will stand out too much, which could increase the risk of bullying.

> *"They are bullied and teased because they are different, and there is much ignorance, both from the teachers and students. This is especially the case when children with disabilities are placed in regular schools and are alone in the class with a disability."*
>
> (Social scientists, Sweden)

However, respondents also noted that eliminating special schools is a great achievement when proper mechanisms for inclusion are in place, and that including children with disabilities in mainstream schools is a positive experience for all pupils and teachers.

> *"In the great majority of cases, a child with disabilities in a classroom is a precious presence, because in some ways s/he performs the role of educator, in inverted commas, by raising problems that the teacher as well as classmates have to address and deal with."*
>
> (NHRB representative, Italy)

Respondents also reported that some mainstream schools refuse to enrol children with disabilities, arguing that they are not "prepared for such a pupil". A respondent from Lithuania described such as case, noting that the school had an internal policy allowing it to choose between "convenient" and "less convenient" children. The Lithuanian Child's Rights Ombudsperson deemed this policy discriminatory, and as violating equal opportunity principles and law.

Overall, respondents stressed that mainstream schools need to be given more guidance on how to include children with disabilities in the teaching process, as well as in social class activities. Respondents said that schools often do not provide adapted programmes and additional learning assistance for children who need support. Streamlining such measures and ensuring that schools are prepared to truly include children with disabilities – and not just integrate them without making any adjustments to the organisation of the school or the teaching process – is crucial for providing a safe, violence-free environment.

> *"[Schools should] not just take in children with disabilities, but also consider 'How do we create a climate where that is possible and where everybody will remain safe?'"*
>
> (NGO representative working in inclusive education, the Netherlands)

Such preparatory steps would allow schools to take preventive measures rather than simply reacting to bullying after it occurs, which some respondents maintain is the case.

> *"We are dealing with putting out a fire once it breaks out, with how to help the child, but we are skipping the whole area of preparation and education, of preparing the environment so that the fire does not start".*
>
> (NHRB representative, Croatia)

Another structural weakness that can increase the risk of violence at schools relates to the school staff's limited qualifications and lack of training in identifying abuse.

> *"There are still great possibilities and a necessity to increase the quality of education for teachers at regular schools. Not only in special teaching."*
>
> (Public authority representative, Czech Republic)

> *"[C]hildren are perceived by both teachers and classmates as a burden that slows down the pace of the school's set activities; they are considered disturbing elements."*
>
> (NHRB representative, Italy)

In addition to the structural weaknesses connected mainly with the lack of inclusive approach and support mechanisms in mainstream schools, the research revealed that staff issues – some consequences of structural weaknesses, others resulting from societal stereotypes – can also create hostile environments at schools. Respondents noted that some teachers lack the competence, communication skills and willingness to support, and facilitate the inclusion of, children with disabilities. Some respondents pointed out that parents of children without disabilities are sometimes openly hostile towards children with disabilities and pressure them and their parents to leave the school. Lastly, some noted the problem of "bad modelling" by adults – both parents and teachers – leading to children copying their behaviour.

The majority of respondents indicated that some teachers lack awareness of disability issues, are unwilling to 'deal' with children with disabilities, and lack expertise in communicating with children with different disabilities. These factors are all interconnected and have repercussions on the process of including children with disabilities and on how their peers welcome and treat them in the schoolroom or on the playground.

> *"Many people think that disabled children aren't able to do many things. For example, many teachers exclude children from many activities because they think that it just won't work. And sometimes they are given suggestions on what the child 'shouldn't do', but it's always important to state what they can and should do."*
>
> (Public authority representative, Czech Republic)

> *"Before arrival of the child, [the teacher] has to be aware of some specificities, has to meet this child, talk to the family, and discuss [with them] what their expectations are, how much and what kind of assistance they want […]"*
>
> (Public authority representative, Lithuania)

In addition, respondents also argued that staff usually lack the requisite skills and knowledge to respond to potential risk situations adequately and in a timely manner, which can increase the risk of children with disabilities becoming victims of violence.

> *"[T]here is a phase of first notification when somebody complains that something is going on, and very often this is ignored. Then the escalation begins – insults, conflicts. And here, there already are attempts for intervention, but all the time this is internal, within an institution, which is not all that bad provided that the institution knows what to do. But some institution don't and, later on, parents and principals phoned us, or this reached the media, already in this third phase when everyone hated each other. And it was really hard to do anything at this stage. This is why we recommended that the parents notify the police or the school superintendent already upon first signals, because this forces the school to intervene quickly."*
>
> (Representative of national CRPD body, Poland)

Some respondents noted that even when specific training – on rights awareness or identifying risk situations – is provided, it is not obligatory and usually attended by non-teaching professionals, such as school psychologists, or only by teachers who have a child with a disability in their class. An advisor on children's rights at an Ombudsperson institution gave examples of teachers stating that this "does not concern them". Respondents in Austria and Bulgaria also indicated that, where an integration/resource teacher accompanies a child with a disability in class, some teachers may not feel "responsible" for such students and may disregard them in the educational process and hinder their inclusion in class.

In several countries – Bulgaria, Lithuania and Portugal – respondents noted that educational staff sometimes advise parents of children with disabilities to place them in special schools or institutions due to pressure from parents of children without disabilities and/or the inability and lack of readiness of some schools to educate and include children with disabilities.

> *"As from a certain age, a child with special education needs becomes a burden because we don't know what to do with him/her [...]."*
>
> (NGO representative, Portugal)

In Bulgaria, a representative of an NGO working with children with disabilities described the case of a girl with ADHD who was enrolled in a mainstream school. Negativity towards the child escalated to such an extent that one morning – according to the interviewee, by motion of the girl's teacher – parents of children from the girl's class built a live chain in front of the school to stop her from entering. This prompted her mother to consider moving her to a special school. The interviewee's organisation intervened and started working with the child, who quickly made considerable progress in terms of behaviour management and educational achievements in another mainstream school.

> *"[I]t is true that children who are now integrated in [mainstream] education face resistance. Parents of other children do not want to have a child with disability in their children's class."*
>
> (NHRB representative, Bulgaria)

Similar cases were mentioned by respondents in the Czech Republic and by a representative of Lithuania's Ombudsperson for Children, who spoke about parents of children with disabilities being subjected to "lynch courts" and forced to take their children out of school.

> *"Often parents who complain say they were invited to a meeting of a class or in the community, and suffered verbal abuse, which resulted in a conflict. Those parents do not communicate with the community anymore, they isolate themselves because they are labelled and even told they have retarded children and have to take them away."*
>
> (NHRB representative, Lithuania)

> *"[W]e turn a blind eye like we don't see it, and that can be a signal that it's tolerated, and the moment this happens, it becomes allowed in a way."*
>
> (NGO representative, Czech Republic)

The final factor that can lead to violence in educational settings is "bad modelling" by adults, which gets copied by children.

> *"We have absolutely marvellous teachers who are extremely dedicated and take an enormous amount of care with their students and over the difficulties they have [...]. But there are other teachers who are insensitive [...] there are cases in which the child continues to be a hindrance, the child continues to be a 'retard'."*
>
> (Member of a parents' organisation, Portugal)

Some respondents noted that a lack of adapted curricula and inclusive techniques can also lead to increased risk of abuse. If a child cannot understand and implement the teacher's instructions, this leads to low self-esteem or achievement, and other children might exploit this vulnerability and abuse the child. A respondent from the UK emphasised that there is great variation amongst people because the issue is one of attitude. For example, if a teacher singles out children with disabilities as being different then they will suffer hostility. Also, if teachers fail to establish clear boundaries identifying unacceptable behaviour and fail to encourage children with disabilities to actively participate, such behaviour gets copied by the other children.

> *"Very early the children internalise that they are not like the other children, that they are 'worse' and 'more stupid' because they do not cope with the school material, and that they are spoiled, lazy and, when at school, they already know that they are not worthy."*
>
> (Representative of an NGO working on inclusive education, Bulgaria)

> *"They definitely see it as a rejection. As a dissociation or a stamping of being wrong, so in that regard it might have the same stigmatizing effect as if you were told that you were stupid or not worth playing with or something similar because you have a disability. The message is unspoken, but the message is still there."*
>
> (DPO representative, Denmark)

3.3.3. Institutional settings

> *"There's been a lot of debate and concern about children in care and particularly in residential homes around their exploitation and vulnerability. [W]e don't know nearly enough [about] what goes on across the country in different residential settings."*
>
> (Public authority representative, United Kingdom)

> *"The setting in which [violence] happens most frequently is long-term residential institutions housing persons with more severe forms of disability."*
>
> (Educator in a health institution, Croatia)

There are no data on the number of children or specifically children with disabilities living in institutions across the EU, but estimates point to around 150,000 children living in residential care settings.[214] A Eurochild study defines residential care settings as: 'special schools', infant homes, homes for children with disabilities, institutions for young offenders and after-care homes. Institutionalisation has often been associated with a higher risk of violence due to "a pervasive culture of depersonalisation, lack of privacy, inactivity, inadequate food and heating, poorly trained and supervised staff and isolation from community activities".[215]

Even though there are no data on how many children living in institutions have disabilities, evidence shows that few children are placed in institutions because they have no parents. Instead, institutionalisation often occurs because of a child's characteristics or circumstances – he/she has a disability; due to poverty and lack of family support; or because of abuse and neglect in the family.[216]

> *"Young children should never be institutionalized solely on the grounds of disability. It is a priority to ensure that they have equal opportunities to participate fully in education and community life, including by the removal of barriers that impede the realization of their rights."*
>
> *United Nations (UN), Committee on the rights of the child (2006), General Comment No. 7, CRC/C/GC/7/Rev.1, para. 36(d).*

Although many countries are gradually moving away from institutionalised care,[217] institutionalisation of children with disabilities continues to be widespread. The CRC Committee has expressed serious concerns about the high number of children with disabilities placed in institutions, reiterating, for example, the need for alternatives to institutionalisation in its Concluding Observations to Austria, Greece and Malta,[218] as well as in its General Comment No. 9.

> *"In addressing institutionalization, States parties are therefore urged to set up programmes for de-institutionalization of children with disabilities, re-placing them with their families, extended families or foster care system. Parents and other extended family members should be provided with the necessary and systematic support/training for including their child back into their home environment."*
>
> *United Nations (UN), Committee on the rights of the child (2007), General Comment No. 9, para. 49.*

The CRPD Committee has also raised concerns, noting in its Concluding Observations to Hungary "the large number of children living in institutional settings and […] that many children with disabilities receive institutional rather than home care".[219] It made similar remarks in its Concluding Observations to Belgium, observing that it is "among the European countries with the highest rates of children with disabilities placed in institutions", as well as in its observations to the Czech Republic, highlighting as problematic the persistence of "caring for children with disabilities in institutions" as public policy.[220]

FRA ACTIVITY

Developing indicators to assess transitions from institutional to community-based care

In the context of FRA's ongoing project on the right to independent living (Article 19 of the CRPD), the agency developed and will populate human rights indicators to make it possible to assess measures to promote transitions from institutional to community-based services and support for people with disabilities, including children. FRA is also mapping the different types of residential institutions and community-based services for people with disabilities across the 28 EU Member States, including specialised services for children with disabilities.

In 2016, FRA will conduct case studies in a small number of localities to identify the drivers of, and barriers to, transitions from institutional to community-based services and support at the local level.

For more information, see http://fra.europa.eu/en/project/2014/rights-persons-disabilities-right-independent-living.

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[214] The data are based on a compilation of national surveys on the situation across the EU, carried out by EUROCHILD, cited in European Commission, Directorate-General for Employment, Social Affairs and Equal Opportunities (2009), *Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care*, p. 10.

[215] Brown H., CoE (2003), p. 31.

[216] See, for example, UN (2006a), United Nations Secretary-General's Study on Violence against Children, Pinheiro P. S., World Report on Violence against Children, Section 5: Violence against children in care and justice institutions; and Browne, K.D., Hamilton-Giacritsis, C.E., Johnson, R., Chou, S. (2005), 'Young children in institutional care in Europe', *Early Childhood Matters*, 105: 15–18; see also UNICEF Regional office for CEE/CIS, TransMonEE 2015 database, tables 6.2.1 and 6.2.9.

[217] For example, the number of children living in children's homes has dropped significantly in England, Italy and Spain over the past 20 years. For more information, see: UN (2006a), p. 183.

[218] UN, Committee on the Rights of the Child (2012), para. 44; UN, Committee on the Rights of the Child (2013a), Concluding Observations: Greece, para. 50; UN, Committee on the Rights of the Child (2013b), para. 45.

[219] UN, CRPD Committee (2011), p. 3.

[220] UN, CRPD Committee (2014b), para. 15; UN, CRPD Committee (2015b), para. 15.

Institutionalisation itself can have serious physical and psychological effects on children.[221] The institutional environment's inherent inability to meet individual needs of children can contribute to specific development delays and challenging behaviours.[222] In addition, the impersonal nature of institutional care can lead to systematic violence – children with disabilities reportedly suffer more neglect and physical abuse than other institutionalised children.[223] According to the UN Report on Violence against children, children with disabilities are often left in their beds or cribs without human contact or stimulation for long periods, which can cause physical, mental and psychological damage.[224]

The CRC Committee has noted that living in isolation from parents, siblings, extended family and friends increases the likelihood of abuse and has specified that institutions are a setting in which children with disabilities are more vulnerable to mental, physical, sexual and other forms of abuse, as well as to neglect and negligence.[225] Similarly, the World Report on Violence against Children notes that institutionalisation has a severe impact on children, and stresses that staff violence is still widespread across institutions – including verbal abuse, beatings, excessive or prolonged restraint, rape, sexual assault and harassment. Furthermore, the report highlights that some treatment practices in institutions clearly amount to violence; for example, using electroconvulsive treatment and electric shocks "as an aversive treatment to control children's behaviour"; heavily medicating children with disabilities as a way to cope with staff shortages; and limiting the reproductive functions of young girls with intellectual impairments or mental health problems. [226]

FRA's research on mapping child protection systems[227] shows that vetting procedures for residential care personnel should be strengthened, to make sure that those seeking to work with children have not been convicted of the kind of criminal acts that could endanger a child's wellbeing and safety, such as sexual exploitation or abuse of children. The research shows that vetting procedures exist in most Member States. However, they often only apply to a limited group of professionals, do not cover everyone in direct and regular contact with the children (e.g. administrative staff and assistants), or check criminal records but not mental health and psychological reports.

In recent years, a number of cases of abuse in state care facilities in EU Member States have come to light. For example, in 2013, media footage from a children's ward at the county hospital in Buzău, Romania, showed children tied to their beds with medical bandages.[228] A report by the Mental Disability Advocacy Center (MDAC) on the use of cage beds and coercion in Czech psychiatric institutions found that most institutions still use cage beds in everyday practice.[229] In Greece, a 2014 report on children with disabilities locked up in cages in the Children's Care Center of Lechaina[230] revealed the constraint and confinement of children, as well as inhumane conditions. The Greek Ombudsperson reported that "[m]any institutions for children with disabilities and chronic illnesses continue to essentially operate as asylums, isolated from the social fabric, with outdated care systems and inadequate coverage of the medical, therapeutic and educational needs [of the child]" and noted the use of confinement in bed cubicles, tying children up with belts and administering high sedative doses.[231]

In 2010, the Bulgarian Helsinki Committee conducted inspections of institutions for children with physical and psychosocial disabilities in conjunction with the prosecutor's office of Bulgaria, looking also at children's deaths and physical injuries in institutions and at potentially criminal neglect or abuse. The monitoring revealed that 238 children with disabilities died in care institutions between 2000 and 2010 – an average of 25 deaths per year. The Bulgarian Helsinki Committee opined that at least three quarters of these deaths were avoidable. In total, 31 children died of starvation (systematic malnutrition); 84 from neglect; 13 due to poor hygiene; 6 in accidents such as hypothermia, drowning, suffocation; 36 because they were bedridden; and 2 deaths were caused by violence. The prosecutor's office initiated 248 pre-trial proceedings on the death and injury cases, but all proceedings have been terminated. As presented in Section 2.1., the Bulgarian Helsinki Committee filed applications with the European Court of Human Rights regarding the most severe cases.[232]

The Swedish Ombudsperson for children also mainly focused on abuse and violence against vulnerable children within social services and care settings during the period 2008–2011. In his 2011 report 'Behind the facade', the Ombudsperson reported on how children in institutional care (*HVB-hem*) and foster homes perceive their situation and concluded that children, especially those with ADHD, are at greater risk of having a disadvantaged childhood.[233] Furthermore, supervision of care

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[221] UNICEF (2005a), p. 11. See also, European Expert Group on Transition from Institutional to Community-based Care (2012), p. 47.
[222] Mulheir, G. (2012), pp. 119-121.
[223] UN, ROE OHCHR (2011), p. 19.
[224] UN, GA (2006), para. 58.
[225] UN, CRC Committee (2007), para. 42 (b) and 47.
[226] UN (2006a), pp. 187-189.
[227] FRA, Child protection mapping, 2015, see http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection/vetting-foster-families.
[228] TVR News (2013).
[229] Mental Disability Advocacy Center (MDAC) (2014).
[230] Hadjimatheou, C. (2014).
[231] Greek Ombudsman (2012), pp. 10-12.
[232] Bulgaria (2010).
[233] Sweden, The Ombudsman for Children (2011b).

facilities revealed that young people are exposed to both sexual and mental or physical abuse when they are placed in care homes.[234]

A report from Hungary reveals that institutionalised children (and adults) are extremely vulnerable to neglect, physical violence and sexual abuse, and stresses that certain living conditions in institutions – such as overcrowded rooms, segregation by gender and a rigid daily schedule – provide fertile ground for violence.[235]

> *"The Committee has often expressed its concern at the high number of children with disabilities placed in institutions […]. Institutions are a particular setting where children with disabilities are more vulnerable to mental, physical, sexual and other forms of abuse as well as neglect and negligent treatment. The Committee therefore urges States parties to use the placement in institution only as a measure of last resort […].[A]ttention should be paid to […] developing national standards for care in institutions, and to establishing rigorous screening and monitoring procedures to ensure effective implementation of these standards."*
>
> *United Nations (UN), Committee on the rights of the child (2007), General Comment No. 9 (2006), The Rights of Children with Disabilities, CRC/C/GC/9, 27 February 2007, para. 47.*

Monitoring institutions at national level

To prevent any form of violence, Article 16 of the CRPD obliges States Parties "[to] ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities". In Articles 3 and 25, the CRC establishes specific guarantees applicable to children with disabilities living in residential care. The CRC emphasises the importance of conforming with standards and making sure there is competent supervision and periodic reviews of placements. [234] [235]

FRA research shows that even though most Member States have mechanisms to monitor institutions for children with disabilities, these are not always effective.[236] Legal statutes often fail to stipulate how often monitoring visits and inspections should be carried out, and do not require these to be performed by a body independent of an institution's administration. As a result, monitoring is often performed only once a year – or even less frequently – and in many cases during a scheduled visit.

In Bulgaria for instance, the State Agency for Child Protection is responsible for controlling whether institutions and community-based services comply with the standards of social services for children.[237] However, the rules do not stipulate how often monitoring must take place. In England, all children's services are regulated by the Office for Standards in Education, Children's Services and Skills (Ofsted) under the Education and Inspections Act 2006.[238] Ofsted inspects and regulates care services for children and young people, including childcare, adoption and fostering agencies, and early years and children's social care services. Children's homes receive a full and an interim inspection each year.

National bodies tasked with protecting and promoting human rights also have the right to visit and monitor different institutions, including long-term care institutions for people with disabilities and disability day centres. National Ombuds institutions are often entrusted with this task. In some countries, there is a dedicated ombudsperson for children or child commissioners. This is the case in Cyprus, Finland, Croatia, Ireland, Italy, Lithuania, Luxemburg, Malta, the Netherlands, some regions of Spain, Poland, Sweden and the United Kingdom. In others, separate divisions within the National Ombuds institutions work on children's rights; for example, in Denmark and Romania. In still other countries, such as Austria and Germany, national human rights institutions are responsible for monitoring.[239]

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[234] *Ibid.*, p. 16.

[235] Hungary, Verdes, T. (2009), pp. 92–114.

[236] FRA is carrying out further research on institutions and persons with disabilities' right to independent living. See: http://fra.europa.eu/en/project/2014/rights-persons-disabilities-right-independent-living.

[237] Bulgaria, Social Assistance Act (1998), (*Закон за социално подпомагане*), 19 May 1998, Art. 31, Par. (3), available at: http://lex.bg/bg/laws/ldoc/2134405633; Bulgaria, Child Protection Act (2000), (*Закон за закрила на детето*), 13 June 2000, Art. 17a, Par. (15) and Art. 17a, Par. (16), available at: http://sacp.government.bg/normativna-uredba/zakoni/zakrila-deteto/; and Bulgaria, Ordinance on the Criteria and Standards for Social Services for Children (2003), Art. 49, available at: http://sacp.government.bg/normativna-uredba/podzakonovi/kriterii-standarti-soc-uslugi/.

[238] HM Government (2006) *Education and Inspections Act 2006*, 8 November 2006, available at www.legislation.gov.uk/ukpga/2006/40/contents.

[239] FRA (2014b).

Many respondents across the 13 countries singled out institutional settings – intended to be places of support and safety –as particularly problematic due to their 'closed character' and difficult access. Respondents noted that violence and neglect can be hidden rather easily in closed institutions, and that there is little supervision.

> *"In those closed-off places those kind of things happen too and can sometimes just go on, whereas in other places they would have been exposed sooner."*
>
> (Representative of an NGO working on inclusion, the Netherlands)

Some stakeholders, notably in Bulgaria, Lithuania and Slovenia, identified the isolation of children with disabilities in institutional care as a form of violence. They further indicated that there is a general lack of awareness about certain forms of violence and neglect, such as segregation and refusal of care, which also significantly affect children's development.

> *"[Institutions] are by rule in outlying small villages, isolated, somehow to hide these children from society, from normal people, to turn our backs on them, to forget about them as if they do not exist. And this creates hostile sentiments in other people."*
>
> (NGO representative, Bulgaria)

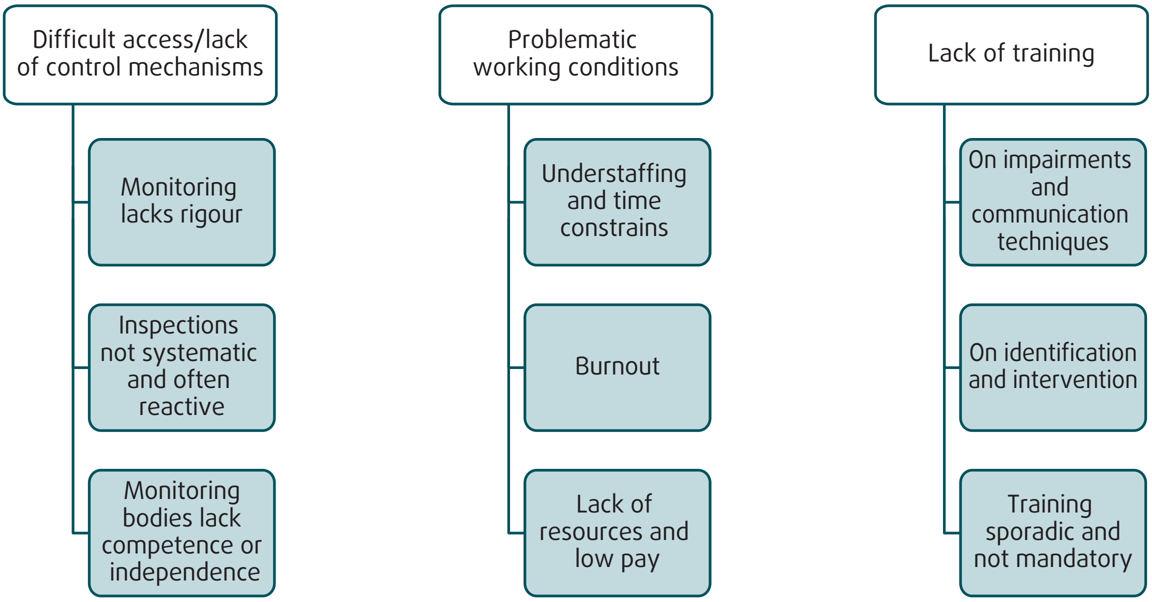
Figure 13 illustrates the respondents' views on the main factors leading to violence against, and abuse of, children with disabilities in institutions.

Respondents consistently identified the lack of efficient control mechanisms for the monitoring of residential institutions as a major factor leading to violence and abuse in closed settings. Respondents identified some of the main factors hampering effective monitoring: the monitoring lacks rigour; inspections are irregular and usually reactive; and some monitoring bodies lack competence, have weak mandates or lack independence.

With the evidence clearly showing that children with disabilities are more vulnerable to all forms of abuse, and many children living in institutional care – where violence is less visible – it is vital to regularly monitor residential institutions for children with disabilities, and to also cover potential abuse. Respondents – notably in Austria, the Czech Republic, Italy, Slovenia and Poland – argued that inspections of facilities for children with disabilities are often a mere formality, and do not adequately focus on monitoring the quality of care and on preventing abuse. For example, a respondent said that, in Italy, inspections are carried out in both public and privately accredited institutions, but mostly deal with controlling hygiene and sanitation. Furthermore, he said that inspectors do not check the quality of the services or issues connected to violence. A public authority representative from Slovenia raised similar concerns, noting that inspections predominantly focus on bureaucracy.

> *"I do not think control mechanisms work well. This is why we always have news reporting abuse of children."*
>
> (NGO representative, Italy)

Figure 13: Factors contributing to the persistence of violent behaviour against children with disabilities in institutional settings, as identified by respondents



Source: FRA, 2015

> *"[T]he ministries carry out some sort of periodical audits. But I think that these audits are of more of a bureaucratic nature."*
>
> (Governmental institution representative, Slovenia)

> *"[Inspections] are focused on the paperwork and mainly on if we have everything written and filled out correctly."*
>
> (NGO representative, Czech Republic)

Respondents claimed that monitoring visits are not regular and tend to react to already existing situations or occur only once an abuse scandal breaks out, rather than being used to identify problematic practices or a lack of capacity to address risk situations. For example, an interviewee in Bulgaria stressed that even though the child protection departments, the police, the prosecutor and the Ombudsperson are all entitled to control closed institutions, they only do so when a complaint or signal is sent to them. An expert from a National Human Rights Institution said that inspections are rare and mostly react to existing cases of rights violations. The respondent noted that the responsible bodies – the Education and Teacher Training Agency, the Office of the Ombudsperson for Children or the competent ministry – are understaffed and restricted in terms of the kind of sanctions they can impose, with the worst possible sanction consisting of a reproach/reprimand.

> *"Monitoring visits are not as intensive as they should be. It sometimes can happen that monitoring bodies or the inspectors do not come to an institution for a few years."*
>
> (NHRB representative, Croatia)

Promising practice

Monitoring residential institutions

During the past ten years, the Romanian Centre for Legal Resources has independently monitored residential institutions for children and adults with disabilities by way of unannounced visits throughout the country, on the basis of a Protocol of Collaboration with the Romanian Ministry of Labour, Family, Social Protection and the Elderly. The monitoring team, composed of a lawyer, a social worker/psychologist and a member of an association of persons with disabilities, prepares a report on the respect of human rights in a particular institution, then communicates the findings and recommendations to the ministry. In addition, if the monitoring experts come across abuse against children or adults with disabilities, they must notify the competent authorities, including the police and the public prosecutor.

For more information, see: http://www.crj.ro/lagarele-de-langa-tine/

A respondent from Bulgaria compared the extent of monitoring in care institutions to that of prison facilities. According to the interviewee, accessing social care institutions for children with intellectual disabilities is harder and less regulated than accessing prisons and investigation facilities.

> *"These institutions are a product of their isolation and they will continue to be such unless they become more open to public monitoring."*
>
> (Medical professional, Bulgaria)

Finally, some respondents pointed out that the monitoring mechanisms lack independence, and fall short of fulfilling their obligation to provide effective monitoring by independent institutions. For example, a representative from Slovenia pointed out that the national inspectorates tasked with monitoring institutions in the country operate under the auspices of a ministry.

> *"None of the inspectorates are independent. Also, on the appellate level, if they build some sort of measures and a person, institution or anyone appeals, the measure can be repealed by the ministry."*
>
> (NHRB representative, Slovenia)

Another factor that can lead to greater risk of violence for children in institutional settings relates to problematic working conditions in institutional settings, and overburdened staff members who are under "constant excessive demand" with too many care functions. A respondent from Austria noted that if caregivers are permanently overstrained, their 'willingness' to exercise violence rises, meaning that too many support duties and poor structural conditions increase the chance of violence to occur.

Respondents noted a prevalence of overextended and unqualified personnel and some claimed that, as a result of budgetary cuts, assistants or personnel with only basic training may end up taking over responsibilities for which well-trained carers are required. Problematic working conditions in this occupational field, and especially time constraints, may reduce the quality of care services in general and may lead to violence in individual cases. Some respondents also commented that personal characteristics of – and a lack of motivation among – the staff can lead to structural violence, and noted that it is highly important for institutions to detect such problems.

> *"[Y]ou need to ask 'Are these caregivers actually suitable for this area?'. Are they experienced enough, or are they overstrained and just can't and don't want to work in that field anymore without being consciously aware of it. Because in such cases it can always come to repetitions of violence."*
>
> (Psychotherapist in a child-protection centre, Austria)

UNICEF's report on 'Violence against Disabled Children' also notes that institutions lack funding and are understaffed, which means children are left unattended for long periods of time and can increase the risk of sexual violence.[240]

Both FRA's desk research as well as respondents' comments indicate that specialised training on identifying and intervening in cases of suspected abuse is lacking for staff and other professionals who work with children with disabilities. Some respondents noted the lack of guidelines on the use of force in institutions. Even when such guidelines exist, they are weak and often do not specify that staff members who use unjustified force against children should be sanctioned.

> *"We have sometimes seen some reporting systems and guidelines about the use of force in relation to children and youth, which are weak, and there is therefore a risk of establishing an unhealthy staff culture and lack of evaluations and thoughtfulness in the approach to children and youth with disabilities."*
>
> (DPO representative, Denmark)

Respondents also spoke about the need to train institutional staff on rights awareness and on communication techniques for children with disabilities. For example, a respondent in Bulgaria commented that carers in "these institutions are not competent enough, not sensitive enough to that kind of children and their needs". A respondent in Sweden underscored the importance of developing communication skills.

> *"It's [an] incredibly important skill […] to know that a child who has a neurological disability that has a bruise […] or something like that, that you don't just think that they fell or that they've lost balance and hurt themselves. [I]f there's a child with speaking difficulties, one must be able to learn to communicate and be able to ask about the injuries seen."*
>
> (Public authority representative, Sweden)

For more information, see Section 4.4 on measures targeted at professionals, including training initiatives in EU Member States to prevent violence against children with disabilities.

3.4. Intersection with other characteristics and multiple layers of risk

The CRPD, the most recently adopted convention, is the first international treaty to explicitly recognise multiple discrimination in the text of the convention itself. The CRC in its General Comment No. 9 stresses that "[g]irls with disabilities are often even more vulnerable to discrimination due to gender discrimination" as well as the need for "special attention to the particular vulnerability and needs of children belonging to minorities […] who are more likely to be already marginalised within their communities".[241]

This section explores whether and how various facets of a child's identity, in combination with disability, affect the risks and forms of violence the child may be exposed to, as well as the support received. In 2013, FRA published a report on multiple discrimination in healthcare in 14 Member States, which revealed that the combination of disability with other characteristics (such as being a woman or a member of an ethnic minority) frequently intensified disadvantages in access to, and quality of, healthcare.[242] Age is a fundamental characteristic that relates to all the others. All children, due to their development stage, limited legal capacity and dependence on parents or other caretakers, are already in a situation of vulnerability compared to adults. This situation is exacerbated when a child has a disability.

> *"The more ways in which you differ from the normal, the more exposed you will be, and the bigger the risk of feeling stigmatized is."*
>
> (Psychologist in a children's rights organisation, Denmark)

Respondents also emphasised that a child's disability in combination with other characteristics – such as socio-economic status, ethnicity, migrant status, and gender – increases the risk of experiencing violence. Respondents noted that it is important to recognise multiple layers of risk, and to take preventive measures.

> *"How many risk factors does this family have? Is it just a disability in a normal family? Or is this family traumatised by other problems? With an accumulation of problems, support should be organised sooner. Much sooner. It should be checked much more often if the family is alright. […] Don't wait until it goes wrong."*
>
> (Healthcare inspectorate representative, the Netherlands)

FRA research also shows that children who have combinations of certain protected characteristics may face structural barriers and experience particular problems in accessing support services. Many respondents maintained that services are specific and do not provide support from a holistic perspective, meaning individuals with multiple characteristics have to seek help from multiple places (for more information on challenges regarding support services for children with disabilities and their families, see Chapter 4).

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[240] UNICEF (2005a), p. 12.

[241] UN, CRC Committee (2007), paras. 10 and 80.

[242] For more information see: FRA (2013b).

3.4.1. Poverty and socioeconomic background

> *"[Socioeconomic position] is the biggest factor that determines whether you will or will not get good care, whether you will or will not get a good education, whether you can or cannot sufficiently participate in society. With children with disabilities that is just exponentially more."*
>
> (Healthcare inspectorate representative, the Netherlands)

> *"Unfortunately there is more and more evidence that children are being bullied because of poverty. Poverty compounds these issues for children with disability."*
>
> (NHRB representative, United Kingdom)

Social policy measures aimed at reducing the risks of, and preventing, violence against children encompass "[p]overty reduction strategies, including financial and social support to families at risk".[243] Moreover, Article 28 of the CRPD obliges States Parties to ensure an adequate standard of living and social protection to persons with disabilities, as well as access to state assistance with disability-related expenses – including adequate training, counselling, financial assistance and respite care – for persons with disabilities and their families living in situations of poverty.[244]

At the EU level, the European Commission's recommendations on 'Investing in children: breaking the cycle of disadvantage' recognise that children with disabilities face an increased risk of poverty.[245] The European Parliament report 'The impact of the crisis on fundamental rights across Member States of the EU' points out that persons with disabilities and their families are one of the groups disproportionately affected by austerity measures.[246] European statistics provide evidence that persons with disabilities (persons with some or severe limitations) are at increased risk of poverty or social exclusion: in 2012, this concerned, on average, 30.3 % of persons with disabilities in the EU-28, compared to 21.9 % of persons without disabilities.[247]

UNICEF has examined the link between disability and poverty, expressing concern over the lack of comprehensive evidence and data, as adults and children with disabilities are hidden from statistics. Nevertheless, some patterns have been established; these also reflect concerns raised by respondents in FRA's research, namely: that raising a child with a disability increases family expenditures, which creates stress in the family and also leads to reduced employment opportunities and workplace barriers, given that employers fail to provide reasonable accommodations to parents of children with disabilities.[248]

The majority of respondents surveyed for this research identified poverty as one of the major factors increasing children with disabilities' vulnerability to violence. Several respondents noted that the disability itself increases economic inequalities because one of the parents usually has to leave work and become a full-time caregiver. An NGO representative from Poland indicated that even though financial inequalities are partly compensated by state financial support, the amount of funding is very low. Families with disabled children are often impoverished. An Italian respondent observed that "falling into poverty leads, almost certainly, to social exclusion".

An interviewee from Portugal stressed that a family's economic and financial situation is what most determines their quality of life, and noted that single parent families represent an aggravated risk for children because their economic capacity is also lower.

In Croatia, the term 'economic violence' (*ekonomsko nasilje*) is used to describe income as a factor that influences the lack of inclusion of children from low income families. Similarly, a service provider from the Netherlands said that financial difficulties in the family can lead to neglect, which can create hostility in schools or in the neighbourhood. Being from a low income family can also be reflected in children's clothing and appearance, which can increase chances of being bullied.

Aside from increasing vulnerability to violence, interviewees also stated that a lower socioeconomic status can be a barrier to accessing support. For example, a respondent from the Netherlands pointed out that parents who are struggling financially cannot stand up for their children very well or are easily intimidated by school staff, and also find it difficult to write letters or seek assistance to identify appropriate support. A respondent working in a public authority said that the socioeconomic background of a child does not necessarily affect the degree to which the child is exposed to violence, but can play a role in relation to support arrangements. A respondent from Denmark shared this concern.

> *"I think it is easier for the system, such as the case workers, to avoid parents with low educations because they are easier to trick. It sounds really, really rough […] but I imagine that it is more difficult for people with lower educations than it is for people with higher educations. The highly educated, they know what they want and they fight for it. You do not necessarily do that if you don't have the energy, the resources or the knowledge that is needed."*
>
> (Teacher, Denmark)

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[243] UN, CRC Committee (2011a), para. 43.
[244] UN, CRPD (2006), Article 28.
[245] European Commission (2013).
[246] European Parliament (2015).
[247] See EUROSTAT database tree, http://ec.europa.eu/eurostat/data/database, specifically, data on 'People at risk of poverty or social exclusion by level of activity limitation, sex and age', available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_dpe010&lang=en.
[248] UNICEF, Innocenti Insight (2005b), p. 23.

A lawyer in Bulgaria who works on domestic violence, gender equality and children's rights matters held a similar opinion.

> *"When the child has wealthy parents, even if a child has a disability, the attitude towards him/her is always a lot more special. Because wealthy parents can afford to pay for services that the state does not provide and this relieves the situation of the child and stimulates people and institutions who have something to do with him/her to be more precise and less aggressive. Poor and disabled children are in a rather unenviable situation, because their parents are unable to pay for special services. The state, to the extent that it provides for them, has hard procedures, lots of documents, sets of documents, deadlines which are missed because people do not have information, and all this, taken together, deprives children of the last possibility to receive state or municipal service, which puts them in an even worse situation."*
>
> (Lawyer working on children's rights, Bulgaria)

Some respondents noted that a child with a disability who is born into a family with a lower socioeconomic status may become a 'source' of added stress for the family. For example, a respondent from the Italian CRPD monitoring body concluded that economic hardship affects the quality of life. When one or both parents are unemployed, for instance, they face more difficulties and are more worried, which affects their willingness and energy to deal with the child. The interviewee pointed out that during financial crises, hospital psychopathology units report an increase in referrals concerning children from so-called disadvantaged families.

> *"[A]nd the truth is that if the caregiver is not happy, the children will be not happy."*
>
> (Public authority representative, Portugal)

> *"Most complaints reflect the fact that in poor families, especially those with disabled children, neglect and hostility manifests more often. I have worked on cases where mothers claim that the siblings of her disabled child have developed an aggressive attitude to their little sister because they believe that most of the family income gets invested into overcoming her impairment. So, social services should account for that."*
>
> (NHRB representative, Bulgaria)

However, some respondents noted that a better economic situation does not necessarily result in a safe and violence-free environment. For instance, a respondent from Portugal pointed out that a family's higher economic status could prevent social services from closely monitoring them.

> *"[Good] economic conditions help to hide a lot of issues."*
>
> (NGO representative, Portugal)

3.4.2. Ethnicity

> *"Being a foreign person with disabilities is one of the worst possible situations because s/he has the double face of difference."*
>
> (Representative of the national teachers' support organisation, Italy)

Many respondents identified ethnicity as a factor that can increase children with disabilities' risk of violence. In some countries – such as Austria, Denmark, Italy, the Netherlands Poland, Portugal, Sweden and the United Kingdom – respondents spoke about other ethnicities or migratory backgrounds in general, while in Bulgaria, Croatia, the Czech Republic and Lithuania – countries with populations that have higher percentages of Roma – respondents spoke predominately about Roma ethnicity.

> *"We could definitely find people who would first point out that it's a Roma [child], and then after that that this person is disabled."*
>
> (Public authority representative, Czech Republic)

Some respondents, notably in Austria, Italy and the Netherlands, discussed taboos regarding certain types of disabilities and isolation due to disability being connected to shame. A public authority representative tasked with including children with disabilities in mainstream schools highlighted the need to address different perceptions of gender roles, and noted that migrant mothers of children with disabilities may be blamed for their child's disability, which reduces their ability to seek help.

> *"I think in one of the examples I just mentioned - at least the parents felt it like that - the fact that the boy had a different skin colour and ethnic background was certainly part of the problem."*
>
> (NGO project manager on social inclusion, the Netherlands)

Promising practice

Addressing culture, ethnicity and disability through educational materials

The Swedish organisation TRIS, which works on preventing honour-related oppression and violence against young people with intellectual disabilities, developed educational material entitled 'Triple victimised' (*Trippelt utsatt*).

The material sheds light on how culture and ethnicity intersect with disability in relation to violence, and aims to increase public bodies' knowledge and awareness of the greater risk of honour-related oppression faced by young persons with intellectual disabilities.

For more information, visit: http://www.tris.se/.

Respondents noted that families from an ethnic minority who have children with disabilities could face additional hurdles due to communication barriers (language) and the fact that they have less access to general and specialised services. Austrian and Italian respondents believe that children with disabilities with migratory backgrounds from non-EU countries require special attention and that their situation can become even more precarious when language barriers also exist.

Some respondents indicated that there are communication difficulties and that services are unable to cater to the different characteristics of children, including children from minority ethnic backgrounds. Many experts indicated that organisations that provide care and support to children should take into account a child's background and strive to employ staff with different cultural backgrounds. This would allow them to deal properly with sensitive issues. An interviewee from the Netherlands, for example, expressed concern that, in reality, service providers do not truly reflect society's cultural diversity.

> *"[I]t was such a white environment again. Usually a white, male environment. That is a very persistent cultural phenomenon."*
>
> (NGO representative, the Netherlands,)

> *"Perhaps it is ignorance from the employment officer, but they think that it is enough hassle attending to someone with a disability, and think, oh, now we also have to consider their foreign background, it gets too much, really."*
>
> (CRPD monitoring body representative, Sweden)

In some of the surveyed Member States, respondents mentioned that families with children with disabilities who are not members of organisations that represent persons with disabilities may not receive the help and support they need.

> *"For families who are not members of disability organisations [...] and if one looks at for example immigrant families [...] it can be even more shameful to have a child with disability and therefore they have even greater difficulties to seek support or assistance from the community."*
>
> (NHRB representative, Sweden)

Some respondents specifically mentioned that migrant families need more assistance in joining DPOs. Migrant families are difficult to reach – authorities generally need to think of new ways of reaching these families. Respondents in Denmark and Sweden pointed especially to the Muslim community when discussing intersectional discrimination.

In Bulgaria, Croatia, the Czech Republic and Lithuania respondents indicated that Roma children with disabilities face an increased risk of hostility and violence. Many believe that Roma ethnicity increases a child's risk of hostility and abuse more than the fact that he/she has an impairment.

> *"Ethnic minority – here the Roma ethnic community is the most numerous – is one of the characteristics that makes them vulnerable."*
>
> (NHRB representative, Croatia)

> *"The intersection of grounds leads to the build-up of negative attitudes towards a particular child, because there are groups in society who do not accept or accept with reluctance Roma people. When a particular disability is added or some other ground the situation becomes unacceptable and aggressive for them, they exclude the person, the child."*
>
> (NHRB representative, Bulgaria)

3.4.3. Gender

> *"To be young, a woman and have a disability, implies for each characteristic a higher risk for exposure to violence. If you put these three factors together, you have a vulnerability that is much bigger. Unfortunately there are not that many studies on this, and this is what we need for young people."*
>
> (NGO representative, Sweden)

A UN study on violence against women and girls and disability reported that girls are at particularly high risk of sexual violence, but that incidents remain invisible. Factors identified in the study as contributing to invisibility mirror those that emerge from FRA research, and include: that women with disabilities, especially girls, are perceived as non-sexual; may lack the awareness necessary to recognise inappropriate behaviour; dependence on others; the inability of professionals to recognise abuse; and a lack of access to information and counselling services. The report concludes that "current legislative, administrative and policy efforts often fail to link gender and disability in a meaningful way and to address adequately specific risk and vulnerability factors".[249] The CRPD Committee made similar remarks in its Concluding Observations on the Czech Republic, stating that "the Committee is concerned at the absence of actions to prevent and combat multiple discrimination faced by women and children with disabilities, as well as, the lack of data on women and girls with disabilities relevant to combating inter-sectional discrimination they face".[250]

Existing research on gender-based violence also points to a higher vulnerability of girls with disabilities. FRA's *Violence against women: an EU-wide survey* shows that women with health problems or a disability report higher prevalence of various forms of, violence than

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[249] UN, OHCHR (2012b), paras. 21 and 50.

[250] UN, CRPD Committee (2015b), para. 13.

Recognising the increased vulnerability of girls with disabilities

"Girls with disabilities are often even more vulnerable to discrimination due to gender discrimination. In this context, States parties are requested to pay particular attention to girls with disabilities by taking the necessary measures, and when needed extra measures, in order to ensure that they are well protected, have access to all services and are fully included in society."
United Nations (UN), Committee on the rights of the child (2007), General Comment No. 9 (2006), The Rights of Children with Disabilities, CRC/C/GC/9, 27 February 2007, para. 10.

"Concerned about the situation of disabled women, who suffer from a double discrimination linked to their special living conditions [...] [r]ecommends that States parties provide information on disabled women in their periodic reports, and on measures taken to deal with their particular situation, including special measures to ensure that they have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life."
UN, CEDAW Committee, General Recommendation 18, 1991.

"The Committee recommends that the State party take every necessary measure to prevent all forms of violence against children with disabilities, paying particular attention to the safety of girls with disabilities. In that regard, the Committee recommends that the State party provide particular protection and complaints mechanisms for children with disabilities who have become victims of violence."
United Nations (UN), Committee on the rights of the child, Concluding observations on Germany, CRC/C/DEU/CO/3-4, 25 February 2014, para. 53.

"The Committee calls upon the State party to adopt effective and specific measures to ensure equality and prevent multiple forms of discrimination of women and girls with disabilities in its policies, and to mainstream a gender perspective in its disability-related legislation and policies."
United Nations (UN), CRPD Committee, Concluding observations on Hungary, CRPD/C/HUN/CO/1, 22 October 2012, para. 20.

"The Committee recommends that the European Union mainstream women and girls with disabilities' perspective in its forthcoming Gender Equality Strategy, policies and programs, as well as a gender perspective in its disability strategies. It further recommends that the European Union develop affirmative actions to advance the rights of women and girls with disabilities, establish a mechanism to monitor progress, and fund data collection and research on women and girls with disabilities. It further recommends that the European Union accede to the Council of Europe Istanbul Convention as a step to combating violence against women and girls with disabilities."
United Nations (UN) CRPD Committee, Concluding observations on the initial report of the European Union, CRPD/C/EU/CO/1, 4 September 2015, para. 21.

women who do not have a disability.[251] Research based on focus group discussions and in-depth interviews with women with disabilities in Austria, Germany, Iceland and the United Kingdom reveals that many women, especially those with intellectual disabilities and sensory impairments, were exposed to bullying in schools and residential care homes during childhood. Furthermore, women with disabilities often experience psychological violence from their parents during childhood, which increases the risk of violence later in life.[252]

Many respondents, notably from Austria, Denmark, Italy, the Netherlands, Slovenia, Sweden and the United Kingdom, identified gender as an important factor increasing the vulnerability of children with disabilities and their risk of violence. Specifically, respondents noted that girls with intellectual or psychosocial disabilities are at risk of becoming victims of sexual abuse.

For instance, in the Netherlands, respondents indicated that girls with intellectual disabilities are at increased risk of becoming victims of so-called 'lover boys', which refers to a specific human trafficking method that involves seducing and grooming girls and eventually exploiting them sexually and coercing them into prostitution.

The CRPD reinforces the right of persons with disabilities to found a family and to retain their fertility on an equal basis with others. However, reports show that systematic prejudice and discrimination against women and girls with disabilities can result in violations of their right to make their own reproductive choices, and that girls with disabilities continue to be victims of forced sterilisation.[253]

This practice was identified as a form of violence – disguised as treatment – perpetrated on young girls with intellectual and psychosocial disabilities in care

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[251] The biggest differences exist in terms of physical or sexual partner violence: 34 % of women with health problems or disabilities have experienced physical or sexual partner violence in a relationship, compared with 19 % of women who do not have disabilities. Differences between these two categories of respondents also exceed 10 percentage points in terms of the psychological violence, threats of violence by a partner, violence in childhood and non-partner violence they experience. For more information, see FRA (2014c).

[252] Ludwig Boltzmann Institute of Human Rights (2014), p. 27.

[253] Human Rights Watch (2011), Sterilization of Women and Girls with Disabilities, A Briefing Paper.

institutions.[254] Several reasons have been given to justify this medical intervention, which limits the reproductive function of young girls with disabilities – including that the operation will "prevent the girls from menstruating, thus avoiding demands that would otherwise be placed on caregivers and that it will ensure that the young girl will not become pregnant".[255]

> *"I once had a client with disability who gave birth. After labour, the child was taken away and she was sterilised. Before her eighteenth birthday, all without her consent. The child was given to foster care. […] I know several other such cases."*
>
> (NGO representative, Austria)

Conclusions

- Children with disabilities are more vulnerable to, and experience higher rates of, violence compared to non-disabled peers. Respondents believe the risk of violence and the gravity of the abuse often relate to a child's particular characteristics or to the degree of impairment. Children with multiple or severe disabilities – but also children with 'invisible' (psychosocial and intellectual) impairments – tend to be less understood and tolerated, experience more segregation and are at greater risk of violence. Respondents also emphasised that girls and boys with intellectual disabilities may find it more difficult to differentiate between appropriate and inappropriate behaviour, which increases the risk of sexual abuse.

- Children with disabilities experience sexual, physical and psychological violence, verbal abuse, as well as other more 'hidden' forms of abuse – such as exclusion, rejection and neglect – which rarely rise to the surface and are hard to investigate and sanction. In addition, children with disabilities are exposed to disability-specific forms of violence, which are different to those experienced by children without disabilities, such as restraint, sexual abuse during daily hygiene routines, removal or control of communication aids, violence in the course of treatment, overmedication or withholding medication, and violence motivated by prejudice towards a person's disability, which is known as 'hate crime'.

- Respondents noted that isolating and segregating adults and children with disabilities from the community leads to 'fear of the unknown' and unfamiliarity with 'otherness', which can trigger hostile behaviour and violence.

  Respondents identified the following as the main potential causes of violence: discriminatory views based on prejudice; a lack of knowledge and understanding of disability; the overburdening of parents and guardians and a lack of support services; overextended personnel, inadequately professional behaviour and a lack of training. Respondents also noted risk factors that are related to a child's impairment, including a high dependency on care and support and perpetrators' perception of children with disabilities as 'easy targets', which can increase the risk of violence.

- Both the CRC and CRPD treaty bodies and existing research recognise that children with disabilities face various forms of violence and do so in diverse settings.

  Respondents identified the overburdening of parents and caretakers as main causes of domestic abuse or neglect. Respondents also highlighted difficulties in identifying domestic violence, noting that professionals often lack the skills to recognise early signs of a risk of violence and the knowledge on how to approach families and offer support. Preventing violence at home requires increasingly targeted family support services, including respite programmes, as well as well-designed early intervention programmes.

  Respondents believe that societal attitudes based on prejudice are replicated in the set up and cultural environment of schools, and underlie the behaviour of peers, teachers and parents. Structural weaknesses in schools, which prevent the development of inclusive approaches and support mechanisms, coupled with teachers who lack knowledge and training in working with children with disabilities, often result in hostile environments at schools.

  Institutionalising children with disabilities continues to be widespread in Europe. Respondents singled out as particularly problematic the higher risk of violence in 'closed' institutional settings and the serious physical and psychological effects of growing up outside of one's family. Respondents identified the following as major factoring leading to violence in institutions: the lack of efficient control mechanisms to monitor residential institutions; problematic working conditions in institutional settings, and overburdened and often unqualified staff members; and the lack of specialised training for caregivers and professionals who work with children with disabilities.

- Respondents indicated that poverty, ethnicity and gender increase children with disabilities' situation of vulnerability to violence, including because adequate services that provide encompassing and holistic support are limited.

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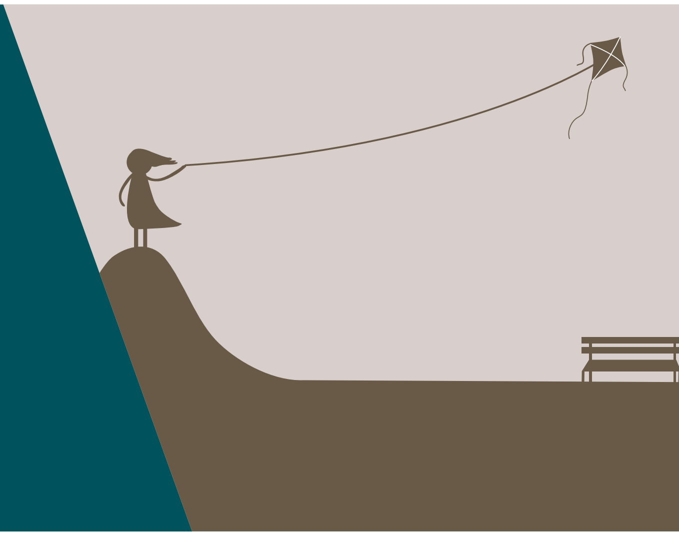
[254] UN (2006a), p. 188.
[255] *Ibid.*

4

Measures and initiatives for preventing violence against children with disabilities



In its General Comment on Article 19, the CRC Committee underlines the need for a holistic approach encompassing a broad range of integrated measures to prevent and eliminate violence against children with disabilities. Furthermore, "[t]he Committee emphasises in the strongest terms that child protection must begin with proactive prevention of all forms of violence" and identifies four groups at which measures should be targeted: all stakeholders, professionals and institutions, children, and families and communities.[256]

> *"You have to work with the [children] themselves, the staff who are working with them and the organisation itself to make sure it is a well-rounded and understood issue to deal with. Then they can incorporate new policy, it can become part of their everyday thinking and hopefully the children will end up raising the issues for themselves and knowing where they can go to report."*
>
> (NGO representative, United Kingdom)

All Member States have established child protection systems to ensure that children are protected should they be deprived of parental care, become victims of violence, or find themselves in other situations where they require the protection of the state. Children with disabilities are also covered under the general child protection system and its services. However, some of these services have to be adapted to the needs of children with disabilities. For example, social workers need additional training to be able to better support children with disabilities and their families, and shelters for victims of domestic violence need to be accessible and staffed with specially trained individuals.

This chapter provides an overview of measures for protecting against and preventing violence against children with disabilities. It does not analyse general child protection systems, on which FRA has already reported.[257]

The following sections provide an overview of select measures and programmes that address four different groups: stakeholders in general; children; families and communities; and professionals and institutions. Many of the programmes address some of the main causes of violence against children with disability identified by the stakeholders interviewed in this research (which are presented in Section 3.2). This chapter also examines multiagency cooperation on preventing and responding to violence against children with disabilities. Finally, it identifies challenges that remain regarding support services for children with disabilities, drawing on evidence gathered in FRA's fieldwork.

Respondents affirmed that awareness-raising activities, training, and information targeting families, professionals and children themselves are crucial elements of state efforts to prevent and tackle violence against children with disabilities.

> *"In this field there is still a lot to do. It is a pathway that needs education for everybody."*
>
> (Public authority representative, Portugal)

Overall, respondents believe that there is no need for specific measures developed solely to target children with disabilities, as this could cause segregation. Instead, general measures aimed at preventing violence against children should cater to the needs of those with disabilities and include, as required, measures specifically designed for children with disabilities.

> *"I see no reason to create special programmes, special courses and training. Hostility is hostility, intolerance is intolerance, degrading others is degrading regardless of their physical or mental state, or emotional condition. Of course this is exceptionally nasty when it concerns a child with disabilities, because it hurts."*
>
> (NHRB representative, Poland)

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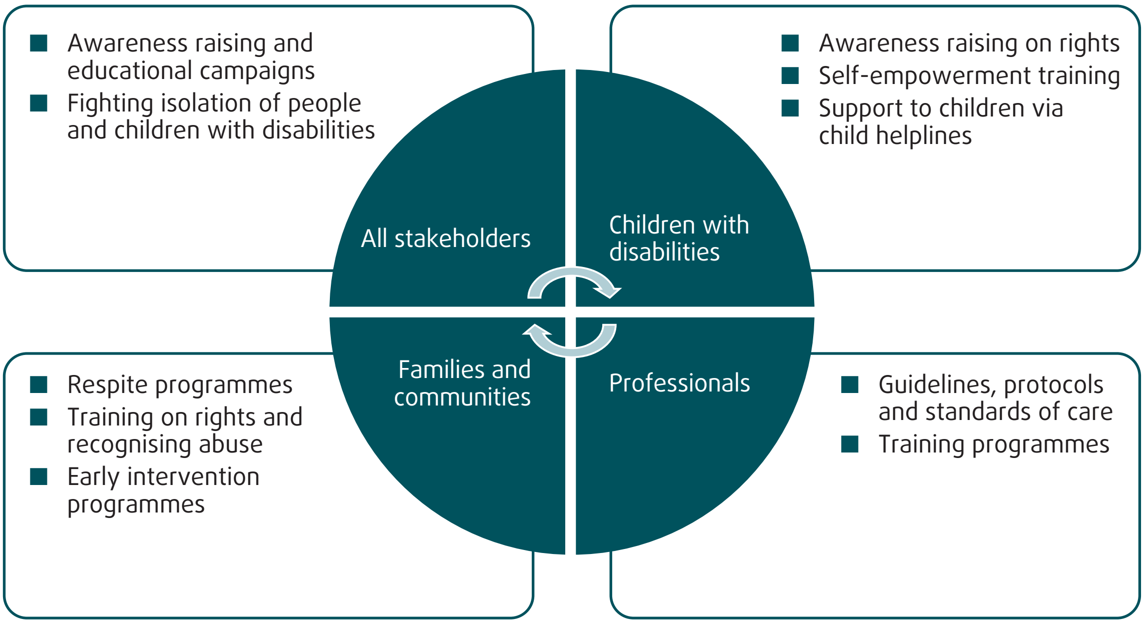
[256] UN, CRC Committee (2011a), para. 47.
[257] FRA (2014b).

Figure 14: Target groups and select measures and initiatives for preventing and protecting against violence



Source: *FRA research, based on respondents' views, 2015*

4.1. Measures targeting all stakeholders

The CRPD clearly obliges States Parties to sensitise society to the rights of persons with disabilities, and calls for the adoption of measures to combat stereotypes, prejudices and harmful practices (Article 8). The CRC Committee suggests that efforts to prevent violence should include measures such as: "[c]hallenging attitudes which perpetuate the tolerance and condoning of violence in all its forms, including [...] disability; [and] [d]isseminating information regarding the [CRC]'s holistic and positive approach to child protection through creative public campaigns, schools and peer education, family, community and institutional educational initiatives, professionals and professional groups, NGOs and civil society."[258]

> *"I think it is part of a general need in society as a whole to have a positive attitude towards people with disabilities [...] so it is a question of encouraging society to think about disabled people in a more positive light and to think about what they can achieve and what their potential is so you are moving away from thinking of them as passive and vulnerable, you are thinking about them the same as anyone else."*
>
> (Representative of an institution serving as CRPD national focal point, United Kingdom)

Measures targeting all stakeholders mainly involve awareness-raising campaigns. Most interviewees emphasised the importance of raising awareness among the general public as well as taking concrete steps to fully include and promote the participation of adults and children with disabilities in society as key tools for preventing violence.

> *"[The] [p]ublic should be educated [...] through campaigns and all other means. People have to realise that persons with disabilities are part of our daily life and that they are people just like the rest of us without disabilities, and that they go to school, attend university, etc. The sight of a person rolling in the wheelchair at the Faculty of Philosophy or doing anything for that matter shouldn't be a seen as a 'miracle'. [...] This is the primary thing – to turn the public."*
>
> (Public authority representative working in the educational field, Croatia)

> *"There should be more campaigns to raise awareness in order to eliminate the prejudice that abuse and violence cannot happen to a child with disabilities because s/he is disabled."*
>
> (Public authority representative, Italy)

Awareness-raising activities aimed at sensitising the general public should tackle cultural stereotypes about disability and challenge and address prejudices and the isolation of adults and children with disabilities. Many stakeholders pointed out that EU funding plays an important role in efforts to raise awareness of violence against children with disabilities.

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[258] UN, CRC Committee (2011a), para. 47.

A respondent from an NGO also highlighted the importance of general rights awareness in addressing hostile attitudes towards children with disabilities.

> *"I find it interesting that one of the things children's organisations tell is that when they come out and teach about human rights, they experience that this is one of the best measures against bullying, because it illustrates that you have rights yourself. And when you have rights yourself, you don't have to step on others. It creates an awareness that I have rights and so does everybody else. I think it is interesting that we have a quite uncomplicated and cheap measure which we now are starting to see."*
>
> (Consultant in disability umbrella organisation, Denmark)

Some respondents noted that there is also a need to target policymakers.

> *"Obviously all those who work in government at all levels, civil service or ministers.., their attitudes are reflective of society as a whole. So if you are focusing on changing attitudes in society towards disabled people you actually need to change attitudes of those within government as well."*
>
> (National focal point for CRPD implementation, United Kingdom)

FRA desk research revealed that there are different types of awareness-raising initiatives, which are carried out by various actors – for instance, state institutions, public bodies and NGOs – and target different audiences, including schools, municipalities and organisations that work with children with disabilities. The table below presents select initiatives from across the EU.

Table 3: Examples of awareness-raising programmes, projects and campaigns

Name of programme	Description	Reference and link
Childhood for everyone	In 2010, Bulgaria adopted a "Vision for deinstitutionalisation of children", which aims to close down all 137 institutions for children and to provide alternative community services for all vulnerable children by 2025. In line with the aims of the strategy, the state agency for child protection developed a comprehensive media campaign aimed at countering negative attitudes towards children with disabilities. The campaign included videos broadcast via TV channels with national coverage, ad spots and others.	Bulgaria, State Agency for Child Protection, see: http://sacp.government.bg/detstvo-za-vsichki/
Teaching for diversity (*Výuka k různosti*)	The project aims to increase awareness among students about issues faced by people with disabilities. As part of this project an instructional manual targeted at higher primary schools was created, but also includes a section adapted for lower primary schools. The project also specifically covers communicating with people with disabilities.	The Czech Republic, Center for Visualization and Interactive Education, Ltd. (*Centrum vizualizace a interaktivity vzdělávání, s.r.o.*), see: http://www.nejsmevsichniste-jni.cz/img/en_verze3/
National Action Plan in favour of persons with disabilities	Following ratification of the CRPD, the government of Luxembourg in 2012 issued an action plan containing awareness-raising measures to encourage the general public to be more tolerant and respectful towards people with disabilities. Examples include presenting people with disabilities and their lives in a less stereotypical manner in the media, and raising awareness among children without disabilities about peers with disabilities.	Luxembourg, Government (2012), National Action plan in favour of persons with disabilities (*Plan d'Action de mise en oeuvre de la CRDPH du Gouvernement luxembourgeois*)
#be the change! – campaign to end abusive language	'Enable Scotland' runs a campaign challenging negative attitudes and tackling offensive language about people with intellectual disabilities (learning disabilities). The campaign has two main elements – a school resource for teachers of 11–14 year old pupils across Scotland, which will raise awareness of intellectual disability, taking an early intervention approach to promoting positive attitudes; and a public awareness campaign that will tackle the use of abusive language. As part of the public campaign, adverts have been placed on various websites and in public spaces (metro, trains and buses).	Scotland, ENABLE, Campaign #be the change, see: http://www.enable.org.uk/bethechange/Pages/default.aspx
Tackling stereotypes and prejudice against people with disabilities in schools	The Slovenian DPO 'Association for the Theory and Culture of Handicap' carried out an awareness-raising campaign in schools and kindergartens, promoting diversity and mutual respect from early age and countering stereotypes and prejudice against people with disabilities. Trainers with disabilities carried out workshops, drawing on their personal experiences with discrimination, stereotypes and prejudice. In their evaluations, teachers indicated that, for many of the children, this was their first contact with a person with disability and noted that such activities foster understanding of disability.	Slovenia, Association for the Theory and Culture of Handicap (*Društvo za teroijo in kulturo hendikepa*), campaign 'Botonček' (*Bontonček*), see: http://www.yhd-drustvo.si/bontoncek-166.html

4.2. Measures targeting children with disabilities

> *"Traditionally children with disabilities don't speak out but you have to address it before they get used to being treated poorly. This is one of the problems I think with people with disabilities, they get used to being treated poorly that they actually tolerate far too much abuse and so on without reporting. We have got to get them to understand it is their right to raise issues."*
>
> (NGO representative, United Kingdom)

Prevention programmes should also include measures "supporting children to protect themselves and their peers through awareness of their rights and development of social skills as well as age-appropriate empowerment strategies".[259] In its general comment dedicated to children with disabilities, the CRC recognises that "[i]t is crucial that the education of a child with disability includes the strengthening of positive self-awareness [and that] [p]eer support enhancing self-esteem of children with disabilities should be more widely recognized and promoted."[260]

> *"[Children with disabilities] are not taught to grow up to become self-assured, empowered, resilient children."*
>
> (NGO representative, the Netherlands)

Measures targeting children with disabilities fall into three broad categories: awareness-raising measures, self-empowerment training and support for children via child helplines.

4.2.1. Awareness-raising measures

> *"If the child or adult with the disability has been supported to deal with that hostile attitude from people then I think they could probably curb it, I think certainly I have seen situations where adults and children don't know how to deal with it and they have been easy prey for people increasingly following them, taunting them at bus stops, things like that. So that they understand when it is unacceptable, they understand what they can do about it."*
>
> (NGO representative, United Kingdom)

Table 4 presents some examples of awareness-raising projects that aim to sensitise children with disabilities about what abuse constitutes and develop their ability to recognise risk situations. The vast majority of programmes identified in FRA's research target children with intellectual disabilities.

Table 4: Select examples of awareness-raising programmes targeted at children with disabilities

Name	Description	Reference and link
Special love talks – sex education for children with disabilities *(Sexualerziehungsmodell für Menschen mit geistiger Behinderung)*	In cooperation with the Austrian Institute for Family Research, *Lebenshilfe Salzburg* developed sex education and sexual defence training. It aims to bring together children with disabilities, their parents and relatives, as well as experts who deal with the target group, to talk about sex education. It also aims to develop new ways and possibilities for persons with disabilities to have fulfilled sexual lives. But it also aims to prevent sexual violence and to teach children with disabilities to recognise the importance of maintaining their bodily integrity.	Austria, Austrian Institute for Family Research (*Österreichisches Institut für Familienforschung*), see: http://www.oif.ac.at/service/zeitschrift_beziehungsweise/detail/?tx_ttnews%5Btt_news%5D=554&cHash=4beec69a19a30ff4663369e7a50d6a16.
Emma Untouchable!	In the context of the government-funded programme 'Abuse, neglect and violence in childhood and adolescence' *(Forschungsförderung: Missbrauch, Vernachlässigung und Gewalt in Kindheit und Jugend)*, the University of Rostock, in cooperation with the NGO Wildwasser München e.V., developed a training programme aimed at enabling girls with intellectual disabilities to recognise sexual abuse, avoid or leave potentially dangerous situations, and get help.	Germany, Clinic for Psychiatry, Neurology, Psychosomatics and Psychotherapy in Children and Adolescents, University of Rostock (*Klinik für Psychiatrie, Neurologie, Psychosomatik und Psychotherapie im Kindes- und Jugendalter der Universitätsmedizin Rostock*), see: http://emma-unantastbar.med.uni-rostock.de.

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[259] UN, CRC Committee (2011a), para. 47.
[260] UN, CRC Committee (2007), para. 64.

Name	Description	Reference and link
Prevent and Act – sexual abuse against children and adolescents with disabilities	The project is funded by the government programme "Sexual violence against children and adolescents in educational contexts" (*Forschungsförderung: Sexuelle Gewalt gegen Kinder und Jugendliche in pädagogischen Kontexten*) and is carried out by the University of Cologne in cooperation with the *Bodelschwingh* foundation. It is targeted at children and youth with various disabilities, as well as professionals working with children with disabilities, i.e. carers, teachers, psychologists. The project aims to undertake fact finding on how much children know about sexual abuse, the prevalence of sexual abuse in institutional settings and the psychological consequences of sexual abuse. Additionally, the project aims to examine existing curricula and develop better prevention concepts and targeted trainings for carers.	Germany, Department of Remedial Education and Rehabilitation, Human Sciences Faculty, University of Cologne (*Humanwissenschaftliche Fakultät, Universität zu Köln*), see: http://semb.eu/.
My body is my own (*Enyém a testem*)	The project, developed by the Hand in Hand Foundation, a Hungarian NGO, consists of a sex education and self-defence training programme for adults and children with intellectual disabilities, aimed at developing their capacity to recognise risky situations. It is accredited as a professional development programme and has already trained over 100 adults and children with disabilities.	Hungary, Hand in Hand Foundation (*Kézenfogva Alapítvány*), see: http://www.kezenfogva.hu/.
'Stay Safe' – personal safety skills programme	The Stay Safe Programme is a personal safety skills programme for primary schools – both mainstream and specialised. Its overall objective is to prevent child abuse, bullying and other forms of victimisation. The programme teaches children how to recognise an unsafe situation and inform adults when one arises. There is a specific programme targeted at children with a disability (six-to-13 year old age group), divided in five categories aimed at children with: visual impairments, physical disabilities, hearing impairments, intellectual disabilities, and psychosocial disabilities (emotional and behavioural difficulties).	Ireland, 'Stay Safe' programme.
Awareness-raising videos	'I was bullied because I am disabled': video to raise awareness about bullying against children and young people, calling on children and young people to take the lead in combating bullying. Cyberbullying videos for young people: collection of videos for children with disabilities about cyberbullying and keeping safe online. 'Underwear Rule' video, in British sign language, aimed at protecting deaf children from abuse; designed to allow parents to start easy conversations about sex or abuse; teaches children that their private parts are private and that their body belongs to them. A video aimed at combating multiple discrimination was developed by young people with disabilities to encourage victims of violence to report in the context of a Study Session held by the European network for independent living (ENIL) on 'Understanding and countering multiple discrimination faced by young people with disabilities in Europe'. The video was produced in cooperation with the youth department of the Council of Europe.	United Kingdom, Scope, see: https://www.youtube.com/watch?v=DbXyljItrIw&feature=youtu.be United Kingdom, Anti-bullying Alliance, see: http://anti-bullyingalliance.org.uk/send-resources/cyberbullying-send/cyberbullying-videos-for-young-people/. United Kingdom, NSPCC, see: http://www.nspcc.org.uk/fighting-for-childhood/news-opinion/Underwear-Rule-video-to-help-protect-deaf-children-from-abuse/. ENIL and Council of Europe, see: https://www.youtube.com/watch?v=gJQrwGFKKeE.

4.2.2. Empowerment and participation programmes

Many interviewees stressed that programmes aimed at developing skills for self-defence and recognition of abuse should be coupled with general empowerment training that builds up the confidence, self-esteem and independence of children with disabilities.

> *"Strengthening children's self-image and self-confidence and self-esteem so that children can react when something is not right. These children are very dependent on their parents. These children must be heard and this is a preventive measure."*
>
> (NGO representative, Sweden)

Many respondents emphasised that it is vital for children with disabilities to participate in the development of measures to prevent violence in all settings, but that this rarely happens in practice. For example, a respondent from the UK stressed the "principle of inclusivity" and asserted that "involvement and consultation of children with disabilities is a fundamental aspect of developing policies."

FRA research shows that most programmes aimed at empowering children with disabilities are designed and implemented by NGOs, as the examples presented in Table 5 illustrate.

Table 5: Select examples of programmes aimed at empowering and promoting participation by children with disabilities

Name	Description	Reference and link
Users' Involvement in the Decision-Making Process – a Step Towards Complete Social Integration	In Bulgaria, the Cedar Foundation user involvement project focused on empowering children and young adults with intellectual disabilities to make their own decisions and to participate in decision-making. The project was implemented in partnership with the Kyustendil Municipality and Learning Disability Wales, and realised with the financial support of the European Social Fund. The main aim of the project was to train professionals and exchange good practices. Municipal officers and social workers from Kyustendil visited Learning Disability Wales in Cardiff and learned about policies and methods that Welsh agencies and social service providers use to ensure that the opinions of people with learning disabilities are taken into consideration in all aspects of their lives.	Bulgaria, Cedar Foundation, more information in English at http://www.cedarfoundation.org/en/ and in their annual report.
Child Assault Prevention programme (*Program prevencije zlostavljanja djece*)	This Croatian NGO, established by parents of children with disabilities, developed a child assault prevention programme. Implemented in several primary schools, it develops the interpersonal skills of children with intellectual disabilities to empower them in relationships with peers and increase their self-esteem.	Croatia, Parents Association 'Step by step' *(Udruga roditelja "Korak po korak")*, see: *www.udrugaroditeljakpk.hr/english/projects-and-programs/111-cap-child-assault-prevention-program*.
Training opportunities for peer supporters with intellectual disabilities (TOPSIDE)	The training, developed for and by people with intellectual disabilities, aims to teach people with intellectual disabilities how to be peer supporters. The training materials are targeted at NGOs, associations, training centres and educational providers that want to support active citizens with intellectual disabilities.	Inclusion Europe, see: http://www.inclusion-europe.com/topside/en/about-the-project.
Rock and Water and children with autism (*Rots&Water en kinderen met autismespectrum-stoornissen*)	'Rock and Water and children with autism' provides psycho-physical social competency training for children with autism. Its objective is to increase their social competence and ability to deal with bullying and violence. The programme was developed in the Netherlands but is now widely used. 35,000 teachers in 14 countries worldwide have trained approximately two million children and students in different countries. The initial 'Rock and Water' training has been subject of an evaluation study, which concluded that the programme has positive effects.	Netherlands, Gadaku Institute / Rots & Water Instituut, Rock and Water and children with autism, see: http://www.rockandwaterprogram.com.
Involved children and youth (*Delaktiga barn och unga*)	The Swedish Disability Federation carries out a project aiming to strengthen children's self-esteem and self-image. In addition, the training aims to strengthen the influence children with disabilities have on situations that may pose a risk of violence. The project also helps children with disabilities to influence their contact with municipal personal assistance care.	Sweden, Swedish Disability Federation (*Handikappförbunden*), see: http://www.hso.se/verksamhet/Projekt/Avslutade-projekt/Delaktiga-barn-och-unga/.
Hear us out	A guide on how to involve young people with disabilities in decision-making. It was jointly developed by young researchers with disabilities and young people with disabilities.	United Kingdom, VIPER project, see: http://viper.councilfordisabledchildren.org.uk/vipers/.

4.2.3. Child helplines

The EU introduced a child helpline: 116 111. This helpline currently operates in 21 EU Member States,[261] and in most more than one hotline exists at the national level. The Council directive on combating sexual abuse and sexual exploitation of children and child pornography also recommends establishing a helpline for reporting sexual abuse and exploitation of children and helping children in need.[262]

FRA's research indicates that child helplines represent one of the most common forms of help and support service provided for children who are victims of violence. They strive to provide "child-sensitive counselling, complaint and reporting mechanisms that enhance the protection of children".[263] According to a report of Child Helpline International, over 11.5 million children and young people contacted 44 child helplines in 35 European countries in 2012 and 2013, and over half a million cases of abuse and violence were reported. More girls (61 %) than boys (39 %) reported experiences with violence.[264] There is no disaggregated data on the number of cases reported by children with disabilities or any specific data on how many of the national child helplines are accessible to them and, if so, in what formats.

Respondents – in the Czech Republic, Denmark, Lithuania, the Netherlands, Poland, Portugal, Slovenia, Sweden and the United Kingdom, for example – identified child helplines as a common form of help and support service.

> *"From my own practice I've found that distress lines help."*
>
> (Public authority representative, Czech Republic)

However, many of them expressed concern that such services are not accessible to certain groups of children with disabilities, and that children with disabilities are not always aware of child helplines. They also highlighted the need for specific training for volunteers and professionals who work at child helplines, aimed at building up their understanding of disability and their communication techniques.

> *"The Safety Line strives to get this information to children. There is awareness of the Safety Line, it's known among the public, but whether children know about it directly, I would guess not."*
>
> (Specialist on foster care and child protection, Czech Republic)

FRA's research identified only a few examples of accessibility measures put in place by child hotline services, for instance in Latvia, Sweden and the United Kingdom. In Sweden, BRIS – Children's Rights in Society[265]– provides a support helpline, and also manages email and chat services to which children and young adults can turn anonymously and free of charge. In Latvia, the toll-free hotline 'Children and Teenagers Trust Telephone 116 111' can be accessed through email or sms, making it accessible to children with hearing impairments and deaf children. Similarly, in the United Kingdom, the national helpline 'Childline' provides information and support via email, phone, and message board. In addition, the National Deaf Children's Society runs its own young person's network, to which deaf and hard of hearing children can turn for support.[266]

In addition to child helplines, five EU Member States also have helplines for victims of crimes. In 2012, the Flemish Government launched the Violence and Child Abuse hotline (*Meldpunt Misbruik, Geweld en Kindermishandeling*) with the free number 1712, for any citizen suffering violence or abuse, including children with disabilities. The abuse hotline centralises access to existing hotlines, contact points and receptions of the confidential centres for violence, abuse and mistreatment as well as the centres for general welfare work (victim support, parental abuse, partner violence, domestic violence).[267]

FRA research shows that gathered data on the number of received calls are not disaggregated by disability, and there is no evidence on how many of the cases were reported by children with disabilities. The desk research indicates that the French National Phone Service for Childhood at Risk provides disaggregated information in its annual statistical analysis since 2008.[268] In 2012, 849 calls (2.5 % of all calls received) concerned children with disabilities and 451 of these were reported to the local authority (*Conseil Général*) and its relevant unit (*Cellule de Recueil des Informations Préoccupantes – CRIP*).[269]

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[261] For more information, see: http://ec.europa.eu/digital-agenda/en/about-116-helplines.

[262] Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography and replacing Council Framework Decision 2004/68/JHA, OJ L 335.

[263] Child Helpline International (CHI) (2014), *The Voices of Children and Young People*, Child Helpline Data from 2012 and 2013, Johan Enschede Amsterdam*, p. 35,* available at: http://www.childhelplineinternational.org/chi-tenth-anniversary/documents/chi-data-publications-2012/europe-10-year-child-helpline-data/.

[264] *Ibid.*, p. 34 -35.

[265] Children's Rights in Society (*BRIS: Barnens Rätt I Samhället*). For more information, see: https://www.bris.se/.

[266] For more information on Childline's work, see: https://www.childline.org.uk/Pages/Home.aspx. For more on the National Deaf Children's Society, see: http://www.ndcs.org.uk/.

[267] For more information, see: https://1712.be/.

[268] France, French National Phone Service for Childhood at Risk (2012).

[269] France, GIPED (2013).

4.3. Measures targeting families and communities

The CRC Committee outlines a number of preventive measures in its General Comments on Article 19. Measures targeting families and communities include providing: “pre- and post-natal services, home visitation programmes, quality early-childhood development programmes, and income-generation programmes for disadvantaged groups; respite programmes and family support centres for families facing especially difficult circumstances; [and …] shelters and crisis centres for parents (mostly women) who have experienced violence at home and their children”.[270]

> *“States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.”*
>
> *United Nations (UN), Convention on the rights of the child, Article 23 (3) Respect for home and the family.*

Respondents in FRA’s research also identified prevention measures targeting families and communities as key to addressing violence against children with disabilities. These measures should encompass support for parents and caregivers to understand children’s rights as well as respite programmes. Such measures are crucial to prevent the overburdening of parents, identified by many stakeholders as one of the main causes of domestic violence.

> *“Preventive programs are the key: early intervention programs, programs on responsible parenting. Measures that will stop the violence need to be developed, either the violence inflicted by parents, or by someone else. The first and the most important form of support is the support to the family, the so-called ‘early intervention’. That is the basis.”*
>
> (Educator in health institution, Croatia)

In addition, respondents spoke about the need for targeted outreach to parents, informing them about available support services.

> *“Particularly parents tend to ignore their overload and do not seek help (in some cases they do not even know how).”*
>
> (NHRB representative, Austria)

Respondents also noted the importance of early intervention, and of social inclusion in general. An interviewee from the United Kingdom stressed the need to make sure that children with disabilities “are integrated in communities and education early on”.

Intervention programmes should not be limited to families with children with disabilities, but should be extended to the whole community:

> *“I think good community access in early years because if we are talking about hostility as a societal response or community response, then having integrated services and children learning and playing together in a positive way then that is really the key.”*
>
> (Nurse, United Kingdom)

Table 6 outlines select examples of family support services. It must be noted that FRA desk research did not reveal many support services targeting families of children with disabilities, and that respondents identified the lack of adequate family support as one of the main challenges.

Table 6: Family support programmes

Name	Description	Reference and link
Family support services – Time to breathe	‘Time to Breathe’ is a respite programme for families with children and young people with disabilities, funded by the State of Salzburg in Austria. Family supporters take care of children with disabilities for a limited amount of time, allowing the parents some time “to escape and take time for themselves”.	Austria, Lebenshilfe Salzburg, Family support services or ‘Time to breathe’ (*Familienunterstützende Dienste oder “Zeit zum Atmen”*), see: http://www.lebenshilfe-salzburg.at/familienunterstuetzung.html.
Early Childhood Intervention Service	A group of trained staff is tasked with coordinating and liaising with all services and involved practitioners, as well as with visiting families. The officers are responsible for identifying the needs of the family and the child, informing the family about existing public, private and voluntary services and scheduling and monitoring intervention measures.	Cyprus, Committee for the protection of the rights of people with a mental handicap (*Επιτροπή Προστασίας Νοητικά Καθυστερημένων Ατόμων*), see: www.cpmental.com.cy/epnka/page.php?pageID=25.

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[270] UN, CRC (2011a), para. 47.

Name	Description	Reference and link
Respite Saturdays (*Sabati del sollievo*)	'Respite Saturdays' is a short break programme for families with children with autism. Every Saturday from 10:00 to 17:00, children with autism spend time and play with educators – without parents, family members or other care takers. Every child is paired with one educator and the programme is free of cost, funded entirely by ANGSA – Bologna through donations.	Italy, National Association of parents with children with autism (*ANGSA – Bologna, Associazione Nazionale Genitori Soggetti Autistici*), see: http://www.autismo33.it/main/.
Brochures on protection against sexual abuse targeted at parents and carers of children with disabilities	*'Ieder(in)'* (Everyone in) has published three brochures on protection against sexual abuse and on social safety for parents and carers of children with disabilities: 1. children with autism and intellectual disability 2. children with Down syndrome 3. children with severe and multiple mental and physical disabilities The brochures explain in detail how the children are vulnerable to becoming victims of abuse, how to identify abuse and how to communicate about sexuality and cope with improper sexual behaviour.	Netherlands, Everyone In (*Ieder(in)*), see: https://iederin.nl.
House of Trust victims of violence	This programme offers protection to women with disabilities who are victims of (family) violence and carries out awareness-raising activities relating to violence against persons with disabilities. 'House of Trust' is the only provider offering services specifically tailored to the needs of women with disabilities who are victims of family violence.	Slovenia, Association of Persons with movement impairments of Slovenia - Vizija (*Društvo oseb s fizičnimi ovirami Slovenije – Vizija),* see: www.drustvo-vizija.si.

4.4. Measures targeting professionals and institutions

The CRC Committee calls upon States Parties to adopt educational measures that "address attitudes, traditions, customs and behavioural practices which condone and promote violence against children". Specifically, with regard to professionals, the CRC calls for developing and implementing "professional ethics codes [and] protocols" for "[p]roviding initial and in-service general and role-specific training [...] on a child rights approach to Article 19 and its application in practice".[271]

Measures targeting professionals include guidelines, training and educational programmes. Respondents noted that measures targeting professionals who work with children with disabilities aim to increase their understanding and knowledge of different types of impairments and to develop different communication skills. Respondents stressed that continuous and multidisciplinary training covering wide professional groups is essential to address violence against children with disabilities. Many stressed the need for a holistic approach and to reach across sectors and gather wide-ranging expertise on developing programmes aimed at professionals. Measures highlighted most prominently by interviewees include guidelines and protocols and training of professionals.

4.4.1. Guidelines and protocols

Preventive measures that target professionals and institutions include guidelines and protocols on how to identify signs of ill-treatment and childhood intervention services. As set out in para. 47 (d) of the CRC Committee's General Comment No. 13, such measures should include the implementation "through a participatory process, [of] right-based child protection policies and procedures and professional ethics codes and standards of care".[272] In particular, the CRC Committee notes that "administrative measures should reflect governmental obligations to establish policies, programmes, monitoring and oversight systems required to protect the child from all forms of violence. These include [...] developing and implementing (through participatory processes which encourage ownership and sustainability): [...] Professional ethics codes, protocols, memoranda of understanding and standards of care for all childcare services and settings (including day-care centres, schools, hospitals, sport clubs and residential institutions etc.)".[273]

The CRPD Committee has also stressed the need for " protocols for the early detection of violence, above all in institutional settings" to ensure that adults and children with disabilities are protected from exploitation and violence.[274]

Respondents noted that guidelines and protocols can serve as tools that enable professionals who work with children with disabilities to recognise signs of abuse.

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[271] UN, CRC Committee (2011a), paras. 42 and 44.

[272] *Ibid.*, para. 47.

[273] *Ibid.*, para. 42.

[274] UN, CRPD Committee (2011), para. 32.

For example, a respondent from a local UK authority that provides social services to children with disabilities noted that a good practice guide on recognising abuse, produced by a Local Safeguarding Children Board, improved social workers’ skills in recognising abuse. The interviewee stated that cases of children requiring protection and of ‘children in need’ increased, and that she believes this was a result of better recognition and not of more children being abused. She specifically noted that having social workers with experience in mainstream child protection join the disabled children’s team increased the team’s skill-set.

> *“I think the number of children we have got on the child protection plan which has increased over the years is a sign that we are getting better at picking that up.”*
>
> (Social worker, United Kingdom)

Concerning prevention measures targeting professionals in care facilities, a respondent from the Netherlands spoke about a measure aimed at preventing sexual abuse in connection with personal hygiene, which precludes employees of care houses from individually washing clients and helping them change. To reduce the chance of abuse, institutions are now obliged to do this in couples. A public authority representative from Denmark identified another measure, which does not allow male staff to help girls with disabilities to go to the toilet. However, he pointed out that there is no policy in place which would prohibit female staff to help boys.

Table 7 presents protocols and guidelines, adopted across EU Member States, that target different professional groups and address different forms of violence and different settings in which children with disabilities may experience violence.

Table 7: Select examples of protocols and guidelines targeting various professional groups

Name of protocol/ guideline	Description	Reference and link
Guideline for child protection in health professions (*Leitfaden für die Kinderschutzarbeit in Gesundheitsberufen*)	An Austrian guideline on child protection in health professions, which identifies disability as a special risk factor for violence and obliges provinces to set up child protection groups at hospitals. These groups are responsible for early recognition of violence or neglect of children and for awareness-raising among relevant professional groups.	Austria, Federal Ministry for Economy, Family and Youth *(Bundesministerium für Wirtschaft, Familie und Jugend, BMWFJ)* (2011), see: http://www.kinderjugendgesundheit.at/uploads/LeitfadenGewaltgegenKinder_BMGFJ_01.pdf
Guideline for child protection in social welfare institutions and boarding schools	The Ministry of Social Affairs of Estonia is preparing instructional materials for staff of social welfare institutions and boarding schools, which will explain how to act in face of problems with violence and what kind of support should be provided to a child in the case of violence. The instructional materials are accompanied by staff training on the materials. The guidelines are based on a study, commissioned by the Ministry in 2011, on the prevalence, nature, causes and consequences of violence in child care institutions and boarding schools.	Estonia, Implementation Plan of the Development Plan for Reducing Violence 2010-2014, available in English at: http://www.kriminaalpoliitika.ee/sites/www.kriminaalpoliitika.ee/files/elfinder/dokumendid/implementing_plan_of_the_development_plan_for_reducing_violence_for_years_2010-2014.pdf.
Living without misconduct: Protocol for preventing and combating misconduct (*‘Élni, nem visszaélni.’ Ellátási protokoll a visszaélések megelőzésére és kezelésére*)	The Hungarian NGO ‘Hand in Hand Foundation’ carried out a project called ‘Living without misconduct: protocol for preventing and combating misconduct’. The objective is to prevent the misuse of power against people with psychosocial disabilities who live in care institutions. The protocol outlines an approach to preventing, identifying and monitoring abuse of persons with psychosocial disabilities and has gradually been introduced in almost all institutions for people with psychosocial disabilities.	Hungary, Hand in Hand Foundation *(Kézenfogva Alapívány)*, see: http://kezenfogva.hu/cvn/www.kezenfogva.hu/index5373.html?q=node/563.
Making life a safe adventure. Strengthening families of children with disabilities to prevent maltreatment	A multidisciplinary team from various DPOs prepared a booklet on preventing the maltreatment of children with disabilities in domestic environments. It highlights the importance of the family and of its strength and needs, and seeks to counter feelings of frustration, omnipotence or superiority among professionals by providing them with a concrete and – perhaps for some – new perspective on their work. The booklet primarily targets professionals whose work involves supporting the well-being of children with disabilities and their families. The booklet was funded under the Daphne programme and is available in English, Estonian, German, Greek, Italian, Latvian, Polish and Portuguese.	Italy, AIAS Bologna, see: http://www.aiasbo.it/progetti/daphne/daphne_publications.html.

Name of protocol/ guideline	Description	Reference and link
Protocol on coordinating institutions aimed at promoting persons with disabilities' quality of life	A protocol was adopted by the Child Protection Services and the Support agency for enhancing the quality of life of persons with disability. Its purpose is to assist workers of both agencies to work together collaboratively in the best interests of children and young people with disabilities who were abused or are at risk of abuse. Furthermore, it promotes better coordination of services for children and young people with disabilities. It also clarifies the roles of the staff in the respective entities, and guides them in working together and carrying out their respective responsibilities.	Malta, Child Protection Services (CPS) (*Appoġġ*) and SUPPORT agency for enhancing the quality of life of persons with disability *(Aġenzija sapport)*. This document is not publicly available.
Protocol on Child Maltreatment (*Protocol Kindermishandeling*)	In March 2010, the Flemish Minister of Welfare, Health and Family and the Federal Minister of Justice signed a protocol on policies to tackle child maltreatment (including child abuse). This protocol lays down rules for the police force, prosecutors and social services on responding to child maltreatment committed in institutional settings, or outside of such settings. The protocol also provides for the establishment of a Flemish Forum on child maltreatment, which is responsible for following up with the implementation of the protocol. It takes into account children with disabilities in the sense that the Flemish Agency for Persons with Disabilities and the Centres for Mental Care are involved in awareness-raising and building networks of youth assistance.	Netherlands, Minister of Justice & Flemish Minister for Welfare, Health and Family Life (*Minister van Justitie en Vlaams Minister voor Welzijn, Volksgezondheid en Gezin*) (2010), '*Protocol Kindermishandeling*', Press release, 29 March 2010, see: http://www.handelingsprotocol.nl/.
Sexuality and sexual abuse: A guide	A guide on preventing sexual abuse that specifically targets managers in healthcare. It provides instruments for/information on preventing and tackling sexual abuse of people with disabilities to managers of Dutch healthcare providers.	Netherlands, Dutch Association of Healthcare Providers for People with Disabilities (*De Vereniging Gehandicaptenzorg Nederland, or* VGN), see: www.vgn.nl/artikel/7973.
Not bullying but tackling it – guide for teachers	A Dutch autism network has developed a guide that outlines concrete actions schools can take to fight bullying against children with autism. The guide was developed with the help of the Radboud University Nijmegen, the Dutch Autism Association and individuals from autism support centres.	Netherlands, Radboud University Nijmegen, the Dutch Autism Association (NVA) *(Nederlandse Vereniging voor Autisme*), see: http://landelijknetwerkautisme.nl/.
Children with disabilities and violence: primary prevention in families	The Portuguese NGO 'National Federation of Social Solidarity Co-operatives' carried out research that informed the drafting of a toolkit aimed at enabling professionals who work with children with disabilities to recognise signs of ill-treatment and intervene in cases of domestic violence.	Portugal, National Federation of Social Solidarity Co-operatives *(Federação Nacional de Cooperativas de Solidariedade Social, FENACERCI)*, see: http://www.fenacerci.pt/web/
Guide for action against bullying in schools (*Guía de actuación en los centros educativos ante el maltrato entre iguales*)	The guide is designed for teachers and school authorities and aims to ensure that schools have in place a system to react to individual cases of violence between students as well as preventive measures. It acknowledges that violence can be motivated by bias against students with disabilities.	Spain, The Education, Universities and Research Department of the Basque government (*Departamento de Educación, Universidades e Investigación de la Comunidad Autónoma del País Vasco*), see: www.hezkuntza.ejgv.euskadi.net/r43-2459/es/contenidos/informacion/dig_publicaciones_innovacion/es_conviven/adjuntos/600005c_Pub_EJ_guia_agresion_iguales_c.pdf.
Support for children and young people with disabilities (*Stöd till barn och unga med funktionsnedsättning*)	The Swedish National Board of Health and Welfare published a handbook on support for children and young people with disabilities, which focuses on strengthening skills in municipal care and services for children and youth with disabilities. The handbook highlights that children with disabilities face a higher risk of violence than those without disabilities.	Sweden, National Board of Health and Welfare (*Socialstyrelsen*), see: www.socialstyrelsen.se/publikationer2014/2014-1-23.
Index for inclusion	The Index for Inclusion is a practical resource to support schools in improving the teaching and learning environment based on inclusive values. The toolkit uses the social model of disability but does not focus on children with disabilities exclusively, rather aiming to reduce barriers to learning and participation for all students. It includes possibilities for schools to start removing obstacles for children with disabilities, as well as looking at how solutions to obstacles for one child can be transferable and benefit students more widely. The Index for Inclusion was developed by a team of teachers, parents, governors, researchers and representatives of disability groups and over the years has been adapted and integrated in schools across many countries, with translations of the index available in over 10 EU languages.	United Kingdom, Supporting inclusion, challenging exclusion, Index for inclusion, see: *http://www.csie.org.uk/resources/breaking-barriers.shtml*.

Name of protocol/ guideline	Description	Reference and link
Paving the way – resource for developing effective local services for children with challenging behaviour	This resource aims to provide guidance on how to develop effective local services for children with learning disabilities and behaviours described as challenging. It provides practical examples of different elements of positive behavioural support that deliver good outcomes for children and young people and their families. The resource was developed with input from children and young people, families, professionals, commissioners and academic experts.	United Kingdom, Challenging Behaviour Foundation (CBF), Council for Disabled Children (CDC), Early Intervention Project, Paving the way, see: http://www.councilfordisabledchildren.org.uk/resources/paving-the-way.

4.4.2. Training

> *"If I cannot increase the number of staff, I must increase the quality of those already in the job."*
>
> (Representative of national framework body for the implementation of the CRPD, Italy)

> *"[Children with disabilities] often do not have anyone else except a teacher or a doctor outside family to turn to. And if these [professionals] do not know what they are authorised for and what their duties are and where to turn, who to call immediately, then this is just another unnecessary burden."*
>
> (Public authority representative, Slovenia)

The CRC Committee clearly indicates that all professional who come into contact with children should be aware of risk factors and indicators of all forms of violence. They have to receive guidance on how to interpret such indicators and have the knowledge and ability to take appropriate action.[275] In addition, the CRC Committee states that training programmes for professionals working with and for children with disabilities "must include targeted and focused education on the rights of children with disabilities as a prerequisite for qualification. These professionals include but are not limited to policymakers, judges, lawyers, law enforcement officers, educators, health workers, social workers and media staff among others".[276] It is also crucial to educate parents and others caring for a child "to understand the risks and detect the signs of abuse of the child".[277]

The CRPD imposes duties on Member States to ensure that they implement trainings for different groups of professionals who work with persons with disabilities. For example, to better provide assistance and services to persons with disabilities, the CRPD obliges States Parties to train professionals and staff who work with persons with disabilities about the rights guaranteed by the CRPD. Furthermore, various articles of the Convention address specific areas of training: Article 9 requires training for stakeholders on accessibility; Article 13 calls for training for professionals working in justice administration, including the police; and Article 26 obliges States Parties to ensure continuing training for professionals and staff who work in habitation and rehabilitation services. Article 24 on education requires that trainings include awareness-raising about disabilities and "the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities".[278]

Both desk research and conducted interviews suggest there is a lack of specialised training on identifying, referring and intervening in cases of suspected abuse for professionals, including police officers, teachers, social workers and health care staff.

> *"Seeing something strange and not knowing 'What can I do and can't I do?'. That has also to do with knowledge and skills. You have to acknowledge that as a question, as a problem, then you'll come a long way."*
>
> (Funding organisation representative, the Netherlands)

According to a report from Denmark, teachers and caseworkers lack knowledge on how to recognise and handle sexual abuse of children with disabilities.[279]

Stakeholders also indicated that there is a lack of knowledge among professional groups, and stressed the need to develop specific training on recognising signs of violence. This is especially important with respect to children with certain types of disabilities such as communication problems. Many respondents noted, however, that calling for specialised training that addresses children with disabilities' vulnerability to abuse does not mean that separate instruments need to be created; instead, regular courses should include elements addressing the abuse of children with disabilities. A psychologist from Denmark believes that specific training courses could, on the one hand, be a good idea because professionals who work with disabled children may need more knowledge on how to protect children with disabilities; on the other hand, such specific courses would make children with disabilities "more special than they are", and hence contribute to stigmatisation.

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[275] UN, CRC Committee (2011a), p. 19.
[276] UN, CRC Committee (2007), para. 26 - 27.
[277] *Ibid*, para. 43.
[278] UN, CRPD Committee (2006), Art. 24.
[279] Denmark, Centre for Social Measures Against Violence and Sexual Abuse of Children (SISO) and Centre for Social Development (SUS) (2007).

A social worker from the UK noted that general training on safeguarding is not specifically tailored to the needs of children with disabilities, and that such training is crucial because some of the signs and symptoms of abuse of disabled children are more subtle than those in non-disabled children. Respondents also mentioned the importance of developing communication techniques.

> *"There are areas like health professionals, GPs for example, notoriously blinkered sometimes in what they are looking for and what they don't pick up. There will be a number of for example health professionals around disabled children who could be picking up signs and signals but sometimes they don't see."*
>
> (Office of the Children's Commissioner, United Kingdom)

Respondents – for example in Portugal and Sweden – also stressed the need to provide training on effectively communicating with children with disabilities to professionals in social services, educational field and in the judicial system.

> *"In addition to their teacher-training courses, […] teachers should be given extra training in communicative techniques, in how to manage different areas of conflict. And, the moment we are liable to have children with special education needs enrolling in our classes, this subject also needs to be tackled"*
>
> (NGO representative, Portugal)

Some respondents further noted that specialised trainings are not systematically offered to all professional groups who work with children with disabilities.

Stakeholders stressed that training should be offered regularly and independently from specific incidents, meaning that it should be preventive in nature and not only in reaction to abuse surfacing and becoming public.

Many raised concerns that training courses are rather sporadic, inconsistent and not always mandatory for all professionals who work with children with disabilities, and maintained that they should be mandatory. For instance, in the Netherlands, a law on the reporting code on domestic violence and child abuse obliges institutions and professionals to be educated on the subject of violence. However, according to an interviewee from the healthcare inspectorate, the legislation does not specify which employees should be trained or how they should be trained.

Finally, respondents spoke about the need to train professionals both in recognising signs of abuse and risky situations, and to increase awareness and understanding of various aspects of living with a disability.

> *"What is needed is for lawyers and social security workers who are asked to evaluate the situation of a child with disabilities, to learn what it is like to have a disability."*
>
> (Representative of an organisation representing people with disabilities and their families, Portugal)

Table 8 presents examples of training initiatives for professionals that have been implemented across EU Member States.

Table 8: Select examples of training for professionals who work with children with disabilities

Name	Description	Reference and link
Enhancing knowledge and skills of specialists to counsel and educate children on sexuality	The Tartu Child Support Centre in Estonia runs an awareness-raising project aimed at equipping specialists with skills to prevent sexual abuse among young people and counsel young people who exhibit problematic sexual behaviour (abusive behaviour towards peers). The objective is to enhance the knowledge and skills of specialists who work in schools and institutions for children with disabilities in counselling children and seeking appropriate help in case of abusive incidents. The programme also informs children and youth with intellectual disabilities on "appropriate sexual behaviour that [does not] harm others and [helps protect them] from being victimised". The programme is financed under "Children and Youth at Risk", a European Economic Area Grants Programme.	Estonia, Tartu Child Support Centre, see: http://www.sm.ee/et/tartu-child-support-centre.
Training courses: Preventing sexual abuse of children	The government funded a project carried out by the Clinic for Child and Youth Psychiatry/Psychotherapy Ulm, which consists of an online course: Preventing sexual abuse of children (*Onlinekurs: Prävention von sexuellem Kindesmissbrauch*). It trains pedagogic and medical staff on how to recognise signs of ill-treatment and abuse of children. As a result of the project's outcomes, the government also funds the ECQAT project (*Onlinekurs: Entwicklung eines vertiefenden E-Learning Curriculums zur ergänzenden Qualifikation*), which develops advanced courses for professionals who are in contact with sexually abused children and/or children who have been exposed to multiple trauma. These courses incorporate the latest scientific knowledge on trauma education, trauma therapy and institutional protection.	Germany, Child and Adolescent Psychiatry/Psychotherapy Clinic, University Hospital Ulm, see: http://missbrauch.elearning-kinderschutz.de/.

Name	Description	Reference and link
BeSt – Advising & Strengthening (*BeSt – Beraten & Stärken*)	This new, nationwide German pilot project will consist of various training models and awareness-raising initiatives on protecting children with disabilities from sexual violence in institutions. The project aims to establish, by 2018, professional training for staff, prevention-training for children and efforts to improve the structures for child protection in 100 facilities for children with disabilities. A set of recommendations based on the project's outcomes will be published, and these will serve as the basis for future training and prevention programmes.	Germany, BeSt – Advising & Strengthening, see: http://www.dgfpi.de/best-beraten-und-staerken-bundesweites-modell-projekt-2015-2018.html.
Training for prosecutors who deal with crimes against children	The Prosecution Authority organises training courses for prosecutors who deal with crimes against children. These courses cover child development and various disabilities, as well as state obligations enshrined in the CRC. The basic training for prosecutors also includes training on handling child abuse.	Sweden, The Prosecution Authority (*Åklagarmyndigheten*) see: http://www.aklagare.se/.
Disability matters. E-learning to inform and inspire	A free e-learning resource for UK professionals. The programme is designed to support organisations, their workers and volunteers across all sectors in developing the communication and problem-solving skills required to engage confidently with disabled children and young people.	United Kingdom, Disability Matters, see: https://www.disabilitymatters.org.uk/.
Compilation of guidance on bullying for professionals	The Anti-bullying alliance offers a variety of resources to tackle and prevent bullying of children with disabilities. The information on their website targets schools and other settings, parents and carers.	United Kingdom, Anti-bullying alliance, available at: http://anti-bullyingalliance.org.uk/send-resources/.

4.5. Multiagency cooperation

Given the complexity of the matter, that the work of many actors is interrelated, and that there is some overlap regarding specific functions, measures that target only specific groups of stakeholders could fall short of effectively preventing, and protecting children with disabilities against, violence. Therefore, regular and coordinated cooperation between the different actors involved in protecting the rights of children with disabilities is crucial – for example, in the areas of identification, information sharing and training. This is especially important given that the research findings suggest that professional groups involved in child protection lack specific knowledge about certain types of disabilities.

> *"Services for children with disabilities are often delivered by various governmental and non-governmental institutions, and more often than not, these services are fragmented and not coordinated which result in overlapping of functions and gaps in provisions. Therefore, the setting up of an appropriate coordinating mechanism becomes essential. This body should be multisectoral, including all organizations public or private. It must be empowered and supported from the highest possible levels of Government to allow it to function at its full potential".*
>
> *United Nations (UN), Committee on the Rights of the Child (CRC) (2007), General Comment No. 9 (2006), The Rights of Children with Disabilities, CRC/C/GC/9, 27 February 2007, E. Coordination body: "Focal point for disabilities".*

Multi-agency cooperation among actors involved in national child protection systems varies across the EU. Multi-agency cooperation aimed at strengthening the protection of children's rights takes a variety of forms, including multiagency teams, working groups and networks. Several examples are presented in Table 9.

Respondents also stressed that multi-agency cooperation needs to start at the stage of developing strategies and action plans and then continue through the actual implementation of policies and provision of services.

> *"We should sit down around the table and work together to try and understand our reality, and then we need to jointly draw up and apply action plans; afterwards, and only then, we need to put them into practice."*
>
> (Parents' organisation representative, Portugal)

FRA's research indicates that, even where multiagency cooperation is formally in place within national child protection systems, the mechanisms do not always cover children with disabilities or do not involve professionals who are knowledgeable about this particular group of children. Aside from formalised cooperation efforts between different actors, respondents – in Austria, Bulgaria, Croatia, the Czech Republic, Italy, Lithuania, Slovenia and Sweden, for example – raised concerns about the lack of coordination and cooperation among different institutions and bodies involved in child protection.

Interviewees in the Czech Republic also felt that different stakeholders, in particular NGOs and other institutions, do not communicate efficiently:

> *"Well, the cooperation between these non-profits isn't very good. Everyone has their own activity, and I don't think there's any more time for further cooperation."*
>
> (NGO representative, Czech Republic)

> *"[I]t surprises me that a number of schools refuse support from NGOs [...] when an NGO for example offers various afternoon activities, for tutoring, then we often see the school staff isn't open to this or they don't want to give feedback [...] but on the other hand there are schools that have no problem in cooperating with these organizations; we definitely can't lump them all together."*
>
> (NHRB representative, Czech Republic)

Additionally, many respondents noted that coordination and cooperation can be sporadic, and that a standardised policy for communication is lacking, with communication mainly operating through informal and individual channels.

> *"Most of it [cooperation] happens due to individual initiative because the persons are affected by the situations that they know."*
>
> (DPO umbrella organization representative, Austria)

> *"But it is often dependent on individuals and it is so often not secured, that good cooperation. So we, the inspectorate, are all but satisfied about the cooperation of the different parties concerning – in this case – children with disabilities. That should be and could be much better."*
>
> (Public authority representative, the Netherlands)

> *"Above all, I believe that a clear system of protection, with a clear coordination mechanism should be established, so that it's obvious who is in charge at any given moment and responsibility is not shifted all the time. There should be no statements like 'We have no legal powers about it' in answer to the question who's in charge. The answer to this question should be 'We're following this issue. This-and-that particular institution is working on it. There is a coordinator we're in touch with', rather than, 'Go and ask someone else.' "*
>
> (Expert at the Ombuds institution, Bulgaria)

Respondents also indicated that professionals who deal with child protection often lack training in, and awareness of, relevant procedures and that this also hampers effective cooperation.

> *"In all these institutions there is no unified policy, internal, organizational policy which explains to all civil servants in police, schools, hospitals, municipality what safety is and what harassment and violence is. This is not there at all and thus the common understanding on which they can step and base their actions is lacking."*
>
> (NGO representative working on inclusive education, Bulgaria)

Some respondents from the Czech Republic and Lithuania also cited compartmentalisation as a possible reason for ineffective multiagency cooperation, which might lead to fragmented services, and may not be visible to victims.

> *"Interdepartmental cooperation is always complicated, it is difficult to harmonise activities of all organisations in solving any kind of hostile behaviour."*
>
> (Public authority representative, Lithuania)

An interviewee from Italy noted that there is a lack of DPO involvement and horizontal cooperation among institutions, as well as a lack of vertical cooperation between central and local departments. The CRC Committee is also concerned about "the absence of a nation-wide common system and framework for the protection and prevention of children from all forms of physical and mental violence and a corresponding monitoring and coordinating body for implementation".[280]

Finally, respondents from Austria and Lithuania also identified data protection regulations as hampering effective multiagency collaboration. In Austria, for instance, once the public hospital's children's protection group forwards information to the youth-welfare authorities, it cannot be informed about further proceedings or have access to further information. Likewise, confidentiality rules impede the transmission of information about children, meaning institutions are not aware of the type of services an individual may have received in another setting.

Some respondents, however, asserted that coordination between different actors and agencies works well. For instance, in the Netherlands, a respondent noted that multi-agency cooperation is becoming more normal, cooperation initiatives are taken at the local and individual levels, and the situation is improving.

Table 9 presents different approaches to, and forms of, multiagency cooperation by outlining select examples of such cooperation.

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[280] UN, Committee on the Rights of the Child (2011b), p. 11.

Table 9: Select examples of multiagency cooperation

Name	Description	Reference and link
Coordination mechanism for interaction on cases of child abuse or children at risk of abuse and for interaction in crisis intervention	The coordination mechanism is in place since 2010. When notice of abuse is given, it requires a designated caseworker to conduct an investigation within 24 hours and convene a meeting with a multidisciplinary team, including a wide range of professionals, and, in some cases, municipality representatives, the regional police department, the regional healthcare centre, the child's personal doctor, the director of the school, kindergarten or other service-providing unit, and others. Since 2011, the State Agency for Child Protection gathers, on an 'information card', data on the work of these multidisciplinary teams, examining rules and procedures, difficulties encountered locally, as well as feedback on conditions necessary to increase operation efficiency and optimise interaction. The results are summarised and analysed at the national level, and the agency prepares annual reports on how to optimise and improve cooperation on cases of child abuse or cases involving a risk of violence, and on interactions in crisis intervention. The information is disaggregated based on type of violence, gender, age, environment (in the family, at school, etc.), but is not broken down based on disability – meaning that there is no information on whether or not a child victim of violence has a disability.	Bulgaria, State Agency for Child Protection, see: http://sacp.government.bg/deinosti/sporazumenie-deistvia-deca-risk/.
Friendly School (*Draudzīga skola*) and Friendly House (*Draudzīga māja*).	In 2010, the State Inspectorate for Protection of Children's Rights started two initiatives with the involvement of NGOs (Friendly School and Friendly House). Both initiatives aimed to improve relations between pupils and teachers and children placed in institutional care and their educators, and to reduce physical and emotional violence and promote tolerance. Both initiatives were a follow-up to the project "Family Friendly School", launched by the Ministry for Children and Family Affairs of the Republic of Latvia in 2005.	Latvia, The State Inspectorate for Protection of Children's Rights (*Valsts bērnu tiesību aizsradzības inspekcija*), see www.bti.gov.lv/lat/draudziga_skola/ and www.bti.gov.lv/lat/kustiba_-_draudziga_maja/.
National System for Early Intervention (*Sistema Nacional de Intervenção Precoce*)	A National System for Early Intervention was established as a result of cooperation between social security professionals, education and health representatives. The system aims to provide integrated support to children with intellectual disabilities (0–6 years) and sets out, among others, the following objectives: early intervention; preventing and reducing risk; supporting families in accessing services and resources of social security systems, health and education; and involving the community.	Portugal, National System for Early Intervention (*Sistema Nacional de Intervenção Precoce*), see: http://www.dgs.pt/ms/12/default.aspx?id=5525.
Framework methodology on the use of a multidisciplinary team and network	In Romania, Governmental Decision No. 49 of 19 January 2011 establishes a Framework methodology on the use of a multidisciplinary team and network for the prevention of, and intervention in, violence against children and domestic violence. The methodology specifically notes the increased risk of violence faced by children with disabilities and stresses that special attention must be paid to thereto.	Romania, Governmental Decision No. 49 of 19 January 2011, see: http://transcena.ro/wp-content/uploads/HG49-2011-metodol-cadru.pdf.
Justice and Disability Forum (*Foro Justicia y Discapacidad*)	The Spanish Justice and Disability Forum is a public body created in 2003 by the General Council of the Judiciary. It coordinates the work of justice institutions to protect the fundamental rights of persons with disabilities. The forum meets four times a year. It carries out several activities; for example, it promotes a Legal Orientation Service for persons with disabilities and their families, organises training for judges and prosecutors, and publishes books. So far, no specific book has been published on violence against children with disabilities.	Spain, General Council of the Judiciary (*Consejo General del Poder Judicial*), see: www.poderjudicial.es/cgpj/es/Temas/Justicia_y_Discapacidad.

Name	Description	Reference and link
Children's Houses (*Barnahus*)	The Children's Houses is a joint project led by the Swedish prosecutor's office, police, social services, a medico-legal expert/paediatrician, and child psychiatry services. The idea is to offer children and young people who are victims of sexual abuse and other violence support in a place that is safe and has extensive experience. When the police or social services have registered a case of violence or sexual abuse, it is brought to the Children's Houses. The Children's Houses are in contact with children up to the age of 19. It began as a pilot project, but has now been established in several municipalities. An evaluation of the project revealed that support from a representative or counsel improved the children's positions in legal processes. The investigations were of high quality. The evaluation also showed that cooperation had become more efficient and structured. However, geographical divisions between authorities were identified as an obstacle.	Sweden, The National Board of Health and Welfare (*Socialstyrelsen*), see: http://www.socialstyrelsen.se/publikationer2008/2008-131-14.
Personal Coordinator (*Personlig koordinator*)	The 'Personal Coordinator' is a project initiated by Bräcke Diakonia in Gothenburg in cooperation with the Swedish National Association for Disabled Children and Young People. It aims to coordinate services for families with children with physical or multiple disabilities who are heavily burdened with child care. The project is financed by the Swedish Inheritance Fund Commission (*Allmänna Arvsfonden*), and was in trial phase until 2014. It was established in response to a report on the public authorities' coordination of assistance to children and young people with disabilities. The report showed that societal support for parents with children with disabilities involves several stakeholders, but that nobody had the mandate of coordinating the available support.	Sweden, Bräcke Diakonia Gothenburg, see: http://www.brackediakoni.se/personlig-koordinator.

4.6. Support services for children with disabilities and families

Article 16 of the CRPD obliges Member States to prevent all forms of violence, including by providing assistance and support to persons with disabilities and their families and caregivers. The CRPD requires this assistance and support to be "gender- and age-sensitive".

Different forms of help and support services exist in the EU Member States covered by the FRA research. For example, in Bulgaria, Croatia, the Czech Republic, Lithuania and Poland, school psychologists and psychological services provide support. Educational counsellors and counselling for both children and parents are available in Croatia, Denmark, the Czech Republic, Lithuania, Poland, Slovenia and Sweden.

Respondents identified several examples of family support services, particularly respite care and early intervention programmes. Non-profit organisations and family associations often provide such services. However, respondents also noted that challenges in the provision of support services to families remain; these will be further discussed below.

As outlined in Section 4.2.3, respondents also identified child helplines as a type of support service for children, but questioned how accessible these are to children with disabilities.

Respondents in Bulgaria, Croatia, the Czech Republic, Lithuania, Poland and Slovenia often mentioned NGOs as the main providers of support and help services to children. In particular, they identified DPOs as providing help and support services targeted at children with disabilities and their families.

Respondents also noted that social services provide support services for children with disabilities and their families – in Austria, Croatia, Denmark, Italy, Lithuania, the Netherlands, Poland, Slovenia, Sweden and the United Kingdom. For example, various respondents from Croatia stated that social welfare centres provide services for children who are victims of violence, while in Italy support services are managed by local health authorities (*Azienda Sanitaria*), which are also tasked with carrying out family visits.

Respondents from all countries surveyed indicated that most support services – if not all – consist of general child protection services, not of services specifically targeted at children with disabilities who are victims of violence. Many believed that such targeted support services could lead to further isolation because they would separate children with disabilities from their peers. A respondent from Austria, for instance, suggested that common services that include both children with and without disabilities would reduce the risk of separation and exclusion of children with disabilities. This comment mirrors the respondents' overall view that creating separate instruments – such as separate legal and policy frameworks or separate support services – can only lead to segregation and the singling out of children with disabilities.

> *"How should I put it […] Personally, I have never been a proponent of ghettoization of any kind or a separation of any kind. For me, children are children and I am really not making any differences. I believe that on the general level it would be good for regulations to apply to all children, without the stigma or special characteristics."*
>
> (NHRB representative, Croatia)

However, it must be noted that respondents did question whether general support services could be accessible, and adequately cater to, the needs of children with disabilities.

Overall, even though instruments to support children with disabilities and their families exist, challenges remain in terms of implementing different programmes. Respondents broadly identified the remaining challenges as: a lack of specialised support for certain types of disability; lack of accessibility; lack of family support; inconsistent service provision and disparities according to residence; and lastly, structural shortcomings – lack of capacity and insufficient funding.

FRA's research indicates that the EU Member States lack comprehensive programmes aimed at preventing and protecting children with disabilities against violence. The majority of respondents highlighted the need to adopt more targeted support programmes and more comprehensive services for children with disabilities and their families, in the forms of financial support, after-school centres, leisure-time assistance, teaching assistants, counsellors, personal assistants, and early care services that help families take care of very young children with disabilities. Stakeholders also noted difficulties in addressing the specific needs of children with disabilities and emphasised the need to focus on comprehensive and long-term support for children with disabilities and their families. Many respondents also pointed out that support services remain widely inaccessible to children – both in terms of information about them and physical access.

4.6.1. Lack of specialised support for certain types of disability

> *"I think it is also important to remember that disabled people are not an amorphous group; everything comes down to the individual."*
>
> (Public official, United Kingdom)

Respondents from several countries – including Croatia, the Czech Republic, Lithuania and the United Kingdom – indicated that a lack of specialised support for children with particular types of disabilities remains one of the main challenges to providing support services. For example, an interviewee from Croatia indicated that programmes directed towards non-verbal children are lacking. Similarly, a representative of a Lithuanian national human rights body maintained that services do not provide support that is tailored to the particular impairment. Addressing conditions in Lithuanian care centres, the interviewee stated that:

> *"You can find a three-month child with Down syndrome and an adolescent with some behavioural problems in one place."*
>
> (NHRB representative, Lithuania)

Nevertheless, respondents continuously stressed that efforts should be made to provide inclusive, general services that cater to the specific needs of children with disabilities, rather than targeted measures that respond exclusively to the particular characteristics of specific children – including those with disabilities. A DPO representative from Sweden, for example, asserted that it is important for services to meet the individual needs of a child regardless of particular characteristics, such as gender or ethnicity, or of specific needs resulting from an impairment.

> *"Spontaneous no. It's a very difficult question. Everything that you arrange specifically becomes a construction that becomes very fragile. This is something that they [children with disabilities] should have, it should be included in all services where these children meet professionals. Children with disabilities meet school staff, school health care, kindergarten and so on, just like other children."*
>
> (DPO representative, Sweden)

4.6.2. Lack of accessibility

FRA's research also highlights the lack of accessibility to services. In particular, the research indicated that, while services are generally available to child victims of violence, they are not accessible to children with disabilities.

> *"There are many support sites targeting young girls, but are they accessible to those with disabilities? If I have an intellectual disability, for example, do I know that there are support sites? Are they available to me? Do I understand the language? Do I feel included?"*
>
> (NGO representative, Sweden*)*

In Sweden, for instance, the Disability Federation (*Handikappförbunden*, HSO)[281] in its alternative report to the UN Committee on Human Rights in 2007,[282] pointed to the lack of accessibility to homes for female

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[281] Sweden, The Swedish Disability Federation, The Swedish disability movement's views to the Committee of Economic, Social and Cultural Rights, pre-session (November 2007), available at: www.hso.se/.

[282] Sweden (2007a).

victims of violence, which has the effect that "[…] many children and women with disabilities cannot have the necessary support when they have been victims of some form of abuse".[283] The issue of inaccessibility of shelters was also raised by the CRPD Committee in its Concluding Observations to Denmark.

Similarly, the chairperson of a non-profit organisation in the Czech Republic observed that, despite existing services being generally accessible to most children, they remain inaccessible to children with certain types of disabilities due to problems in communication. The research also indicated that safe houses for victims of domestic violence in Croatia are not properly equipped to address the needs of children with disabilities who are victims of violence, while "youth lines" (*jaunimo linijos*) for children providing psychological counselling in Lithuania remain inaccessible to deaf and hearing impaired children due to the lack of specialised psychologists.

Beyond issues of physical accessibility, respondents also spoke about a lack of accessible information for children with disabilities. An interviewee from the Czech Republic, for example, noted the lack of information regarding specialised and general support services to children with disabilities, and the fact that even when it is available, it is presented in unsuitable forms.

> *"And it (information) definitely is not available in a form which they would be able to comprehend. If I imagine a pupil with a disability at school, they have leaflets and a notice board. Such a pupil has problems since he cannot understand the written text, so this information is not too useful for him/her."*
>
> (Public authority representative, Czech Republic)

4.6.3. Lack of family support

In line with a UN study stressing that "short-term respite care for parents of children with disabilities can reduce stress on the family as a whole, but also act as a preventive strategy against violence",[284] many respondents – for instance, from Austria, Bulgaria, Croatia, the Czech Republic, Italy and Sweden – called for the adoption of support programmes for parents of children with disabilities, with a particular focus on early support.

> *"Because if the child or the family runs into difficulties, the aggression can turn against the child, right? One of the parents says, 'It's all because of you,' and this can have a terrible effect on the child."*
>
> (NGO representative, Czech Republic)

A lawyer from a national human rights institution stated that families with children with disabilities can "feel left alone to deal with the situation" and believes that more systematic measures and stronger support are needed from the state and from schools. Similarly, an interviewee from Bulgaria stated that active family support – in the form of alternative care services – is needed to prevent family conflict, while another respondent emphasised that personal assistants provide an important form of family support.

> *"The majority of the children with disabilities need personal assistance. This personal assistant costs money and parents cannot afford it and are forced to look after their child and not have a job which is unacceptable. In my view, there should be funds for the personal assistant service for every child with disability, so the parents can have a normal job and the child could receive care in particular hours during the day, not to be left alone and closed inside his/her home, to be able to socialise with other children with similar disabilities, to be able to live as most normally as possible. So, in that regard assistance programmes would be very useful."*
>
> (Commissioner at the Protection against Discrimination Commission, Bulgaria)

Finally, stakeholders stressed the need for regular evaluations of the implementation of existing programmes. Special attention should be given to families with children with disabilities who are not members of DPOs, because they may have limited access to information about available support services.

4.6.4. Lack of capacity and funds

> *"There are means, there are ideas, but as always, there is the lack of funding. Funding, funding, funding, like in the whole of Europe. […] We all understand that [there is an] economic and financial crisis, even though they say it's gone, the effect [of it] is still here. Indeed, there are all kinds of different ideas, but everything is restricted by financial resources."*
>
> (Representative of body responsible for implementing and coordinating the CRPD, Lithuania)

With regard to family support, many interviewees raised concerns over the lack of funds and the impact that structural shortcomings have on families with children with disabilities. In Sweden, an interviewee said that families are offered a personal assistant but have to decline because they do not have enough physical space in their apartments for the accommodation and care of one or several personal assistants. This makes the issue one of class, given that parents who can afford larger apartments can, if necessary, organise their apartments to provide space for several personal assistants.

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[283] Sweden (2007b), p. 4.

[284] UN (2006a), p. 80.

> *"Resources allocated to children with disabilities should be sufficient – and earmarked so that they are not used for other purposes – to cover all their needs, including programmes established for training professionals working with children with disabilities such as teachers, physiotherapists and policymakers; education campaigns; financial support for families; income maintenance; social security; assistive devices; and related services. Furthermore, funding must also be ensured for other programmes aimed at including children with disabilities into mainstream education, inter alia by renovating schools to render them physically accessible to children with disabilities."*
>
> *United Nations (UN), Committee on the Rights of the Child (CRC) (2007), General Comment No. 9 (2006), The Rights of Children with Disabilities, CRC/C/GC/9, 27 February 2007, para. 20.*

Many expressed concerns about inefficient state funding, and several stakeholders noted that recent budget cuts were triggered by the economic crisis.

> *"Blind budget slashes have been made owing to the worsening crisis. Radical cuts have been made in everything! […] Nobody thought […] 'Hey, wait a minute, we can't touch this area' […]. And today, here we are, all the institutions with their hearts in their mouths, doing contortions so as to cope, letting personnel go… fewer personnel, lower quality… practically everywhere we're lowering the quality of the services we are providing. And here, it's fatal. […] Here, it's fatal."*
>
> (NGO representative, Portugal)

> *"Social assistance is much underinvested. To prevent violence in families, there should exist properly functioning, well-financed social assistance."*
>
> (NGO representative, Poland)

A respondent in the Czech Republic worried that such budget cuts could lead to situations in which families will not be able to take care of their children with disabilities and will be forced to put them into residential care facilities. The interviewee opined that this contradicts government deinstitutionalisation efforts and public support for raising children within their families.

> *"Instead of supporting the family, or at least leaving it at the same level it has been until now, they take away this much money from them … and that must really put families in very difficult situations. […] it's really awful."*
>
> (NGO representative, Czech Republic)

An NGO representative from Italy noted that cuts in social spending for social services prompted several DPO-organised protests in 2012–2013.

> *"The money institutions spend for children and adolescents are considered mere costs rather than investment. […] This means not understanding that the real cost will be seen in 5, 10, 15, 20 years in terms of school drop-outs, increasing insecurity, more problems of law and order and more children involved in crimes."*
>
> (NHRB representative, Italy)

Finally, several respondents pointed out that information campaigns and support services are mainly provided by NGOs, which could affect their sustainability because NGOs are dependent on budgetary support. A child expert from Bulgaria also stressed that activities are usually project-based and that this could lead to financial insecurity.

> *"Lack of financial security is also a risk. There are no funds for lots of the activities because a large number of them are […] implemented through projects. Every project has a deadline, duration and then […]"*
>
> (Child expert, Bulgaria)

In Greece, for example, 'Psychargo' – a deinstitutionalisation programme coordinated by the Ministry of Health – established community structures for children. Once the funds from the European programme were used, however, public funding was interrupted, resulting in structural dysfunction and the reduction – and even suspension – of operations.[285]

4.6.5. Lack of consistency of service provision and disparities according to residence

FRA's research indicates that challenges encountered in providing services and implementing programmes for children with disabilities differ in rural and urban areas. According to an interviewee in Portugal, the environment in which abuse emerges plays a role in how the case is managed. In rural settings, children with disabilities tend to be part of a closer circle and interact with others only within a household, which makes partnerships between institutions and families harder to foster. Another respondent remarked that differences in experiences depend on the type of disability, with people with psychosocial disabilities more segregated and more vulnerable to abuse in rural areas.

Several respondents from Bulgaria, the Czech Republic, Sweden and the United Kingdom maintained that support services for children with disabilities lack consistency and that practices vary in different localities. Many emphasised that parents of children with disabilities are forced to change their place of residence to access appropriate services for their children. Respondents – notably in Lithuania and Austria – also indicated that the inaccessibility of support services is exacerbated in rural areas. Similar concerns were raised by a Bulgarian respondent.

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[285] Latimier, C. and Šiška, J. (2011), p. 25.

> *“One of the gravest forms of discrimination is the lack of appropriate services for disabled children in the community. Disabled children’s families are often forced to migrate and turn their lives upside down for the lack of such services for children with autism or other kinds of impairment outside the cities. Naturally, you couldn’t provide these services everywhere or they would be ‘empty’. But there are alternative options like mobile services, for instance.”*
>
> (Children’s rights expert at national human rights institution, Bulgaria)

Some respondents stressed that, to give optimal help and support, authorities need to be more knowledgeable about different kinds of disability and have better skills in working with children with different impairments.

Interviewees in Poland and Croatia pointed out that many children with disabilities suffer from violence in schools, but that it is often unreported, especially in small towns and village communities.

Respondents stated that differences and inconsistencies in territorial distribution, encompassing rural and urban areas, continue to challenge the provision of services to children with disabilities. As a result of EU Member States’ varied administrative histories, in some states, regional authorities may play a greater role in providing services than national authorities do. Some respondents in Bulgaria, the Czech Republic, Italy, Sweden and the United Kingdom, raised concern over discrepancies in service provision stemming from the devolution of powers and competences. However, respondents also pointed to several positive examples. For instance, a respondent from the Czech Ministry of Labour and Social Policy noted that early care services (*služby rané péče*) were recently established – these operate in all (even remote) regions of the Czech Republic and help parents of children with disabilities, starting in infancy. The services aim to build up the skills and knowledge of parents.

> *“Things are now changing, and we really have more field services. Specifically we like the service of early care program, that’s very important. It’s being developed and is available in areas that are less populated, that’s nice.”*
>
> (Specialist on foster care and child protection, Czech Republic)

In Italy, the Constitution stipulates that health policies should be regulated at the national level, then implemented by the regions.[286] One of the interviewees noted that service provisions are not uniform and consistent throughout the country. Similarly, an NGO representative from the United Kingdom also expressed concern that engagement levels amongst local authorities vary, due to a lack of coordination at the national level.

Conclusions

- FRA’s desk research identified examples of measures adopted by Member States to prevent violence against children with disabilities. These address four different groups: stakeholders in general, children, families and communities, and professionals and institutions. Respondents stressed the need for a holistic approach entailing cross-cutting measures and services that include and cater to the needs of all children, including those with disabilities.

- Respondents highlighted the importance of awareness-raising activities to sensitise the general public and challenge prejudice against, and the isolation of, adults and children with disabilities.

- Many respondents stressed the importance of measures that target boys and girls with disabilities themselves. The research indicates that, at the national level, such initiatives fall into three broad categories: awareness-raising measures, self-empowerment training and support for children via child helplines. Respondents underscored that programmes aimed at developing self-defence and abuse recognition skills should be coupled with empowerment training that builds up the confidence, self-esteem and independence of children with disabilities. Respondents also expressed the concern that child helplines are inaccessible for certain groups of children with disabilities, and that children with disabilities are often unaware of such helplines.

- Respondents also stressed that preventive measures that target families and communities are key. These measures should encompass supporting parents and caregivers in understanding children’s rights, as well as respite programmes, seen as crucial for preventing the overburdening of parents – which many stakeholders identified as one of the main causes of domestic violence.

- The desk research and interviews identified the following key measures targeting professionals and institutions: guidelines and protocols on how to identify signs of ill-treatment and childhood intervention services; continuous and multidisciplinary training; initiatives furthering rights awareness; and training that increases understanding and knowledge about different types of impairments and communication techniques. Many respondents stressed the need to reach across sectors and gather wide-ranging expertise when developing programmes for professionals.

- Respondents believe that regular and coordinated cooperation among the different actors involved

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[286] Constitution of the Italian Republic, Article 117.

in national child protection systems should be a priority when developing measures to address violence, and should be ensured at all stages – from crafting a new measure to its implementation and monitoring. Aside from formalised multiagency cooperation efforts across the Member States, many stakeholders raised concern about the lack of regular and coordinated cooperation. They also indicated that, even where mechanisms are in place, these often fail to address the particular risks faced by children with disabilities, or do not involve professionals who have the knowledge required to identify potential risk situations or support children with disabilities who are victims of violence.

- Despite existing measures, respondents indicated that important challenges to providing services for children with disabilities and their families remain, including: a lack of specialised support for certain disability types; inaccessibility; a lack of family support, capacity and funds; and inconsistent service provision and disparities tied to residence.

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Annex 1: Methodology

The report is based on desk research and fieldwork. Desk research was carried out on available secondary data through FRA's national research network in all 28 EU Member States, and was complemented by semi-structured interviews in 13 countries.

The desk research focused on mapping the national legal and policy frameworks addressing violence against children with disabilities across the EU Member States. This contextual information was complemented by empirical research, aiming at attaining more in-depth understanding about the causes and characteristics of violence against children with disabilities from the point of view of professionals and stakeholders with expertise on this issue. The resources and timeline of the project did not allow for participatory research, and thus the research did not include interviews with children with disabilities or the participation of children with disabilities in the development and implementation of the research methodology and in the process of analysing and formulating conclusions. FRA has, nevertheless, strived to include findings of research that was carried out on the national level and applied participatory research methodologies.

Language and terminology

Both the primary and secondary data collection used definitions stemming from the core international instruments on the rights of children with disabilities – the CRPD and the CRC. During the fieldwork, interviewers provided clarification on the purpose of the research as well as explanations and definitions of the key concepts.

- Children with disability: stemming from the definition of children and of persons with disabilities enshrined in Article 1 of the CRC and the CRPD, the term child with disability includes those below the age of 18 who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
- Violence: all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (Article 19, CRC). In addition to the CRC definition, General Comment No. 13 of the CRC Committee provides a non-exhaustive list further defining different forms of violence, which include: neglect or negligent treatment; mental violence; physical violence; corporal punishment; sexual abuse and exploitation; torture and inhuman or degrading treatment or punishment; violence among children; self-harm; harmful practices; violence in the mass media; violence through information and communications technologies; institutional and system violations of child rights.[287]
- Hate crime: refers to any criminal offence committed against a person that is motivated by hostility towards someone based on a particular characteristic, for example their race, religion, gender identity, sexual orientation or disability. Victims of hate crime are victimised for what they are perceived to be: perpetrators are motivated by hostility towards the victim as an individual or member of a particular group with a certain characteristic.
- Bullying: includes name calling, verbal abuse, ridiculing, aggressive gestures; humiliation, negative comments, and non-verbal abuse, e.g. isolation and exclusion of children with disabilities.
- Intersection of disability with other characteristics: refers to situations when two or more protected characteristics (grounds of discrimination) interact. For example, a Roma girl with a disability can face different treatment and could be more vulnerable to hostility not only because she has a disability (as not all Roma girls have a disability), or is a female (as not all Roma with disability are female), or is Roma (as not all girls with a disability are Roma). She may face violence because of a combination of some or all of these characteristics: having a disability, being Roma and being female.
- Accessibility: on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. In addition, accessibility includes child-friendly information and services, namely such that are accessible to a child, taking into account the child's age, needs and views and that respect his or her privacy.
- Institution: an institution is any residential care in which: "residents are isolated from the broader community and/or compelled to live together; residents do not have sufficient control over their lives and over decisions which affect them; and the requirements of the organisation itself tend to take precedence over the residents' individualised

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[287] UN, CRC (2011a), Section IV, A.1.

needs." [288] In addition, "the small size of accommodation does not in itself guarantee elimination of institutional culture in the setting. There are a number of other factors, such as the level of choice exercised by the service users, the level and quality of support provided, participation in the community and quality assurance systems used which impact on the quality of the service." [289]

Primary data collection

Individual interviews were conducted with professionals, key stakeholders and policymakers in 13 EU Member States: Austria, Bulgaria, Croatia, the Czech Republic, Denmark, Italy, Lithuania, the Netherlands, Poland, Portugal, Slovenia, Sweden, and the United Kingdom. The choice of countries reflects a range of geographical regions and a variety of approaches to law and policy, as well as data collection methods. In total, 132 interviews – minimum 10 per EU Member State – were conducted on the basis of semi-structured questionnaires from April to September 2013 with stakeholders falling into the following categories:

- designated bodies of the national frameworks for the implementation of the CRPD and CRPD's independent mechanisms;
- public authorities: health professionals, professionals working in the educational sector and service providers for children with disabilities;
- representative organisations: disabled persons' organisations (DPOs), parents' organisations, victim support organisations, NGOs working in the field of children's rights;
- human rights protection bodies: National Human Rights Institutions and Ombudspersons.

Table A1: Respondents per country and category

	Target groups													
EUMS	**NGOs**			**Public Authorities**						**IA**	**CRPD**	**NHRB**	**NHRI**	**Total**
	DPOs	*Parents organisations*	*Others*	*Health*	*Education*	*Child policies*	*Social policies*	*Disability policies*	*Social services*					
AT	1	-	2	1	1	-	-	-	1	-	2	2	-	10
BG	-	-	4	-	2	1	-	-	1	-	-	2	-	10
CZ	1	1	2	1	1	1	-	-	1	-	1	1	-	10
DK	1	-	1	-	3	-	1	-	-	-	2	2	-	10
HR	-	1	1	2	2	-	-	-	-	-	2	1	2	11
IT	-	1	2	2	1	-	-	-	-	1	2	1	-	10
LT	-	1	2	1	1	1	-	-	-	-	2	1	1	10
NL	1	-	4	1	1	-	-	-	2	-	-	1	-	10
PL	2	-	2	-	1	-	-	1	2	-	2	1	-	11
PT	-	1	1	2	-	-	2	1	-	-	2	1	-	10
SE	2	-	2	1	-	2	-	1	-	-	1	1	-	10
SI	2	-	1	1	2	-	-	-	-	-	2	2	-	10
UK	1	-	2	1	1	1	1	-	1	-	2	-	-	10
TOTAL	11	5	26	13	16	6	4	3	8	1	20	16	3	132
	42			50										

Source: FRA, 2015

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[288] European Expert Group for Deinstitutionalisation, Common European Guidelines on the Transition from Institutional to Community-based care, p. 10.

[289] European Expert Group for Deinstitutionalisation, Common European Guidelines on the Transition from Institutional to Community-based care, p. 25.

Individuals and institutions were selected because they have expertise or work directly with children with disabilities or provide support to victims of violence. The interviews made it possible to have in-depth discussions with a variety of stakeholders who brought different perspectives to the discussion. Their responses allow for a better understanding of important aspects of the forms and characteristics of violence against children with disabilities, as well as of prevention and protection measures taken across the EU. The findings outlined in the report derive from the views of the stakeholders interviewed and illustrate, without being representative of, the situation in 13 Member States.

Interviewers in all 13 countries followed the same interview guidelines, in the form of a semi-structured questionnaire, which allows for comparative analysis between different stakeholders and across all countries covered. Supplementary questions were asked to gather specific information on issues of particular importance depending on the respondents' areas of expertise and activities. The interviews lasted between 45 minutes and 1.5 hours and covered the following topics:

1. Overall assessment of the legal and policy framework ensuring the protection and fulfilment of the rights of children with disabilities in the country. Are there specific, targeted provisions for children with disabilities? Who is responsible for their implementation? Were disabled persons' organisations (DPOs) and/or children with disabilities involved in their development, and how?
2. What is the extent of violence against children with disabilities? What are the forms and causes?
3. Response to violence and hostility against children with disabilities – practices and programmes:
    - How is violence against children with disabilities addressed in law, policies and service provision?
    - How are cases of children with disabilities being subjected to targeted violence addressed by the organisation/institution in which the interviewee works?
    - Is there recognition of how the intersection of disability with other characteristics (such as gender, religion, ethnic or migration background) may affect children with disabilities' experience of violence?
    - Are there differences in terms of risks for children with disabilities in particular settings? Do different settings require different responses?
    - What measures are in place to prevent children with disabilities from becoming victims of violence and targeted hostility?
    - Is there coordination between different organisations working on violence and targeted hostility against children with disabilities?
    - Are there trainings addressing the issue of targeted hostility against children with disabilities?
4. Ways forward: interviewees were asked about their views on how the protection from violence against children with disabilities can be improved in their country.

The quotes provided in the report have been literally translated from the national language to English. The quotes have not been edited and thus may include language and terminology that is not compliant with international human rights standards.

Secondary data collection

FRA's multidisciplinary research network of legal and social science experts, FRANET, collected background material produced through desk research covering all EU Member States, making it possible to contextualise the fieldwork findings. The desk research reflects the situation up to June 2013.[290] The legal and policy context was also supplemented through the contributions of stakeholders, who commented on the draft report between April and May 2015, and thus contains more up-to-date information.

The desk research examined existing evidence on violence against children with disabilities (including hate crime) across the 28 EU Member States. The project collected data on legislative and policy instruments, data collection mechanisms, and services to address violence and hostility against children with disabilities, focusing in particular on good practices that can be shared. Questions examined in the desk research included:

- How is the issue of violence against children with disabilities recognised across Member States – what are the legal frameworks at the national level, if any?

- Is there evidence on the situation and how is it collected and reported – e.g. in form of studies, complaint statistics and official statistics?

- In what way is violence against children with disabilities responded to by public authorities – are measures included in general child protection instruments, are there specialised programmes, good practices? Have national human rights bodies or non-governmental organisations (NGOs) developed targeted responses?

- Information on relevant national case law from the past 10 years on the issue of violence against children with disabilities, and if available, specifically on hate crime against children with disabilities.

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[290] See: http://fra.europa.eu/fr/research/franet.

Peer-review meeting

A two-day meeting was held in Vienna on 14–15 April 2015 with the participation of FRA's Scientific Committee, international and national DPOs and NGOs, international organisations and experts. The purpose of the meeting was to present preliminary findings of the research, obtain views and insights from experts, and discuss best approaches to disseminating findings, including target audiences and venues for cooperation.[291]

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[291] The meeting report is available at: http://fra.europa.eu/en/news/2015/fra-meets-civil-society-experts-discuss-violence-against-children-disabilities.

A summary of the report's key findings is available on the FRA website at
http://fra.europa.eu/en/publication/2015/violence-children-disabilities-eu-summary.
The summary will be available in several EU languages in 2016.

EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS

HELPING TO MAKE FUNDAMENTAL RIGHTS
A REALITY FOR EVERYONE IN THE EUROPEAN UNION

EQUALITY

Violence against children with disabilities: legislation, policies and programmes in the EU

Summary

Article 24 of the Charter of Fundamental Rights of the European Union guarantees all children in the European Union (EU) a general right to protection, which includes the right to express their views freely, to maintain a relationship with their parents, and to have actions relating to them be guided by their best interests. Article 3 guarantees all individuals in the EU respect for their physical and mental integrity, while Article 26 recognises the right of persons with disabilities to benefit from measures to ensure their integration and participation in community life.

Children with disabilities face significant barriers to enjoying their fundamental rights. They are often excluded from society, sometimes living in institutions or other facilities far from their families. Children with disabilities are denied access to basic services, such as health care and education, and endure stigma and discrimination, as well as sexual, physical and psychological violence.

The European Union Agency for Fundamental Rights (FRA) carried out research on violence against children with disabilities, focusing on the extent, forms, causes and settings of such violence. This summary presents FRA's main research findings, which are published in full in the report entitled *Violence against children with disabilities: legislation, policies and programmes in the EU* (see Further information).

Violence against children with disabilities: a fundamental rights issue

International and European legal and policy frameworks acknowledge that the issue of violence against children with disabilities requires particular attention by policymakers and practitioners. The United Nations (UN) Convention on the Rights of

Data collection and coverage

For this research, FRA carried out desk research covering all 28 EU Member States, examining legal and policy provisions addressing violence against children with disabilities, as well as national measures for preventing, and protecting against, this violence.

In addition, individual interviews based on semi-structured questionnaires were conducted with stakeholders from designated bodies of the national frameworks for implementing the Convention on the Rights of Persons with Disabilities (CRPD). These interviews were carried out in 13 EU Member States: Austria, Bulgaria, Croatia, the Czech Republic, Denmark, Italy, Lithuania, the Netherlands, Poland, Portugal, Slovenia, Sweden, and the United Kingdom.

Responding stakeholders include public authorities, health professionals, educational professionals and service providers for children with disabilities; civil society organisations, including organisations representing people with disabilities; parents' organisations; victim support organisations; NGOs working in the field of child rights; as well as various human rights bodies, such as national human rights institutions and Ombudsperson institutions.

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HELPING TO MAKE FUNDAMENTAL RIGHTS A REALITY FOR EVERYONE IN THE EUROPEAN UNION

Children with disabilities face significant barriers to enjoying their fundamental rights. They are often excluded from society, sometimes living in facilities far from their families. They are also denied access to basic services, such as health care and education, and endure stigma and discrimination, as well as sexual, physical and psychological violence. International, European and national law all recognise the right to protection from all forms of violence. But even though protective measures are available, girls and boys with disabilities are more likely than their peers to experience violence, sexual abuse or bullying in schools, at home or in institutions across the European Union; they also often face violence linked to their disability.

The European Union Agency for Fundamental Rights scrutinised the important but under-reported issue of violence against children with disabilities, carrying out desk research and conducting interviews with knowledgeable stakeholders. This report presents the results of that research. It outlines relevant international and European standards and reviews national legislation and policies addressing violence against children with disabilities. The report also explores the extent and different causes, settings and forms of such violence, and presents measures and initiatives to prevent it.

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