

Daphne Programme – Year 2003**Final Report****Project Nr. :** JAI/DAP/03/215/C**Title: Childhood, Disability and Violence**

Start Date: 1.10.2003

End Date: 30.09.2004

Co-ordinating Organisation's name: AIAS Bologna onlus

Contact person: Evert-Jan Hoogerwerf

Name: c/o AIAS Bologna onlus

Address: Via Ferrara 32

Postal code: 40139

City: Bologna

Country: Italy

Tel. N°: + 39 051 313899

Fax Nr.: + 39 051 385984

e-mail: hoogerwerf@ausilioteca.org Website: <http://www.iasbo.it/daphne/>Partner Organisations' names and countries:

Fenacerci Portugal

Disability Now Greece

Disminuidos Físicos de Aragón Spain

1. Aims of the project

The *Childhood, Disability and Violence* project has addressed the problem of violence against children with disabilities in a domestic context.

Domestic violence is a worldwide problem that involves every section of the population. It can be found in all socio-economic, religious, cultural, racial and ethnic groups. It is acknowledged as a significant social problem and fortunately in recent years greater attention has been devoted to the victims of domestic violence, in particular where it affects children. Nevertheless little is known about violence against children with disabilities. Maltreatment of children with disabilities can be considered as a taboo within a taboo, probably because the association between disability and violence is emotionally difficult to cope with.

Violence in families of children with disabilities is difficult to trace and to prevent. Too little accurate epidemiological data is available to have a clear idea of the incidence of domestic maltreatment involving these children, although what is available indicates a higher risk for certain groups.

In addition to the damage caused to the victims, the problem of child maltreatment has important social implications. Society as a whole must consider itself responsible for preventing it at all different levels, from an individual and family level to communities and institutions. If this is true for all children, it is especially true for children with disabilities, who generally speaking are even more vulnerable. To achieve this shared responsibility, the weight and the nature of the problem have to be acknowledged, recognised and understood.

Local associations representing families or people with disabilities, social co-operatives and other NGOs in the field of disability can claim to make a specific contribution in the fight against child maltreatment through the direct and daily contacts that they have with families and children, which allow them to closely observe the family structure, the internal and external network surrounding the child, the psychological and emotional background, the quality of care and assistance and the implementation of supportive and protective laws and regulations. Many of these organisations have first hand knowledge of examples of maltreatment, but few have developed a systematic approach to prevention and intervention. Their ability to "listen", to identify situations at risk and to

prevent maltreatment must expand, naturally in close collaboration with the institutional network supporting the families.

In the application the **aims** of the project have been identified as such:

- To raise awareness about the "violence" issue, to empower the leadership of disability related organisations and to provide them with corner stones to develop prevention policies
- To evaluate the appropriateness of existing indicators of risk
- To underpin multi agency prevention and support strategies

The **beneficiaries** of the project are children with complex/multiple disabilities (0-16) living in families, while the **target audience** is formed by associations of parents of children with complex/multiple disabilities, social cooperatives, professionals, carers, policy makers in governmental institutions.

The **deliverables expected (and realised)** are:

-the production and dissemination (via direct mail and through existing networks and training activities) of a "discussion paper"-tool (format full colour .pdf file with images, throughout the project also referred to as "booklet") and published in all languages involved in the partnership. The booklet should enable local leadership of parental and self help organisations to discuss the violence issue with their members and with local institutions and professional carers and their organisations and to develop prevention strategies.

-a web page for the dissemination of the deliverables

-national seminars focussing on the empowerment of local organisations of self help groups, disability associations and social cooperatives.

-a final public report in English.

With this project **the partnership expected**:

- to identify appropriate indicators of risk of violence to underpin prevention strategies.
- to provide a contribution to the development of good inter agency collaboration and intervention to tackle and prevent domestic violence involving children with disabilities.
- to empower local disability organisations to implement prevention strategies and to interact with institutions and professionals in education, health and social services.
- to increase knowledge and awareness of needs, forces and rights among parents

2. Implementation of the project

Planned activities and their realisation/Role of the partners

A.1.¹ Formation of a multidisciplinary international research team

The international research team was made up of: Melissa Filippini (AIAS), Ana Rodrigues (Fenacerci), Georgia Fyca (Disability Now), Carmen Sanz (DFA), the last one assisted by a team of other researchers. Further the project has seen the involvement of project referents: Rita Serra & Evert-Jan Hoogerwerf (AIAS), Cristina Diaz and Carmen Untoria (DFA), Susana Lucio (Fenacerci) and Cristina Beladi (Disability Now). Further staff members of the organisations have been involved for diffusion of the project deliverables and administrative and secretarial support. External support has been provided by experts of international reputation as Dr. Gonzalo Oliván and Dr. Maria Chiara Risoldi.

¹ *The various activities in the work plan has been numbered.*

A.2. Description of 8 case histories of children victims of various forms of domestic violence

Within the project 11 case histories have been collected. The case histories have been collected as much as possible following a grid elaborated by AIAS. Most case histories are informed by professional care givers, although some are directly informed by adults with disabilities, looking back on their childhood. It has not always been possible to completely follow the grid as some of the data requested are very confidential or detailed. Most case histories have been analysed and key issues have been identified. The key issues have informed the writing of the report and the booklets, while the cases have been summarised to illustrate key concepts in the booklets.

There have been some difficulties in having all data as most care givers have demonstrated resistance in providing full details on the cases. Of course anonymity has been guaranteed by changing data, leaving as much as possible the history in tact, but reducing its recognisability.

A.3. Research into definitions of (domestic) violence, existing classifications and indicators of risk and their evaluation and cultural localisation.

With the support of the entire international team Melissa Filippini has collected definitions, classifications and indicators of risk. During the project implementation these existing data have been discussed and evaluated. This action has supported the project team to develop a common view on the issues at stake. Finally the most functional definitions have been used to inform the writing of the booklet, although most of the others have been reported in the full report. Partners have collected literature at a national level. Disability Now has conducted a discussion about the cultural context of violence at the organisations web forum.

A.4. Research into quantitative data and existing good practice in prevention, both within the partnership and outside. (Interviews, literature research, Internet).

Quantitative data have been extremely difficult to find. Both American and European journals have been surveyed. The data available have been analysed.

Also the collection of good practice in prevention has been difficult. Mainly through web research and direct contact good practice has been detected, but in many cases it is not specifically related to situations where disability played a role. Some good practice has been identified within the partner organisations. Generally speaking it can be said that there are good prevention initiatives on domestic violence but that few focus specifically on children with disabilities. Initiatives that support both parents and children in coping with difficult situations are more easy to find. They don't have a specific mission to prevent violence, but in effect they do so.

The cases have been collected as much as possible following a grid elaborated by AIAS. Most case histories have been analysed and key issues have been identified. The key issues have informed the writing of the report and the booklets, while the cases have been summarised to illustrate key concepts in the booklets.

B.1. Consultation with key people within the partner organisations or other local disability organisations

As the organisations promoting the project typically belong to the target audience, one of the methodological indications given by the co-ordinator was to implement the project by experiencing at first hand the significance of "empowering an organisation". The aim was to base the content of the booklet/tool partially on a self experienced process. As a matter of fact all partners have used the project as an opportunity for the empowerment of the own organisation, although choosing different methodologies.

AIAS has set up a special interest group within the organisation that has started a discussion on the issue of domestic violence. The group was composed of board members, staff members (educators), parents and adult members with disabilities, and saw the involvement of a psychologist Dr. Laura Fregoli. View points have been collected and different forms of violence against people with disabilities have been discussed. The group has met 9 times in the spring of 2004 and had produced a report. Contemporary a questionnaire has been distributed among staff

members. More than 25 educators and other staff members have responded, giving a good insight in their perception of the problem and their training needs. Further the theme has been discussed with the support of a professional supervisor (Dr. Laura Fregoli) during various sessions in the weekly meetings of the teams of the various care centres. The results of these processes have informed the writing of the booklet and have been shared with all people involved and interested during a training seminar at September 9th, 2004. Further AIAS has involved some target audience representing persons in a critical review of the booklet text: Francesco Spoto (Social Cooperative), Marina Pirazzi (NGO), Paolo Ramonda (Association).

Fenacerci has conducted a large scale research among its member organisations. Being an umbrella organisation of social cooperatives all its members belong to the target audience. The results of the research are reported in the full report. Target audience members and key people within the organisation have been interviewed by Disability Now and DFA. For more information: see the annexed partner reports and the full report.

B.2. Consultation with professionals, carers and policy makers.

All organisations within the partnership have interviewed professionals and/or policy makers. (For more information see the annexed partner's reports.) Their view points are reproduced in the full report. AIAS has involved some external consultants in the validation of the text of the booklet (Maria Chiara Risoldi, Rita Bosi, Luciana Nicoli, Monica Mezzini, Carla Zoni).

B.3. Elaboration of corner stones for prevention strategies

The cornerstones as laid down in the final report and in the booklets are the result of a collective process of maturation. This section in the report and the booklets is based on original knowledge and experience accumulated during the project. Draft versions have been discussed during the Thessaloniki meeting and over the Internet.

B.4. Elaboration of a "discussion paper" to be used by the target audience

This action has merged into action B.5., as during the drafting of the discussion paper it became clear that the booklet itself represented a tool for a structured discussion within organisations, an opportunity that has been highlighted in the introduction of the booklets.

B.5. Elaboration final version project deliverable

The writing of the project deliverable has been a collective process. Draft text, informed by the research activities of the partnership and the self empowering process have been revised several times on the bases of the input and contributions of the partners. Also external experts have commented on the draft version. The final version has been designed and layouted by the external consultant Miranda di Pietro. The English version has been printed in 1000 copies.

B.6. Translation and adaptation of project deliverable in Italian, Castilian, Greek and Portuguese.

The text has been translated, adapted (localised) and layouted by the partner organisations and printed locally.

2000 copies for the Italian version
1200 copies for the Spanish version
1500 copies for the Greek version
1000 copies for the Portuguese version.

C.1. National study seminars involving associations, social cooperatives and NGO's

A study seminar has been held in Zaragoza and in Bologna. The other partners have preferred to plan the seminar later. The costs related to the seminars that were not realised are therefore not included in the financial report. These are the only **activities not implemented**.

C.2. Construction dbase with addresses of European target audience for direct mail and mailing of the booklets.

AIAS has realised a list of 500 European organisations, NGO's and service delivering organisations. To a selected sample of umbrella organisations packs of 10 booklets have been mailed.

Further 800 copies of the Italian version have been mailed to a selected mailing list of associations, social cooperatives, policy makers, journalists, service delivery organisations

DFA has mailed 900 booklets to a selected mailing list of relevant organisations in Spain and some key organisations Latin America.

Disability Now has disseminated over the post 500 copies to a selected mailing list of relevant organisations. Further the organisation is disseminating the booklet through conference participation and its web site.

Fenacerci so far has been disseminating the booklets by way of its ordinary dissemination channels. A specific dissemination seminar involving all member organisations will be held within short.

C.3. Deliverables upload on web page

The booklets and the final report are downloadable from <http://www.aiasbo.it/daphne> and from the web sites of the various partner organisations.

Milestones and meetings

The project has started October 1st 2003 and has finished September 30th 2004.

A on line project web space was created in the course of October 2003.

The KOMeeting was held in Bologna on 10/11 November 2003, resulting in the definition of a work programme.

A second partnership meeting was held in Lisbon on 12/13 March 2004, resulting in the discussion of the first results and a redefinition of some of the activities.

Beginning of April 2004 a draft template for the final report has been issued.

On April 22nd 2004 a Mid Term Work Programme was issued, programming the second term of the project.

A bilateral meeting between AIAS and DFA was held in Zaragoza, 4 May 2004, resulting in a formal agreement to include DFA in the partnership.

A third partnership meeting was held in Thessaloniki on 18/19 June 2004, resulting in the definition of the final versions of the project deliverables.

By the end of September all project deliverables had been realised.

Implementation history

The successful KOMeeting has been useful to define an implementation strategy and work plan. This work plan has required a further definition during the second meeting in Lisbon and has been finalised in the Mid Term Work Programme. The work programme has set targets and a time scale, although leaving space for partners to choose the implementation strategy that best suited the

organisation and its working context. For example Fenacerci has chosen to approach directly its member organisations and other disability organisations in Portugal, while Disability Now has focussed on web research, web dissemination and its virtual community to collect feedback and cases. AIAS has very much worked on the own organisation and has raising the issue to a wider audience during the second term of the project. DFA has shown a remarkable capacity to implement the project in a relatively short period of time. The different approaches are anyway linked through the work programme and have resulted in an articulated template for the final report and the booklets. Both template and work programme have been very helpful to gear the efforts of the partners towards common goals.

The Thessaloniki meeting has been very important to define the content of the principle project deliverable. On the basis of a draft version the partnership has worked intensively for two days in discussing and completing the various chapters. During summer the partners have realised the booklets and made them ready for dissemination. Many booklets have been distributed by mail (see above mentioned numbers), others have been distributed during conferences, seminars. Many booklets will be disseminated during specific moments. Being a relatively short project much of the real dissemination efforts have taken place and will take place in the months following the closure of the project (cfr. Chapter on Dissemination potential).

Content development

Content development has been focussing on literature studies, case history collection, the collection of good practice in intervention and prevention, the interviewing of experts, target audience members and professionals working for public institutions with formal responsibilities. Each case collected has been analysed, discussed in the international research team and key issues for the content development has been defined. This has lead to a data collection which is represented and discussed in the full report, while key notions have informed the writing of the booklet.

Content development has been supported by a virtual office/web site where project documents have been uploaded. This password protected section of an AIAS web site will be deleted after a year or so of the end of the project.

It is noteworthy to mention how much the process of content development has been influenced by the involvement of large parts of the organisations. The clearest in the case of AIAS, but also in the case of the other partners, the project has represented an opportunity to start an internal discussion and awareness raising process, thus initiating a mobilisation that will gradually involve other organisations and institutions.

Redefinitions of content related project features

Instead of focussing exclusively on children with complex physical and multiple disabilities the project outcomes report on children with mental and sensorial disabilities as well. The reason is that these children have a higher risk rate than children with complex physical disabilities and that there are many organisations among the target audience, and also inside the partnership, that represent also the interests of these children. Another reason is that in general not much is known on violence against children with disabilities, at least not in the participating countries, and it is therefore necessary to inform a wider audience in a broader way on the issues at stake before to focus on specific groups.

All the partners have considered this enlargement of the beneficiaries froup of the project a positive decision.

Unforeseen activities and events/Difficulties encountered

The principle difficulty encountered has been the withdrawal of Fundació L'Espiga from the partnership. Notwithstanding their signed letter of agreement this organisation has communicated shortly before the KOMeeting their decision not to participate in this project. Useless the various

attempts to get in contact with the direction and to discuss the decision. Many phone calls, emails and faxes have been left unanswered leaving the co-ordinator with a profound sense of impotence.

The most likely reasons for this change in attitude are internal problems and the unwillingness of some of the people within the organisation to face the delicate issue of violence against children with disabilities.

January, February and March have been gone by looking for a suitable Spanish partner to substitute Fundació L'Espiga. In April contacts have started with Disminuidos Fisicos de Aragon, a large and professional association in Zaragoza, resulting in a one day meeting to discuss the project and a clear agreement between AIAS, on behalf of the partnership, and this new partner, which has declared its intention to perform all fundamental project tasks within the time limits set for them.

Another difficulty, which is not really a difficulty, has been the lack of time during the first two meetings to discuss all project issues. From the start the partnership has made the choice to closely work together and to produce a deliverable that was really the expression of shared viewpoints and not the mere sum of view points of different people or organisations. Therefore meetings have been longer than planned and a third meeting which was not foreseen in the work programme and in the budget had to be planned. Nevertheless the project has managed to meet all its deadlines, without significantly altering the **time table**.

3. Results and impacts of the project

The **results** have been evaluated according to a set of indicators developed for each aim.

Aim 1

To raise awareness among local disability organisations about the "violence" issue, to empower their leadership and to provide them with corner stones to develop prevention policies

Indicators

- Number of deliverables produced
- Number of deliverables distributed
- Self evaluation partners
- Feedback from target audience members

Results

The deliverable has been effectively produced. It is a well drafted, attractive document that has been realised in 5 language versions and which has been diffused and disseminated in large numbers among target audience members.

The partner's evaluation concerning the dissemination and empowerment potential of the materials is positive. Without exception they declare that the results have been useful to very useful for their organisation.

The feedback from the target audience members is generally speaking very positive and most target audience members with whom we are in contact have declared interest in participating in further initiatives.

Aim 2

To evaluate the appropriateness of existing indicators of risk

Indicators

- Number of indicators of risk collected
- Outcomes of the evaluation of the appropriateness

Results

Indicators of risk have been collected and reproduced in the full report. The indicators that are useful to describe any form of violence on children, have proven to be appropriate as well in case of children with disabilities. They refer to an ecological model that takes into account both risk factors and protective factors in explaining the breaking out of violent episodes in domestic contexts.

Aim 3

To underpin multi agency prevention and support strategies

Indicators

- The quality and quantity of information made available
- Feedback from the target audience

Results

Both the full report and the booklets contain information that is useful for the development of prevention strategies. The cornerstones chapter are even very explicit about that. Further evaluation at distance of 6 months or so, could show to what extent the target audience has managed to develop specific prevention activities.

Within the partners organisations the project has definitely lead to intentions to develop prevention strategies. A project application into that direction has been turned down by the EC, but another attempt will be made in February, within the framework of the new Daphne Programme.

Content related results – lessons learned

There are specific forms of violence that typically see children with disabilities as victims but that are hard to detect or to recognise as such.

At a family level the non acceptance of the disability or the unrealistic expectations that parents have concerning rehabilitation can cause therapeutic obstinacy inflicted on children. The improper use of pharmacological treatment or the denial of appropriate health assistance (for instance dental care) can also be considered forms of violence. Maternal risk behaviour during pregnancy, for example drug or alcohol abuse, is a form of prenatal violence that may cause severe disabilities

There are specific forms of violence related to disability caused by complex individual social and cultural convictions, which are strictly inter related and worked out at different levels. They are the expression of attitudes which are particularly difficult to detect and change as they are culturally determined and widely accepted. Some examples are the lack of early intervention aiming at autonomy and independence, including access to assistive technology, the denial of a sexual identity to children with disabilities, the lack of self determination and decision making power, the lack of communication opportunities and the lack of privacy for adolescents and adults with disabilities.

Negative attitudes towards diversity and disability are expressed by many people through open discrimination. Humiliation, fear of physical contact and disdain, are forms of violence that often see children with disabilities as victims.

Many people with disabilities will argue that the lack of equal opportunities in all realms of life has violent effects on their lives. The barriers that obstruct people with disabilities from having access to opportunities are both physical and mental.

Disability per se does not cause violence, but undoubtedly increases the risk.

According to the ecological model, risk and protective factors represent data which is non static, but which enters a dynamic process with breaking out factors (i.e. a sudden life event that demands a high level of adaptation) and which may act as a catalyst for maltreatment. It is as if a delicate balance is suddenly disrupted.

Children with disabilities are children with special needs. Feeling full responsibility for responding to these needs on a daily basis may lead to stressful situations and too much stress may lead to violence. Being the parents of a child with disabilities requires immense coping skills and abilities to be able to adapt to countless new and adverse situations. The birth of a child with a disability causes a trauma which demands profound reorganisation of both expectations and future perspectives. Parents immediately have to find the strength both to react to the shock and to arrange a new life.

Taking care of the child, the rest of the family and having to go to work in many cases turns out to be incompatible. Therefore many main care givers, who in the majority of cases are women, leave their jobs, which leads to the family becoming impoverished and the couple splitting up into two distinctly separate specialist roles. One is home centred and concentrates on the provision of care while the other involves being out of the house and is fundamentally concerned with providing income. Both roles demand different types of priorities and develop different types of stress which are not always easy to mediate.

Another important change is that represented by the activation of a formal network comprising social and health services, and an informal network made up of relatives and friends. The more solid these networks, the better protected the child will be. Adequate networks will guarantee the family both material and psychological resources and thus the opportunity to achieve and maintain a good quality of care and life. In these cases, both the parents' abilities to cope with situations and also their positive expectations will be reinforced. When support is offered late and there is poor communication with the parents, intervention will be less successful.

A family member's disability is a risk factor which interacts with others. The weight of risk factors on a situation is not absolute, but is counterbalanced by that of protective factors. The result is a complex pattern of factors, the characteristics, internal mechanisms and processes of which are not always simple to detect and to understand. Mapping them can be of help to identify high risk situations, but should never lead to simple and linear conclusions.

The different types of maltreatment indicators can make the detection of violence against children more precise and objective, although some indicators of maltreatment are also symptoms of specific pathologies and disabilities (i.e. hyperactivity, behaviour disorders and so on).

Maltreatment detection is often a process which requires time, particularly in cases of disability. The observation of the child with disability has to be prolonged and carried out both in family and non family environments. Only by analysing data collected at different moments and in different contexts, can it be assumed that maltreatment has occurred or is occurring.

Prevention

Developing prevention strategies means carefully defining the problem to be tackled, the aims to be achieved, the activities to be undertaken and the expected results. The following "cornerstones" have been developed for any organisation that directly intends to address the issue of domestic violence against children with disabilities or that intends to encourage public services and institutions to do so.

Methodological issues

- To know and to understand the problem, its "whys" and "hows", and its implications for children with disability is the first step towards and a prerequisite for choosing a prevention strategy. Accurate data, uniform definitions and a common view on child maltreatment represent the basis for the planning of interventions.
- As prevention is a process aiming at change, promoters should plan and monitor the process and the effects of their activities. Given the complexity of the issues and their emotional impact, these effects are not always easy to predict. Organisations planning an internal discussion

should choose a careful strategy and guarantee professional support if necessary. Where prevention activities may lead to a higher demand for services, sufficient resources to cover these needs over a longer period must be available.

- Prevention is a process which includes different phases: detection, intervention and follow up. Some fundamental qualities of this process are: appropriate timing (prevention should be planned as early as possible), flexibility (prevention and intervention should change according to the needs of both child and family), objectiveness (intervention should be based on specific and detailed signals of risk and effectiveness and must be monitored and evaluated), contextualisation (prevention should take into account the context and its complexity in terms of the main players and their relationships).
- Prevention strategies should focus on both reducing risk factors and strengthening protective factors. Effectiveness can be increased if prevention embraces multi-level interventions that simultaneously address risk and protective factors from different domains.
- Prevention (as well as intervention) should refer to a clear strategy and ideally follow a multi-disciplinary, integrated and co-ordinated approach. Therefore professionals working in different areas, namely, health, justice, social work, education and special education, should work together sharing common goals and a common vision of prevention. It is essential that they should maintain good and rigorous communication with each other (!).

Issues related to the various stakeholders

- As a priority in successful child maltreatment prevention, the needs of the family have to be met at different levels (individual/parental, physical/psychological and so on). Families must be put in the right condition to fulfil their fundamental role in the child's development. Prevention should build on family strength, exploiting their personal, parental and social resources. Families must be helped to discover and realise their abilities as parents and as individuals (!!).
- Co-operative and mutually supportive relationships between parents and agencies and institutions responsible for the physical and psychological well being of the child (e.g. schools, health services etc.) are to be encouraged, as they will increase the efficiency of any intervention aiming at prevention. Intervention should be carried out through active listening and understanding of the parents' situation and be as much as possible agreed upon in order for it to be perceived as concrete support (!!!). Associations and social co-operatives should be aware that even professionals in the institutional network often do not know how to deal with the issue of domestic violence. Only very few assistance and care providing institutions have adopted a code of practice regarding the prevention of violence.
- Empowering children means recognising their right to explore their potentials/potentialities and providing them with the necessary skills to enhance them. Training and educational programmes must develop and reinforce communication, interaction and action abilities, both in family and non-family contexts. Children must be taught to become aware of their needs and feelings (e.g., sex education training) and of the proper way to express them. This will facilitate intervention aiming at physical, social and emotional support.
- Associations and other private organisations must encourage the development of a network of relevant stakeholders and decide a role in it which best suits their mission and competence. Such networks are typically made up of different public institutions holding formal responsibility for the child's well being and private non profit oriented organisations representing families' and children's interests. The network's aims and the roles and responsibilities of the participating institutions and organisations must be clear to all.
- Both public services and private organisations must promote an active prevention policy targeting their human resources, including selection, training and supervision procedures. There must be training especially for operators and volunteers working with children and families in order for them to acquire and consolidate technical and relational skills, covering cognitive, organisational and emotional contents. Valid methods of observation of child and family characteristics, interaction and behaviour need to be taught.
- Prevention strategy should include awareness raising activities. The general public needs to know the impact of the problem and to become aware of the context of maltreatment in which children with disabilities can find themselves. The raising of awareness concerning the risk of maltreatment of children with disability should be transversally integrated into normal education, professional training and institutional practice.

- Organisations should use their political power to defend the rights of children with disabilities and to obtain appropriate legislation, intervention and support for their members and others

4. Dissemination and follow-up

Please refer to section 2 for the number of booklets printed and distributed. The visibility of the EC has been guaranteed by including the EC logo in all printed publications and accompanying letters.

Although the project is officially finished, for most partner organisations the project has only been the start of a process. AIAS, for example, has a dissemination strategy that is very much based on networking. The booklets has been presented to representative of the Region Emilia Romagna, the Province of Bologna, the Municipality, the Local Agency of the National Health System. These series of bilateral talks should lead to the setting up of a permanent regional observatory that could be mainstreamed into the existing activities of "Il Faro", the Provincial Centre on Child Abuse in Bologna. A new project has been presented to the CARISBO Bank Foundation to guarantee the necessary resources.

Also Disability Now has the intention to set up a national network that could be linked to a European network. They will therefore continue their network and information providing activities.

The partners have reported many indications of what is needed to bring the process further. Indications include: training, public awareness raising, research, conferences, seminars, etc. etc.

An important step will be the presentation of a new project to the EC within the Daphne framework.

This project will inform policy makers and professional carers in health, education and social services and associations and social cooperatives in Europe on models of family focussed primary prevention, with guidelines for their development, implementation and monitoring. Models that are the direct result of field work and the involvement of beneficiaries.

Prevention practices have to build on family needs, resources and strengths, giving them a fundamental and active role in prevention. This might mean first of all improving parental skills. Parents' education programs are necessary to enhance parental skills and to raise their awareness on the child's development stages and his/her needs for respect, privacy and independency. Children with disabilities perceived by their parents as "competent" and "adequate" in their environment are less at risk of violence.

This is only possible if the children are adequately educated and guided by adults in order to develop their psychological, cognitive and developmental skills. When children grow, their needs change and the social, emotional and affective personal dimension get important: young adults have the right to express themselves and find satisfaction for their sexual and relational potentialities, which have to be realised inside the peers group.

As the *Childhood, Disability and Violence* project has shown, carers and educators dealing with families and children often assist to domestic violence or perform violent acts themselves: their training should include conflict management and coping skills in order to prevent maltreatment of the children they work with. Studies have highlighted the need of a continuing training and education of care staff on the detection and reporting of situations at risk.

Home assistance and support programs have demonstrated to strengthen and improve family relationships and wellbeing, reducing the high risk faced by children with disabilities. This is possible through the delivery of concrete services which respond to both physical and psychological needs of children and families. The daily presence of professionals supporting the child allows a preferential point for both observation and action.

In Italy a rising number of families assisted by health and social services is from immigrant origin. Although the new project will focus on families without distinction of their origin, the particular linguistic and cultural situation of these families and the difficulties in communication between them and territorial services, will be taken account during the research phase.

5. Conclusions

Child abuse and neglect in the family context is a widespread phenomenon and research shows that children with disability are about 4 times more at risk for maltreatment than children without disabilities. It is a complex phenomenon, which can only be explained through a multi-factorial model. The daily responsibility to care for children with disabilities, can contribute to the development of stress and reduce the resilience of parents, thus increasing the risk of violence.

Although the issue of maltreatment of children with disabilities regards the whole of society, and public institutions have a specific responsibility in the matter, the project promoters are confirmed in the idea that local associations representing families or people with disabilities, social co-operatives and other NGOs in the field of disability have an important and specific role in defining, understanding, analysing and preventing violence against children with disabilities.

Associations and other private organisations wanting to prevent domestic violence must first of all work on themselves, discussing the issues internally, and be aware of their role during all phases of prevention: in collecting signals, in deciding an intervention strategy and in directing it. Spaces and moments for dialogue and the sharing of ideas, of evaluation and modification of the prevention/intervention projects must be formalised within the organisation. This will encourage establishing a common language and reduce the ambiguity of meanings and interpretations, which often cause non taking of responsibility and delegation. These spaces should be opened to families with the aim of involving them.

Professionals in health, educational and social services across Europe and representatives of NGO's, Associations and Social Cooperatives are key people in the development of prevention strategies. They need to be aware of the complexity of multi level prevention activities and the necessity, in most cases, to coordinate interventions between various agencies. Only co-ordinated and integrated networks sharing a common language and objectives can hope to be successful in prevention.

The *Childhood, Disability and Violence* project has raised the awareness that primary prevention has to focus on the empowerment of families and the enhancement of their protective role. The project has shown that effective prevention of violence against children requires multi-level interventions, e.g. interventions that simultaneously address risk factors and protective factors at different levels. Primary prevention is effective if it empowers the family, the child and professionals working with both. Another outcome of the project is that many carers and educators have difficulties in dealing with the issue of domestic violence, and report violent attitudes towards children among colleagues. Training is therefore necessary.

Finally Associations and NGO's should use their political power to defend the rights of children with disabilities and to obtain appropriate legislation, intervention and support for their members and others.

ANNEX: LIST OF MATERIALS PRODUCED

Full report

Childhood, Disability & Violence: Empowering disability organisations to develop prevention strategies. © AIAS Bologna onlus, 2004. 98 p.

Booklets

Childhood, Disability & Violence: Empowering disability organisations to develop prevention strategies. © AIAS Bologna onlus, 2004. 24 p.

Infanzia, disabilità e violenza domestica: Conoscere e prevenire: il ruolo delle associazioni e delle cooperative sociali. © AIAS Bologna onlus, 2004. 24 p.

Infancia, Discapacidad y Violencia: Facilitar el desarrollo de estrategias de prevención en las Asociaciones de Discapacitados. © AIAS Bologna onlus, 2004. 24 p.

Infância, Deficiência & Violência. © AIAS Bologna onlus, 2004. 24 p.

Greek version of the same booklet. © AIAS Bologna onlus, 2004. 24 p.

Web page for downloads

www.aiasbo.it/daphne

ANNEX: KEYWORDS

(http://europa.eu.int/comm/justice_home/project/daphne/en/index.htm).

Beneficiaries	Daphne Objectives	Areas
x Children	<i>Support to the collaboration of</i>	Sexual violence
x Young people	x Support to multidisciplinary networks	Gender violence
Women	x Exchange of good practices	x Violence in family
	x Studies	x Violence in domestic context
Specific groups	<i>Support to public awareness</i>	Violence in schools
Homosexuals	Information campaign	Violence in institutions
Migrants	Information sources	Violence in urban areas
Refugee	x Recognition and reporting	Violence in rural areas
Asylum seekers		Violence in the work place
Trafficked persons		Trafficking in human beings
Ethnic minorities	Specific Objectives	Commercial sexual
x Handicapped	x Prevention of violence	Internet
Domestic workers	Protection from violence	Child Pornography
People in prostitution	Treatment of victims	Racism
Elderly	Reintegration of victims	Self-harm
Prisoners	Counselling victims	Physical punishment
	x Support to families	Female genital mutilation
Targeted Audience	Legislative measures	Health impacts
Violent men	Treatment of offenders	
Perpetrators / offenders	Reintegration of offenders	Instruments
x Public Authorities		x Network with NGOs
x General Public		x Multisector network
x Medical staff		x Awareness-raising
x Educational staff		x Dissemination of good practice
Police staff		x Guidelines / Counselling
Judicial staff		Models (analysis /
Media / Journalists		Training
		Production of materials
		Conference / seminar
		Telephone / Internet Helpline
		Field work