

# Steps Project

Domestic Violence Against  
Disabled Children

## InfoBook 2014



The purpose of this InfoBook is to enhance the overall public awareness of the scope and severity of violence against disabled children across the partner countries through case studies and best practices for prevention.

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## **INTRODUCTION**

### **1.1. PURPOSE OF THE INFOBOOK**

The purpose of this InfoBook is to enhance the overall public awareness of the scope and severity of violence against disabled children across the partner countries through case studies and best practices for prevention.

### **1.2. TARGET AUDIENCE**

This InfoBook is targeted at people who have the power, authority or influence to make a considerable impact in the efforts to prevent domestic violence against disabled children. Specifically, these may include: politicians, regional/national authorities, large business owners, Disability Networks, Youth Protection, Violence Prevention networks, NGOs working with disabled individual, and the general public.

### **1.3. STEPS PROJECT OVERVIEW**

STEPS project aims to analyse the risks and implications of violence against disabled children in the partner countries. In particular, the project will focus on violence and abuse of disabled children place in their homes. Awareness raising activities on the theme, knowledge, experiences and exchange of the good practices among organizations and partners will be base of this partnership. Ultimately, the project will aim to deliver

recommendations on best practices for prevention of domestic violence against disabled children.

The main objectives of the project include:

- Sharing experience, improving knowledge of members and staff of partner organizations, their local partners, NGO's, public and private organizations that work on Prevention of Domestic Violence against Disabled Children
- Awareness raising activities, exchanging about strategies and working methods about project among partner institutions
- Creating opportunities for international exchanges, mobility and cooperation of staff, educators, and learners from vulnerable groups, without any discrimination
- Promoting the informal and the non-formal learning methods during the partnership.
- Creating a web site reference point for the community with various resources about the psychological needs of the disabled children
- Establishing the foundation for future research on work on the topic within the European Network

## **1.4. THE NEED FOR AWARENESS**

One in every 10 people – a total of around 50 million people- in the EU suffers from some kind of disability or impairment. While all children are at risk of being victims of violence, disabled children find themselves at significantly increased risk because of stigma, negative traditional beliefs and ignorance. Lack of social support, limited opportunities for education, employment or participation in the community further isolates disabled children and their families, leading to increased levels of stress and hardship. Over the past years both the European Union and its Members States have taken important steps in promoting the rights of disabled people. Today, however, despite the efforts Europe has taken, disabled people are sadly still victims of rights abuses and targets for violence.

According to researchers, children with a physical, sensory, intellectual or health impairment are at increased risk of becoming victims of violence. While the amount of research available on this population is extremely limited, particularly for disabled children in the developing world, current research indicates that violence against disabled children occurs at annual rates at least 1.7 times greater than their non-disabled peers. More targeted studies also indicate reasons for serious concern. For example, one group of researchers report

that 90% of individuals with intellectual impairments will experience sexual abuse at some point in the life, and a national survey of deaf adults in found 80% of all deaf individuals surveyed report sexual abuse at some point in their childhood.

The UNICEF report Violence against disabled children (2005) states that: “Violence against children as a global concern will not end until disabled children are included in all outreach and prevention measures”. In order to combat violence, the report recommends measures that involve both communities and families: awareness raising, the empowerment of families and children, appropriate support and services to cater for their needs. Child maltreatment is harm (or risk of harm) caused to a child by a parent, caregiver, or any other person responsible for the child’s safety.

Domestic violence against disabled children needs extreme attention since it is difficult to highlight the incident. There are several reasons for this situation as being vulnerable group, lack of awareness of families, shame feelings due to owing disabled children. The vulnerability of this group makes them a potential victim. Society's ignorance about the violent incidents against disabled children increases the number of undiscovered cases. Societies and their institutions are abusive to the people with disabilities and their families. These people

stretched emotionally, physically and financially. They need professional support by experts.

Domestic violence is a universal problem and it is discussed in today's world but domestic violence against disabled children is not a well-known subject because dealing with the relationship between disability and violence is really difficult. Children with disabilities are one of the most vulnerable groups in societies. Violence against children has a far deeper impact than the immediate harm caused. It has devastating consequences for the children who experience it, and a traumatic effect on their future life. To address this issue this InfoBook aims to raise the awareness of key decision makers, politicians, regional and national authority figures and promote and motivate them to act accordingly.



## **1.5. STATISTICS ON DOMESTIC VIOLENCE**

### **1.5.1. UNITED KINGDOM**

- At least 750,000 children a year witness domestic violence
- Children who live with domestic violence are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life
- Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs and 52% of child protection cases involving domestic violence
- In 75% to 90% of incidents of domestic violence, children are in the same or the next room
- The link between child physical abuse and domestic violence is high, with estimates ranging between 30% to 66% depending upon the study
- 70% of children living in UK refuges have been abused by their father<sup>70</sup>.
- A survey of 130 abused parents found that 76% of the 148 children ordered by the courts to have contact with their estranged parent were said to have been abused during visits: 10% were sexually abused; 15% were physically assaulted; 26% were abducted or involved in an abduction

attempt: 36% were neglected during contact, and 62% suffered emotional harm. Most of these children were under the age of 5

- Information received from local Family Court Welfare Services suggests that domestic violence is present in almost 50% of cases, where a welfare report is ordered
- 30% of all Children Act cases involve domestic violence and between 50% and 60% of CAFCASS caseload is domestic violence – and these figures increase each year, as domestic violence is better identified<sup>73</sup>.
- In a survey of domestic violence service providers, Women's Aid found that 48% stated that adequate safety measures are not being taken to ensure the safety of the child and the resident parent before, during and after contact<sup>74</sup>. Two years later, only 3% said they believed that appropriate measures were now being taken to ensure safety<sup>75</sup>.
- Respondents to the same survey (May 2003) reported cases since April 2001 in which a total of 18 children were ordered to have contact with a parent who had committed offences against children (Schedule 1 offenders); 64 children were ordered to have contact with a parent whose behaviour had previously caused that child to be

put on the Child Protection Register; and 21 of these children were ordered to have unsupervised contact with the perpetrator

- 46% of respondents knew of cases where a violent parent had used contact proceedings to track down his partner
- 29 children in 13 families were killed between 1994 and 2004 as a result of contact arrangements in England and Wales, 10 of them since 2002. In five of these families contact was ordered by the court
- In the year 2001, there were 55,743 applications for contact orders under the Children Act 1989. Of those, only 713 (1.3%) were refused. (Lord Chancellor's Department, 2002).

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## **STATISTICS FROM PARTNERS**

### **2. DEFINITION OF DOMESTIC VIOLENCE**

#### **2.1. REVIEW OF CLASSICAL DEFINITIONS**

There is no internationally acknowledged definition of domestic violence. Each national legislation includes diverse characteristics of offences and covers different groups of people.

However there is a general definition, which is widely accepted. It is referring to adults but the definition can be a part of violence against children: “Any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members.”

Specific indications for domestic violence based on U.K. legislation have the following features... the forward characteristics:

The current resources available for use in domestic violence prevention work base their approach on definitions of domestic violence which have the following features:

- That domestic violence and abuse is violence and abuse carried out by one adult against another with whom they are or have been in an intimate relationship;

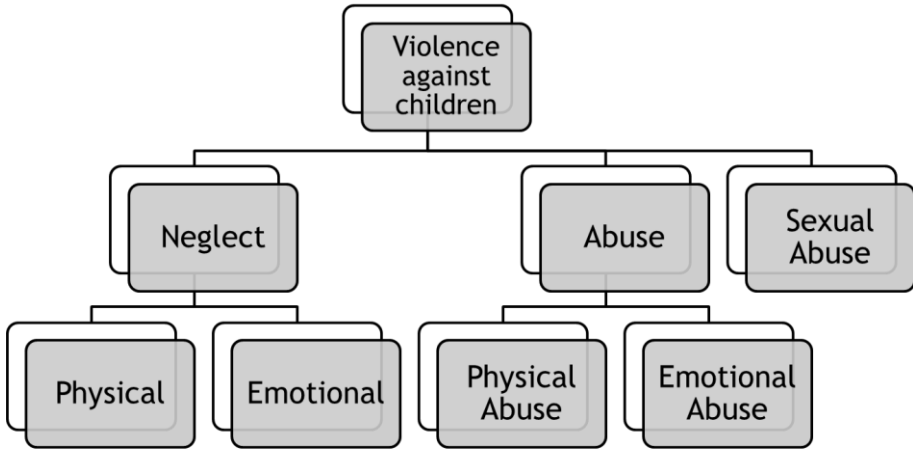
- That domestic violence and abuse can include physical, sexual, emotional and other forms of harm and controlling behavior;
- That the abusive behavior is intentional and functional;
- That perpetrators and victims can be male or female and the relationship can be heterosexual, gay or lesbian;
- Domestic violence includes violence from family members such as elder abuse when committed by a family member or intimate partner
- That the majority of the perpetrators are heterosexual males and the majority of victims are their female partners and ex-partners and that this is linked to assumptions about gender roles in relationships;
- Domestic violence also includes forced marriages, so called 'honour' crimes and female genital mutilation.
- The Turkish legislation only knows domestic violence as violence against women.
- Concerning violence against children the German law offers a definition based on interpretations of endangerment of the best interests of the child. (Section 1666 German Civil Code) In the participating countries there is no law which

differentiates between children and children with disabilities.

Having information about any act against children/youths or about their living conditions that endanger the physical, mental or psychological (emotional) best interest of the child or its property no matter whether this happens through violation of the parents maintenance obligation (mental, physical abuse) neglection of the child/the youth parents failure through no fault of one's own or third parties.

## **2.2. CLASSIFICATION OF DOMESTIC VIOLENCE**

There is a hierarchical model of domestic violence that distinguishes its different appearances: According to the classification, neglecting behaviour, abuse and sexual abuse can be identified. Neglecting a child means to neglect its physical, medical, educational or emotional needs and includes for example abandonment or substance abuse. Physical abuse is defined as no accidental physical injury or emotional abuse includes any forms of impairing a child's emotional development or sense of self-worth.



According to social professionals (2000), neglect is the most common form of domestic violence against children (around 50%), followed by emotional abuse and sexual abuse. Physical abuse usually occurs together with other forms of violence, such as neglect

The World Health Organization distinguishes five subtypes of child maltreatment: physical abuse, sexual abuse, emotional abuse, neglect and negligent treatment and commercial or other exploitation. Children with disabilities are at increased risk of some form of maltreatment; however, over the year's research has moved away from treating disability per se as causally linked to maltreatment, towards an understanding of the factors that, associated with disability, lead to an increased risk of maltreatment.

### **3. RISK FACTORS FOR DOMESTIC VIOLENCE**

A study by the WHO indicated in 2012 that 27% of all children with disabilities experience any kind of violation and the risk for becoming a victim is 3,7 times higher compared to their non-disabled peers. Children with mental disabilities are most endangered (4,6 times higher than non-disabled peers). However, the data results are very heterogeneous and estimations are not highly reliable. Nevertheless it can be said almost certainly that disabled children face a higher risk for experiencing violence.

The results of studies on the causes and risks of domestic violence , also against disabled people diverge. However, there is a nucleus of causes and risk factors. It can be said that the causes of violence that we will consider, and the risk factor that will be analyzed are valid in all the cases of violence ( on women, on disabled, on homosexual etc. ) the fact that the person who suffers the violence is a disabled it is only a catalyzer, a propeller for the violence itself, that in all the cases come from a person that could have been violent also on other subject. There are several factors that interact with each other at various levels.



### **3.1. FOR THE FAMILY**

The child's needs regarding care and support may be highly demanding for parents and can lead to feelings of pressure, resignation and guilt. The situation may aggravate further if parents experience a lack of support or acceptance from their social environment which may cause social isolation and increase the risk of domestic violence. Another risk factor related to the family is the typical feeling of frustration and missed expectation that the family may feel. The discovery by a family of having a child with a disability may result in a relapse emotional with feelings of frustration and guilt. The child with disabilities will always live a dependency relationship with the family as there will be an evolution comparable to that of an able-bodied child in which the gradual progress poortano also gratification within the family. This difference in the family context triggers a sense of frustration that if content is not supported and properly can lead to aggressive behavior.

It is primarily required to determine risk factors to prevent or to intervene domestic violence. In this term, as a common result of several studies it is found that being subjected to dimoestic violence is one of the main factors for commting violence against woman. Da utilizzare per famiglia

Several representative studies conducted in Switzerland and abroad show that men who suffered childhood physical or sexual abuse or who have witnessed violence between parents exercise more often violence on others. Like all individual factors, including the experience of violence in childhood can not be considered the key determinant of violence. Most of the people who as children have lived in similar situations do not play these behaviors. This clearly shows that violence or the absence of violence are determined by the interaction of various factors at different levels.

Numerous international research and statistics found a strong link between alcohol and drug consumption and violence in the family. This correlation is generally true for the consumption of psychotropic substances, although the influence of illegal drugs or the abuse of drugs is less studied.

The interpretation of these results requires some caution. The practice teaches that sometimes the consumption of alcohol becomes an excuse for the perpetrators of violence, but also for the victims themselves, for those who are able to produce such thought to justify violent behavior. It is clear that the consumption of alcohol can not be considered the sole cause of violence, but must be understood as a factor that can promote it or increase its propensity.

When it is evaluated from a socioeconomic perspective, it is seen that domestic violence is more common among working class or middle class rather than economically powerful class. It is seen that there is a relation between education level, employment and domestic violence.

This factor focuses on society and broader social factors that can contribute to creating a climate violent or, conversely, peaceful. It is socio-cultural norms, in particular concerning the roles of genre and the relationship with violence, as well as their implementation in legal, political and media aspect. So far the social level has been little examined in representative studies. Certain research indicates as risk factors for the onset of violence insufficient equality of women and men in society and social tolerance towards violence in general and violence in the family in particular. Both aspects are manifested largely in the other levels (individual, relationship, community), since the values and socio-cultural norms are internalized by families, neighbours, couples and by individuals.

### **Parent / Care-giver factors**

Partners and caregivers situation it is important as well as the children condition. To summarize the above mentioned risk factors, we list down :

- Incompetence of parenting

- Low self-esteem, weakness for struggling against stress
- Authorizer parent style
- Maltreatment story during childhood term
- Substance abuse
- Insufficient knowledge about needs, and stages of paediatric development
- Unrealistic and unmet expectations
- High level of stress
- Social isolation
- Low economic status
- Single parent
- Unwanted pregnancy
- Low familial adaptation against disability
- Refuse of recommended support and sources

### **3.2. FOR THE CHILDREN**

There are diverse individual risk factors that are conditioned in the disability and that present challenges for the recognition of violence and the intervention. In più vanno fatte le opportune distinzioni fra disabilità fisica o mentale. Disabled children may be highly dependent on others because they are likely to need intensive care and specific support daily. They may have a dissociated feeling of their own body, for example they think that they do not “own” it by themselves but instead it “belongs” to

the people who care for it. In such cases it is difficult to develop a positive perception of the body and to be aware of one's own personal limits. Children with mental disabilities may not recognize violations due to cognitive impairment and cannot react in a proper way. Children with linguistic disabilities may not have the ability to articulate the violence they have experienced. Instead, exposure to violence can result in different symptoms that can only be clarified on a case-by-case basis. The lack of an individually suitable sex education may increase feelings of insecurity regarding sexual abuse. Another risk factor from the point of view of the disabled could be constituted by the physical limits and structural environment in which they are present. SI refers to the architectural barriers that still do not allow people with disabilities to be able to live spaces as it should and have their freedom. All this refers to the role that society attaches to the disabled, it does not worsen the tendency to isolation and the failure to build a personal identity autonomous, independent and fully realized. Another key element to consider is the level of disability, and whether this is physical or mental. It is also important to consider a number of elements that may occur in the family context but that are directly related to the disability of his child, for example in cases of autism in which the distance parent-child begins to emerge from the first

months of life. The condition of the child, it can cause a reaction of frustration and guilt in the care giver, this is experienced by the disabled person in a negative way and can lead to violent reactions, aggressive, self-destructive, passive-aggressive. Transmission of negative feelings on the part of the caregiver to the disabled has different forms. It can occur through inconsistent behavior on the part of the family / caregiver; for inconsistent behavior we mean a dissonance between actions (what you do) and body language (what means), and in these cases we speak of "double-posts." Mixed messages such as, suggestions for activities not maintained or expressions of affection that are simply recorded and never accompanied by concrete actions. All this triggers a reaction from the point of view of the disabled-child, which is manifested by the above rations, which in turn foster a climate of nervousness, anxiety and violence on the part of the parent. Another risk factor from the point of view of the disabled could be constituted by the physical limits and structural environment in which they are present. SI refers to the architectural barriers that still do not allow people with disabilities to be able to live spaces as it should and have their freedom. All this refers to the role that society attaches to the disabled, it does not worsen the tendency to isolation and the failure to build a personal identity autonomous, independent and

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### **List of risk factor related to the children:**

- Lack of independency
- Dissociated feelings
- Difficulty to recognize the violation itself
- Linguistic barriers
- Level of handicap
- Lack of sexual education
- Physical barriers
- Architectonical barriers
- Isolative tendencies
- Double bind



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## 4. IMPLICATIONS OF DOMESTIC VIOLENCE

### 4.1. FOR THE CHILDREN

**Behavioral problems** . Children in families experiencing domestic violence are more likely than other children to exhibit aggressive and antisocial behavior or to be depressed and anxious (Brown & Bzostek, 2003). Other researchers have found higher levels of anger, hostility, oppositional behavior, and disobedience; fear and withdrawal; poor peer, sibling, and social relationships; and low self-esteem. Children with disability have the similar implications to the other children

**Cognitive and attitudinal problems.** Children exposed to domestic violence are more likely to experience difficulties in school and have worse score on assessments of verbal, motor, and cognitive skills. They have slower cognitive development, limited problem solving skills, lack of conflict resolution skills, pro-violence attitudes, and belief in rigid gender stereotypes.

### 4.2. FOR THE OTHER FAMILY MEMBERS

Domestic violence can result in family members not feeling safe, and not trusting or feeling supported by others within the family. There can be a loss of confidence or low self-esteem in family members. It might also end in a separation or divorce.

Domestic violence influences the witnesses of the violence too. Witnessing domestic violence can lead children to develop an array of age-dependent negative effects. Research in this area has focused on the cognitive, behavioral, and emotional effects of domestic violence. Children who witness violence in the home and children who are abused may display many similar psychologic effects. These children are at greater risk for internalized behaviors such as anxiety and depression, and for externalized behaviors such as fighting, bullying, lying, or cheating. They also are more disobedient at home and at school, and are more likely to have social competence problems, such as poor school performance and difficulty in relationships with others. Child witnesses display inappropriate attitudes about violence as a means of resolving conflict and indicate a greater willingness to use violence themselves. The person who commit violence influences from the domestic violence too.

He/she might feel:

- frustrated
- strong anger that's hard to control
- unappreciated by the family
- less able to parent well
- very alone

### **4.3. FOR THE SOCIETY**

Research indicates that males exposed to domestic violence as children are more likely to engage in domestic violence as adults; similarly, females are more likely to be victims

Society is affected from the domestic violence too. It causes increased medical care, mental health services, criminal justice intervention, and business losses.

Society pays an additional cost of loss of a sense of safety at home, in the workplace, in schools, and on the Street because the victims and actors of domestic violence are more inclined to other types of violence. Domestic violence may destroy families, which leads to a destabilization of society.

*Domestic violence impacts a victim's work performance:*

Physical injuries can hamper one's ability to do the job, and psychological abuse can result in difficulties with concentration, memory problems and confusion, mistakes, and missed meetings and deadlines. An employee's ability to progress on the job, to take promotions or to accept new challenges can be made difficult if she/he is being degraded at home, told she/he cannot meet the requirements of a better position, or in other ways made to feel unable to succeed. Sometimes abuse is specifically designed to destroy her/his ability to keep a job.

## 5. PREVENTION

It is really difficult to detect the violence against disabled children. So the prevention strategies should start before the violence occurred.

we can distinguish prevention in three levels:

*primary level:* prevention that attempts to stop the occurrence of violence in general by addressing issues which affect the entire population. It requires on-going attention. Primary prevention may modify or enhance social cognitive processes such as problem-solving skills, moral reasoning, generation of alternative solutions, shifting normative beliefs and attitudes towards aggression and physical punishment.

Examples are :

- Adequate legislation
- Efficient social services
- Public awareness activities (!)
- Community education programmes targeting all adults and children
- Civil rights education, including the UN Convention of the Rights of the Child.

*secondary level:* prevention efforts that aim to protect specific target groups. For example prevention strategies for people with disability.

Examples of prevention at secondary level are:

- Peri-natal and on-going identification of children and families “at risk”
- Substance abuse treatment programmes

- Community based and family centred support, assistance and networks
- Pre-natal, peri-natal and early childhood health care improving pregnancy outcomes and strengthening early attachment
- Promoting good parental practices
- School based activities towards non violence
- Personal safety and protective behaviour education for children

*tertiary level:* prevention that takes place after a problem has occurred, to remedy the effects, or to avoid it happening again:

Examples are:

- Early diagnosis of the violent situation
- Proper inter-disciplinary services to ensure medical treatment, care, counselling, anagement and support of victims/families (!)
- Reintegration in a safe and empowering community/school
- More appropriate child protection laws and child-friendly courts.

## **Tools for prevention**

### **Public awareness activities**

Public awareness activities have the potential to reach diverse community audiences, including parents and prospective parents, children, and other community members. Public education efforts can achieve a variety of goals with regard to the extent, causes and consequences of violence, namely: raising levels of sensibility, improving knowledge, changing attitudes and modifying behaviour.

### **Family resource centres**

Often through the use of participative methods, family resource centres aim to develop specific services that meet the needs of community members. Family-oriented intervention aimed at changing parental styles and practices (decreasing the levels of negative parental methods) and at improving intra-family relationships (closeness, emotional cohesion, communication abilities) can effectively reduce the risk of antisocial behaviour and violence.

### **Home visiting programmes**

These programmes consist of trained personnel visiting parents and children at their homes to provide them with information, offer support, provide training on parental skills, collaborate in the development of safe home environments and encourage linking to community services.

## **Parent education programmes**

Parents should not be left alone to care for their children. Work with parents includes accepting disability, encouraging parental attachment and promoting good parenthood. Parent Education Programmes typically aim to strengthen family protective factors. These programmes address issues such as age-appropriate child development skills and milestones, positive play and interaction between parents and children, locating and accessing community services and support (!).

## **Skills-based curricula for children**

Schools and social service organisations in local communities might offer skills-based curricula to teach children safety and protection skills. They can include general concepts such as assertive behaviour, sex education, decision-making skills and communication skills that children can use in everyday situations. All typically use interactive methods. Most of these programmes focus their efforts on preventing child sexual abuse and teaching children to distinguish appropriate touching from inappropriate touching.

## **Prevention strategies**

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” will be helpful 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.

An organization who wants to plan a strategy should focus on following subjects :

- 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**

- **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.

- 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.

## **5.1. RECOMMENDATIONS ON PREVENTION**

- There must be a robust and statutory framework in place within the family justice system which ensures the early identification and effective response to women and children's experiences of domestic violence, setting out the respective roles and responsibilities of all key professionals in the system.

- Judges, solicitors, barristers, CAFCASS officers and mediators must receive compulsory, specialist training on domestic violence and its impacts on women and children's lives.

Courts must seek risk assessments from specialist domestic violence organisations before making a decision about contact. Such risk assessments should follow the principles and guidance set out in Expert Domestic Violence Risk Assessments in the Family Courts (see Newman, 2010).

- Adequate and appropriate safeguards, including effective screening for domestic violence and domestic violence awareness training for all legal professionals and mediators, must be in place within the system which enable women to voice their concerns about their and their children's safety without putting them at further risk or risking

them entering agreements which do not meet their or their children's needs.

- Any information produced by the Government about the family justice system must include reference to the law and policies on domestic violence to enable victim-survivors to make informed decisions about contact arrangements and better understand and navigate child contact proceedings
- Special facilities that mirror those available in criminal proceedings must be introduced in civil proceedings to prevent victim-survivors of domestic violence from having to face perpetrators in court.
- Mirroring regulations which exist in the criminal justice system, the family justice system must protect victim-survivors from direct cross examination by their perpetrators and contact with them inside court buildings. In any reorganisation of the court estate following the Family Justice Review this should, for example, include the provision of separate waiting areas.
- The Government must monitor the impact of the Legal Aid Sentencing and Punishment of Offenders Act 2012 on the representation of parties in private Children Act proceedings,

including disaggregating data about applicants and respondents by gender and status.

- The Ministry of Justice must collect and record data on:
- the presence and extent of domestic violence (rather than allegations of harm) in private
  - family law proceedings;
  - whether or not finding of fact hearings are held where there are allegations of domestic violence;
  - reasons for not holding finding of fact hearings where there are allegations of domestic violence
- Cases involving allegations of domestic violence must be flagged on family court databases, in a similar way to the way in which the Crown Prosecution Service flag violence against women in criminal prosecutions.
- In cases where Practice Direction 12J has not been followed, there must be a method of reviewing judicial decisions and holding judges accountable for non-compliance. This should include a process of complaint by which women can question a judicial decision and have the option of having another judge review the file, without the expense and time constraints of

appealing the matter.

- Following the recommendation of the Family Justice Review (MoJ, DfE & WAG, 2011), there must be judicial continuity in the family justice system.
  - CAFCASS must review the decision to revoke their Domestic Violence Toolkit.
- 
- There must be an effective complaints process and a clear and transparent process for requesting a change of CAFCASS officer if it can be shown that they are not behaving in a fair and appropriate manner in accordance with their service standards.
  - The Government must take into account the recommendations of the Family Justice Review and the wealth of evidence on child contact proceedings and domestic violence, and reconsider proposals to introduce a legislative principle or presumption that both parents should be involved in children's lives.
  - The number and geographical availability of specialist supervised contact centres/provision must be increased to address ongoing risks to women and children and ensure safe contact.



- The Government must urgently review the decision to restrict legal aid in family law cases, given the impact that this will have on the eligibility of women affected by violence.
- Any reorganisation of the family justice system following the Family Justice Review must include consideration of the needs of women and children in the timetabling and location of hearings to minimise the impact of proceedings on women's ability to work and provide for their children

## **5.2. CASE STUDIES**

### **5.2.1. CASE STUDY 1 – ITALY**

#### **Context / Background**

A couple of aged persons takes care of a disabled woman and her two children, even they are severely disabled. “Taking care this time may not be the most suitable word...

The woman has two children: a 14 years old girl and a 7 years old kid.

The 14 year old girl that we will call “ Anna “ has been forced by this couple to have sex with a dog, the German shepherd of the house, while the 11 year old child was burned several times with boiling water .

The two sadists (years 77 him and 43 her ) Were convicted , to a penalty , that is, actually, ridiculous . He then given the age I doubt will ever go to prison.

Unfortunately, their names were not disclosed .

The facts have emerged only when one of the victims ended up in hospital and found the strength to ask for help, explaining that if the sunburn was not done alone but had caused them to him .

It all happened in Sardinia , in the province of Sassari. The story is particularly sad and significative as the social services did never truly understood the situation despite the fact that they have been following the family. Maybe because of the absence of any denounce.

The violence dating back to 2012, and the investigation was initiated by a fortuitous event . The speech aloud to a group of friends in a bar in the country of residence of the child had reached the ears of a police officer who was

around. And then he went to denounce the fact and begin the investigations.

### **People involved**

The disabled mother, the two children, the guilty couple and the policeman

### **Nature of the case**

Sexual violence on minors and disabled.

### **The problem - classification (what type of case is it?)**

Violence on children, lack of communication and denunciation.

### **Actions taken**

The action was basically taken by the policeman that just by chance knew the problem. It seems that neither the social services nor the population did a denunciation. But if the policeman came to know the story by chance in a crowded bar then clearly someone would now...

### **Results**

The abused were given to the social services while the guilty couple was arrested.

### **Lessons Learnt (what could have been done better?)**

Everything could have been done better. The social services exist to understand and solve such problems before they happen. And also how is it possible that the people in the town could speak about such facts, allowing the policeman to hear, but not doing any denunciation?

## **5.2.2. CASE STUDY 2 – TURKEY**

### **Context / Background**

Hatice suffered from an attack of polio at a very early age, but with the support of her family, she recovered from the illness, which, however, left her with serious physical problems. In spite of these lesions, her life as a child was normal. She was loved by her parents and sisters and was successful at school. Unfortunately, Hatice's father fell ill so her aunt and uncle took care of her more frequently. Her father died a few years later, the family's financial situation worsened and the mother was forced to go out and work long hours in order to make ends meet. Hatice's two sisters had to start working at an early age, but as Hatice was a very good student she went on with her studies. She became very introverted but as she was very responsible nobody suspected that anything untoward was happening. Over the course of time, she became seized by profound sadness. Her family thought it likely that this was due to her disability.

### **The problem - classification (what type of case is it?)**

Recognising the signs and the symptoms of child maltreatment is difficult, and is even more so in children with disabilities. They are often unable to express in words that they have been abused or they can not understand that what has happened to them was wrong.

## **Lessons Learnt (what could have been done better?)**

Which indicators may be seen with Hatice? Please discuss about which indicators can be seen in this case.

### **5.2.3. CASE STUDY 3 – ITALY**

#### **Context / Background**

Walid is an Egyptian boy who arrived in Italy at 17 years old. He is the oldest of five siblings with a bricklayer father and a housewife mother. The family lives in a rural area two hours from the city of Cairo. He has decided to emigrate after repeated sexual abuse by the father and dropping out of school; . The “Arab Spring” occurred as an opportunity as he wanted to become financially independent and to be able to escape from his family.

Walid arrived in Italy by boat, along with other compatriots, to the coast of Pozzallo, Ragusa. He has been placed by the Ragusa police in a housing community in the city of Palermo with 4 other Egyptian minors.

The city social services in charge of immigrants, nomads and refugees is composed of a coordinator social assistant, two social assistants, one psychologist and two social instructors, as well as intercultural mediator

## **People involved**

Egyptian boy abused, social assistant, psychologist, intercultural mediator

## **Nature of the case**

Violence to children

## **The problem - classification (what type of case is it?)**

Violence to children, sexual abuse

## **Actions taken**

Most of the social assistants working in public institutions have built their skills through cases they have come across over the years. Most of them can speak or understand a bit of English, their cultural and linguistic knowledge is basic. They compensate for their narrow experience by using the Internet and other means of information to learn and update their knowledge about the children's country. They rely a lot on a constant communication with colleagues and especially mediators that know much more about the cultures and languages of the immigrants. Some mediators also work at the community houses in order to spend more time with the children and get to know them better.

## **Psychological aspects**

The social worker relies a lot on her personal empathy and altruism. Thanks to her experience she is able to have an instinctive feeling about “how” she must behave to 'break the ice'. He is also really patient. He takes time to explain how the “welcome” and construction of the “welcoming project” function and allows time for Walid to think by himself. He listens carefully to his life story, his migration story, his dreams, hopes and fears and the violence abused

## **Results**

Walid’s behaviour today is much more thoughtful. He has exceeded almost all his family traumas. He fully takes part in the local and national community. He is able to run and manage his life on his own. He has a social life with different peers, even though he frequents mainly North African people. After a year, he has received his residence permit. He's been accepted under the humanitarian protection.

## **Lessons Learnt (what could have been done better?)**

The social workers at the center have been able to help the guy to overcome his injuries and be able to integrate in Italy for a new life.

Very important was the psychological aspect described, as well as the aspect of communication implemented by cultural mediators.

#### **5.2.4. CASE STUDY 4 – TURKEY**

##### **Context / Background**

Ali is a 13 year old boy, who is affected by cerebral palsy. He is also severely mentally retarded and suffers from severe hypo-vision. He can neither speak nor walk. His father has not accepted his disability and has unrealistic expectations about his possibilities of improvement. Home care assistants report that he forces them to stimulate Ali many times a day with visual, auditory and tactile stimuli, which makes him cry. The father drags Ali to make him crawl on a mattress: since he is unable to move, he has abrasions at the base of his neck. When Ali sees his father, he freezes.

##### **Open Questions for discussion**

- What are the risk factors for Ali?
- What may be the symptoms of domestic violence?



### **5.2.5. CASE STUDY 5 – UNITED KINGDOM**

Parenting workshops give mum with history of domestic violence the confidence to set boundaries for her son, improving his behaviour, and enabling him to spend more hours at school.

#### **Starting point and evidence of need**

Mum attended the parenting workshops at her local children's centre. There is a history of mostly physical domestic abuse towards her and her oldest child who is aged 5. Her youngest child is 21 months old.

Mum and the children were placed in a women's refuge for their safety and to remove them from the risk of violence. She needed support to put boundaries in place and limits to her eldest child's behaviour. He was diagnosed with ADHD in December 2009 and is only attending school for half days due to his behaviour.

#### **Work undertaken**

The Common Assessment Framework (CAF) was reviewed and a Team Around the Child (TAC) meeting held to help with the support of the 5-year-old, especially at school.

- The outreach worker worked on the following with mum:
- The importance of spending time playing or in a child-led activity and how she can spread her time between the two children.
- Child development and how each child differs and develops at their own rate.

- Understanding that she was the role model to her children and they watched and copied how she was talking, acting and reacting to situations.
- Realising that the 5-year-old's past life experiences will affect how he views others and how he behaves towards those in authority.
- The use of positive praise and how to praise without words.
- How to manage certain behaviours that are socially unacceptable.

## **Outcome**

The school is now allowing the 5-year-old to attend nearly a full day and have applied for a statement, which will support his education. They are also dealing with him in a more appropriate manner.

Mum feels more confident in coping with unwanted behaviour and putting boundaries in place. She is able to meet both the 5-year-old's emotional and physical needs in a calmer way.

Mum is building up her friendship and support network and making the time she spends with her eldest child purposeful and effective.

The 5-year-old is more in control of his behaviour and happier in himself. He also understands who is in charge at home and the consequences to his behaviour.

## **Why was it successful?**

Mum was able to reflect about her past experiences in a confidential atmosphere. She found support from the other attendees, some of whom were also victims of domestic abuse. She is more understanding of how her behaviour affects the children and how they behave towards her. Mum is using the positive strategies discussed in the group. She is realising that she would benefit from further parenting support.

## **Next Steps**

Mum has put her name forward for the next Incredible Years group (12 weeks) starting January 2011.

## **5.2.6. CASE STUDY 6 – GERMANY**

### **Context/Background**

Describing the domestic situation of the affected children, their parents are pretty young and have a poor education, no completed vocational training and a poor economic status. The mother is working as a prostitute.

Their first mutual child, a son, Was born in 2003.

After birth, the parents separated.

In 2005 the second child, a daughter, of the same mother but of another father (a sex-client of the mother), who is unknown, was born.

## **Nature of the case**

At 2005 both children, the boy and his half-sister, are living at the father`s house without the mother.

Sometimes the mother takes the two children (at the age of a few month and at the age of three years) with her and offers them to some of her clients for perpetrating sexual activities.

It is assumed that the father, respectively the step-father, abused the children in a sexual way as well at that time.

A married couple, who lived in the same building, recognized that there was something wrong with the family, due to closed shutters and the fact that they often heard the children cry.

These neighbors offered the single father some help to relief him from his obligations towards the children, which he accepted, so that the couple took care for his son and his stepdaughter a few hours during the day.

The couple recognized that both children were very thin and were underweight for their age: The three years old boy weighed just 9 kilos and seemed to be always very hungry. At the neighbor`s house he ate a lot. The girl at the age of 15 month weighed just around 6 kilos and presented the symptoms of the so-called “frozen watchfulness”, which means, that her face was masklike and completely expressionless, so that she didn`t show

any smile or reaction, and didn't move around, if she was set on the ground.

**Classification:**

To sum up all the harms among the children, which were discovered at that point and later on, there is an awful long list of offences, which damaged the young children, including any kind of abuse.

So the infants suffered

**Sexual violence,**

**Physical violence** (They had been beaten as well),

**Physical neglect** (They got far too little to eat),

**Emotional abuse** (They didn't get any shelter and even were sold for sexual violence),

**Emotional neglect,**

**Medical neglect** (Their parents never consulted a pediatrician)

and finally **Educational neglect.**

Altogether the mistreatments led to severe malnutrition, the gravest impairment of the mental, psychological, emotional and physical health, expressed in a phenomenon as the frozen watchfulness, and to a certain degree of **mental retardation.**

## **Actions taken**

The attentive neighbors now took the children in day-care and sent a notification to their local Youth Welfare, that there`s something completely wrong about the kids.

The alarmed institution then initiated on the basis of some investigations,

- that the children lived in a **foster family around the clock**,
- that they received **medical** and **educational support**
- and that they had **psychological help**.

Due to repeated aggressive outbursts of the infants after the visits of their biological parents, the Youth Office imposed a strict **visiting ban** and a **communication ban** to protect the children`s wellbeing.

Some time later the foster family moved to **another city**.

The Youth Welfare didn`t launch a court procedure against the natural parents, because the children were too young at that time, so that their testimonies wouldn`t have enough credibility. In the case, that their parents would be found to be innocent, the infants would lose their legal protection against them.

Furthermore the Youth institution introduced a **diagnosis** and an **observation of the development of the**

**children**, early support of both and a permanent psychological care on outpatient basis.

**People/Institutions involved:**

- **Neighbors/foster family**
- **Youth Welfare** as a coordinator, which involves and links all the helping institutions, which are namely:
  - **Medical centres** with pediatrics

**Kindergartens** and **schools**, which have to be informed about their case.

**Results:**

In their foster family the children now feel safe, but they have still got many difficulties to find their way to a “normal” life dealing with cognitive deficits, deprived of a good and healthy childhood.

**Lessons learnt:**

At first the case shows how important the role of the neighbors was, who were vigilant, had civil courage and acted appropriate and immediately.

Secondly, the severe abuse could have been detected much earlier, **if it was required by law** to regularly consult a pediatric for a **preventative check-up**. If child benefits would be attached to such conditions, irregularities could be recognized earlier by the treating physician, who could intervene immediately.

## **6. LLP GRUNDTVIG OVERVIEW**

The Grundtvig sectoral program responds to the needs of teaching and learning of people involved in all forms of adult education, as well as the institutions and organizations that are involved in this type of education or facilitating.

### **SPECIFIC OBJECTIVES:**

- Respond to the educational challenge of an aging population in Europe.
- To provide adults with pathways new faces to improve their knowledge and skills.

### **THE OPERATIONAL OBJECTIVES OF THE PROGRAM:**

- Improving the quality and access to mobility in Europe of those involved in adult education and increases the volume until you get to support the mobility of at least 7,000 people per year by 2013.
- Improve the quality and increase the volume of cooperation between organizations involved in adult education in Europe.
- Assist persons belonging to vulnerable social groups and marginal contexts, with special attention to those who have interrupted their education without having attained the basic



qualifications to help them find alternative opportunities in access to adult education.

- Facilitate the development and dissemination of innovative practices in adult education, including their dissemination from one participating country to another.
- Support the development of innovative ICT-based content, services, pedagogical methods and practices for learning throughout life.
- Improve pedagogical approaches and the management of organizations dealing with adult education.

## 7. THE PROJECT AND PARTNERS

### 7.1. THE PROJECT

More information about Project STEPS or “New Approaches for Prevention of Domestic Violence against Disabled Children for developing a Better Social Europe” can be found through the following channels:

- **Project Website:** [www.steps.ceipes.org](http://www.steps.ceipes.org)
- Project Facebook:
- Project Wiki page:

### 7.2. THE PARTNERS

#### SINOP İL MİLLİ EĞİTİM MÜDÜRLÜĞÜ



**Partner Website:**

<http://sinop.meb.gov.tr/>

**About the Partner:** Sinop Provincial Directorate of Ministry of Education is responsible of 36521 students in Sinop region. There are more than 2000 teachers in our province who are under administration of directoriate. The Directorate is responsible of special education too and give training to approximately 200 disabled persons in the province. The rehabilitation centers who make supportive training for disabled are under supervision of the directoriate too.

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## **CEIPES - CENTRO INTERNAZIONALE PER LA PROMOZIONE DELL'EDUCAZIONE E LO SVILUPPO**

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### **Partner Website:**

[www.ceipes.org](http://www.ceipes.org)

**About the Partner:** CEIPES is a non-profit international organization active in European

fields, with seats in 5 European countries - Italy, Portugal, Turkey, Hungary and Belgium. CEIPES works at European, International and local level coordinates CEIPES Network from divers municipality of Sicily region, Palermo Provincial Directorate for National Education, secondary schools, University of Palermo; CUD-University Center for the Disabilities, ETHOS Department of the Faculty of Training Sciences of the University of Palermo, IAL CISL SICILIA (Coordination of Regional and professional Education Services), FLTLAB (ICT& Innovation) and also other private and public institutions (Adult Education Centers) in Sicily. The aim of this network is to foster cooperation at local level and to facilitate access to European level opportunities, such as learning mobility and European cooperation.

The main purpose of CEIPES is to promote the Education and Development of young people and adults through activities in education, training, culture, nonviolence, interculturality, solidarity, human rights,

active citizenship, international cooperation, and promote services thus contributing to human and civil growth at individual, community and world levels.

The mission of CEIPES is to foster and support the sustainable development of local communities and individuals' empowerment through education and training, human rights and international cooperation.

In Italy there are 2824000 (ISTAT 2000) people with disability, what means more less 5% of the population. In the region where Palermo is located, disabled people are 110 000, and 40 000 of them live in the province of Palermo (Ausl 6, 2003). The territory of Sicily and Palermo are characterized by a high school dropout, from a lack of information and meeting point for young people, by low participation in social and political life, by a high level of unemployment from a rate of violence among young people is quite high, high immigration, from a system where equal opportunities are difficult to achieve among other aspects, such as geographic isolation resulting from the fact of being an island and the mafia, which operates in the territory from several decade second growth and development. Lack of social support, limited opportunities for education, employment or participation in the community further isolates disabled children and their families, leading to increased levels of stress and hardship.

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## MULTINATIONAL EDUCATIONAL CENTER OF BIRMINGHAM LTD

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**Partner Contact:** <http://www.mecb.co.uk/>

**About the Partner:** The MEC is based in the city of Manchester and is involved mainly in the fields of adult education and development. Our actions promote respect for difference, equality and conscientious work. We aim to promote and to protect the rights of people to increase their vocational qualification. The Center works for the principles of the equal opportunities of the people with disabilities. Moreover, It is involved in activities on social and cultural level to favor concrete trials of real integration of new educational methods and strategies and to oppose every form of stagnation.

Our guiding principles encompass equality, impartiality, straight of choice, efficiency and effectiveness. We always guarantee to the consumers accurate evaluation of the applications and the needs; exhaustive information on the service and on the attended results; development of comprehensive and methodically correct strategies, ensuring quality and effectiveness; collaboration and synergy with the institutional, cultural and professional

resources; improvement of the quality of the life through providing education of highest standard; respect of the dignity and the privacy of the person.

The MEC team focuses all its energy to create an environment of tangible results that could easily be disseminated throughout Europe afterwards, thus providing a profound impact of the project and increasing the European added value.

## **FRIEDRICH-ALEXANDER-UNIVERSITY ERLANGEN-NUREMBERG, INNOVATION IN LEARNING INSTITUTE**

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**Partner Website:** [www.fim.uni-erlangen.de](http://www.fim.uni-erlangen.de)

**About the Partner:** Department of the University of Erlangen-Nuremberg, the second largest university in Bavaria. ILI works on technology-enhanced learning and qualification systems in the context of life long learning. Since 1986 it has widely been involved in European R&D Projects in the field of innovative learning technologies for learning systems (content, technology, support, organization, evaluation) in the context of adult education. A special emphasis is given to disadvantaged

groups, who often can profit most from technology-enhanced learning. ILI has a powerful learning technology development centre which develops and adapts learning systems for optimizing the learning process, open source learning environments and authoring systems, communication and cooperation systems. At present, 25 people work at ILI in an interdisciplinary team of cognitive and social scientists and technology and multimedia experts.