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Guide on Access to Justice for children with disabilities and/or psychosocial problems

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Child-friendly justice in the Greek and Cypriot courts

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Introduction

The actual culture of a society is reflected in how it treats its weakest and most vulnerable members.

In general, minors fall under this category, as they cannot adequately defend their rights themselves,either as victims or as accused persons. Among them, there are also minors with disabilities, chronic medical or mental illnesses and chronic psychosocial problems, who are often unfortunately treated as second-class citizens and children of a “lesser God”.

This guide has two main objectives. Firstly, to provide information about the specific medical, psychiatric and social needs of children falling under this category. Secondly, to recommend ways of improving the involvement of this population in justice, through easier access to it, better communication and an understanding of its specificities in a context of meaningful rather than superficial “inclusion”.

Particular emphasis has been placed on making the reader understand the need to adapt to the “world” of children with disabilities and psychosocial problems,and the way judicial officerscan do so. This is not merely limited to designing aninterview room for children, for example, but also includes adopting a different language expression, understanding their everyday life and complex needs. This will also result to establishing a relationship of trust between the minor and the judicial system, and ultimately,protecting the victim as wellas offering juvenile offenders a restorative experience.

Judicial interviewing of minor witnesses is often particularly difficult and sometimes mentally exhausting for judicial officers. In cases of children with disabilities and psychosocial problems, the degree of difficulty increases exponentially.

We hope that this guide will effectively and practically assist professionals, who arerequired to fulfil this demanding task.

A. Terminology

The way we refer to children with disabilities and/or psychosocial problems reflects our social norms and perceptions. Language is changing rapidly, just as our society is. The terminology for the elimination of derogatory and stereotypical language in reference to persons with disabilities from the Codes hasvery recently been updated in Greece (Government Gazette 34/A/17-2-2023), to promote the principle of equal treatment.

Some examples of common mistakes include:

Wrong terminology	Correct terminology
Persons with special needs	Persons with disabilities
Autistic child	Child diagnosed with autism spectrum disorder (ASD)
Child suffering from mental retardation	Child with intellectual disability
Deaf-mute/ Deaf	Persons who are hearing impaired or hard of hearing
Normal/regular child	Child without disability

The guide uses the terms “children with XXX disorder” and “children with psychosocial problems”, instead of the term “children with intellectual disabilities”, which is also correct,in order to emphasise that these diagnostic entities often refer to a difficulty, which is limited in time, and which, within the course of the child’s development and with appropriate support,may or may not result to disability,in the sense of barriers that a person may face because of a diagnosis. Moreover, “initsmostcontemporaryconception, disabilityisasocialphenomenon (andnotanimpairmentordisease), withobjectiveandsubjectivedimensions, shapedbytheinteractionbetweenindividual, environmentalandbehavioralfactors (UnitedNationsConventionontheRightsofPersonswithDisabilities)”.

B. Children with disabilities and/or psychosocial problems

This section provides a brief overview of the main types of disability and/or disorders, describing how they may affect children's communication and contact/communication with the justice system.

1. Chronic health problems

Chronic health problems, which require constant medical care and compliance with demanding treatments, may affect a child's physical, emotional and mental development. Some examples of chronic health conditions that affect children include asthma, diabetes, cystic fibrosis, juvenile arthritis, epilepsy, inflammatory bowel disease (IBD), congenital heart defects, cerebral palsy, cancer, food allergies, and genetic disorders.

2. Intellectual disability

According to the World Health Organization (WHO), "intellectual disability"is defined as"a significantly reduced ability to understand new or complex information and to learn and apply new skills". This results in a reduced ability to cope with fulfilling normal social roles, and begins before adulthood, with a lasting effect on development.

"Disability depends not only on a child's health conditions or impairments but also on the extent to which environmental factors support the child's full participation and inclusion in society". (World Health Organization, 2018).

There are deficits in intellectual functioning and deficits in adaptive functioning. Without ongoing support, deficits in adaptive functioning limit functioning in one or more of the activities of daily life, such as communication, social participation, independent living.

The degree of difficulty varies according to the severity of the disability and possible comorbidity with other disabilities or problems.

3. Physical/motor disability

Children with physical/motor disabilities may face a wide range of difficulties affecting their mobility, strength and body functioning.

4. Sensory disability

Sensory disabilities refer to conditions that affect a person's ability to receive, process or

respond to sensory information from their environment. They may relate to any of the five senses: vision, hearing, taste, touch and smell. However, they usually include: **vision impairment, hearing impairment, multi-sensory impairment**. (Some impairments may affect multiple senses, such as deaf-blind persons with vision and hearing impairment).

Sensory disabilitiesmay vary in degree and children may have different levels of functioning. There are technical aids to help persons cope with everyday life, access information and communicate with others.

5. Mental disorders

Mental health problems in childhood may affect a child's emotional, psychological and social well-being. These conditions manifest themselves in different ways and have different causes. Some examples of mental disorders include:

Anxiety disorders: Excessive anxiety and fear about various aspects of life, often leading to physical symptoms such as motor restlessness, tachycardia, breathing difficulties, etc.

Separation anxiety disorder: Excessive anxiety related to infant's or toddler's separation from his/her caregivers, leading to sadness and refusal to stay away from them.

Depressive disorders: Persistent feelings of sadness, hopelessness and loss of interest in activities.

Selective muteness: Persistent inability to speak in certain social situations, even though the child is able to speak.

Attention deficit hyperactivity disorder(ADHD): Characterised by difficulties in attention, impulse control and often hyperactivity.

Autism spectrum disorder: (see dedicated section).

Obsessive-compulsive disorder: Unwanted, recurring thoughts (obsessions) and need to perform certain behaviors or rituals (compulsions) to relieve anxiety.

Post-traumatic stress disorder: It manifests as a response to a traumatic event, leading to symptoms such as sudden acting or feeling as if the traumatic event were recurring (flashbacks), nightmares, and hypervigilance.

Eating disorders: Anorexia nervosa:Intense fear of weight gain, leading to severe restriction of food intake.

Bulimia nervosa: Recurrent binge-eating episodes followed by compensatory behaviors such as purging or excessive exercise.

Oppositional defiant disorder: Frequent and persistent patterns of contempt, disobedience and hostility towards authority figures.

Conduct disorder: Persistent patterns of antisocial and aggressive behavior, including aggression towards people and animals, destruction of property and theft.

Schizophrenia: A rare but severe mental disorder characterized by impaired thinking (delirium), perception (hallucinations) and impaired social and cognitive functioning.

Detection and diagnosis of mental health problems requires an individual assessment by a team of experts.

C. Barriers to access to justice

Children with disabilities who come into contact with the justice system face challenges in terms of accessibility, protection and equality. These challenges are addressed in this section, so that justice practitioners can identify and take them into consideration in the course of their duties.

1. Physical barriers

Judicial structures are not always designed to prioritise accessibility for children with physical or sensory disabilities. Some of the physical barriers children with disabilities or chronic health problems face include areas that are not wheelchair accessible, lack of specific signage for visually impaired children, inappropriate toilets and waiting areas.

Especially children with autism spectrum disorder and attention deficit hyperactivity disorder often have increased sensitivity to sensory stimuli, light, sounds, overloadedspaces, etc.

Children come into contact with the judicial system in the course of criminal, civil and administrative proceedings,during a period of time that is emotionally charged, most likely due to traumatic events. Appropriate reception areas for childrenare crucial to avoid secondary or repeated trauma.

2. Barriers to access to information

Access to information is challenging for children with disabilities and/or psychosocial problems.

Even today, there is still no social awareness of the fact that children with disabilities have legal capacity, based on human rights law. This is the case for family, school, shelter facilities and judicial officers. As a result, these children are not informed about their rights, are not empowered to participate in decisions that affect them, and their autonomy is not promoted. For example, there is no child-friendly material on rights and judicial procedures in Braille, sign language, or other specific means of alternative communication.

3. Communication problems

Children with disabilities and/or psychosocial problems may face various challenges that affect their ability to express themselves and effectively participate in judicial proceedings. These challenges may arise due to the nature of their disabilities, limited availability of aids, and gaps in professionals' training.

Legal language is very complex and includes terminology that is difficult for children, especially those with communication problems, to understand. Formal and imposing settings may cause anxiety or stress, affecting a child's ability to communicate effectively. Another barrier may be the fact that there is limited time available to process information and formulate responses. Courts may lack trained interpreters for children with disabilities, particularly those who communicate through sign language or alternative communication methods.

Children themselves often find it difficult to express themselves orally or through traditional means and understand speech, depending on their age. Children with autism spectrum disorders may find it difficult to express their feelings, which affects their ability to convey relevant information. Young persons with psychosocial problems may, for example, refuse to talk to strangers.

4. Stigma and prejudice

Stereotypes and prejudice held by professionals within the justice system may significantly impact the treatment of children with disabilities and/or psychosocial problems, leading to different, perhaps unfair, treatment. Some examples of prejudice include:

- **"Inability":** assumes that children with disabilities do not have the ability to understand legal procedures or make informed decisions.
- **"Burden":** considers the participation of children with disabilities to be too demanding for the resources and capacities of the judicial system.
- **"Victim":** perceives children with disabilities as vulnerable victims, an attitude that leads to overprotectiveness and pity.
- **"One fits all":** perception that all children with disabilities are the same, overlooking their diversity and abilities.
- **"Labelling":** focuses on diagnostic categories rather than individual needs.

5. Institutionalisation and isolation

> "The child, for the full and harmonious development of his/her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding"
>
> Convention on the Rights of the Child

Some children with disabilities and/or psychosocial problems are placed in overcrowded facilities (orphanages, church and public shelters, closed facilities for asylum seeking children, juvenile treatment centers and juvenile detention centers), out of local communities. This isolates children from society and renders them **invisible**, as they have no "voice" and no access to complaints mechanisms for violations of their rights.

According to studies carried out by children's rights organisations, complaints mainly concern **living conditions**, such as lack of activities and stimulation, inadequate food and inadequate heating. The culture of "depersonalization" of children, shortages of qualified staff and lack of staff supervision may lead to neglect and abuse of these vulnerable children. Several international and national studies have demonstrated the implications for children's physical, cognitive, emotional and social development.

Especially in institutional settings, there is a risk of forms of sexual harassment and rape. The lack of appropriate **sex education** is another barrier, leading to children's inability to understand and communicate what has happened to them. Total **dependence on their caregivers** may lead to concealing traumatic experiences, in case they are the perpetrators of abuse or maltreatment.

In order to ensure child-friendly procedures for children living in institutional settings, theyare required to have access to specialised legal representation, and a trusted adult with expertise, who guides them through the justice system, supports them and involves them in decision-making to the maximum extent possible. Swift decision-making is essential, so that immediate protective measures can be put in place in case of repeat victimisation.

6. Lack of coordination between stakeholders

It is clear that in case of children with disabilities and/or psychosocial problems a holistic approach that goes beyond formal legal procedures is required. Cooperation between lawyers, mental health experts, social workers, teachers and parents is crucial. Several structures and services are required to plan the continuum of care, treatment, rehabilitation and reintegration of these children into society, beyond judicial procedures.

> "The lack of a comprehensive child-friendly justice policy has contributed to a lack of purposeful multi- or cross-sectoral cooperation, and a limited development of services for children in contact with the justice system."
>
> UNICEF (2022) Assessment of the child friendliness of the Justice System in Greece.

A major study on the situation concerning child abuse and neglect in Greece (BECAN, Institute of Child Health, 2010) has highlighted the lack of coordination within the protection system. There are neitherorganisations with "specialised" competence nor uniform criteria for investigating and identifying cases of child abuse and neglect.

D. Inclusion and human rights

Access to justice for children with disabilities – a paradigm shift.

Disability has long been perceived as an individual problem that was beingaddressed from a medical and charity perspective. However, today, the approach of equal rights and inclusion prevails. Disability is currently clearly perceived as an aspect of human diversity, as opposed to the formerly dominant medical-centered model, which perceived it as an individual deviation and pathology.

> The United Nations Convention on the Rights of Persons with Disabilities (2006) guarantees persons with disabilities **full rights** and **freedoms**, and the **ability to exercise self-determination** and **fully participate** in social life.

The crucial aspect of this shift is that persons, families and organisationsare perceived as **active partners, participants** in the implementation of these rights.

Inclusion means not leaving anyone out of the group and society. Removing barriers to access to justice, particularly for children with disabilities, is built around three pillars (Booth and Ainscow, 2017):

1) shaping a **culture of inclusion;**

2) establishing **inclusive policies;** and

3) implementing **inclusive practices.**

As faras access to justice for persons with disabilities is concerned,the Convention on the Rights of Persons with Disabilities, which has been ratified by Greek Law 4074/2012, explicitly guaranteeseffective access to justice on an equal basis and equalrecognition before the law:

Article 12 Equal recognition before the law

Article 13 Access to justice

In addition, as far aschildren with disabilities and/or psychosocial problems involved with the law are concerned, the inclusive approachfocuses on the removal of potential barriers to participation and access, in line with children's basic rights,which are set out in the **Convention on the Rights of the Child.**

Article 12

1. States Parties shall assure to the child who is capable of forming his/her own **views the right to express those views freely in all matters affecting the child, the views of the child being given due weight** in accordance with the age and maturity of the child.

2. For this purpose, **the child shall in particular be provided the opportunity to be heard** in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, **promote self-reliance and facilitate the child's active participation in the community.**
(Convention on the Rights of the Child,ratified by Law 2101/92).

E. Strategies and methods to maximisethe opportunities of children with disabilities and/or psychosocial problems to participate in judicial proceedings

1. Accessible information - informing children:

Access to information for children with disabilities and/or psychosocial problems requires information exchange and dialogue between children and adults, based on mutual respect, taking into account their views andhearing them. This is not limited to judicial proceedings but includes all matters concerning them.

> According to the European Union Agency for Fundamental Rights (FRA), Member states … "should clearlydelineate **by whom, where, when, how and about what children should be informed**. Theyshould establish the authority responsiblefor informing children, increase the role ofpsychologists and relevant social professionalsin informing them…". (Child-friendly justice –perspectives and experiences, Opinion 14, 2017)

Information should be oral and written, adapted to the language the child uses and understands, depending on his/her difficulties and age. In order to process information, especially concerning complex and emotionally charged issues, **a combination of written information with oral explanation** is recommended (the child receives information through pictures, text, audiovisual material, role-play, accompanied bypersonalised oral explanation). This way, the child has the opportunity to ask questions, while at the same time being able to consult the material on his/her own, as many times as he/sheneeds. Information should be translated accordingly in cases of persons with sensory disabilities or children with a different native language.

Repeating the information is crucial in cases of children with intellectual disabilities, attention deficit or emotional problems. It is important to avoid providing too many details without missing the point.

Possible implications and different options available to children before, during and after the court proceedings should be discussed in due time.

> FRA Interviewer: "What is the best way to inform a child?"
>
> Child: "**It depends on the age.** For six to seven year olds,you can explain to them with pictures, photos, [special]texts... I would have liked something like that. When you'reyoung, you can play. You could act out meeting the judgebefore meeting him. Help them understand **in their ownwords**, words that are not words of adults. It would begood if the child is not told three days before. I think atleast a month." (France, female, 17 years old, party, childprotection-related case, inadequate parenting)

2. Involvement of trusted adults

> Research data have indicated that children prefer to be informed by their parents, rather than other adults such as lawyers or court officials(Kilkelly, U. 2010).

The involvement of trusted adults is an **appropriate form of assistance**, essential for child-friendly justice. Parents (or sometimes adults of the child's choice, or representatives of public or private institutions) play an important role in keeping the child informed throughout the proceedings. Children with disabilities and/or psychosocial problems need a stableadult by their side to understand the procedures, actively participate, be heard and, above all, receive adequate emotional support, with a view to avoiding secondary or repeat victimisation, bullying or retaliation.

Parents who support their children during court proceedings do not only help in the pre-trial phase, but also assistthemin understanding and complying with procedures and decisions, as well as **acceptingsentences or correctivemeasures**that may be imposed on them.

Parents must be properly informed and made awareof every stage of the procedure, and of what is expected of them and their child, in order to be involved as alliesin child-friendly justice systems.

3. Effective communication

3.1 Language and communication

Language reflects our attitudes, knowledge and, above all, respect for persons belonging toany population, culture and/or cultural group. However, language preferences should originate from the community of persons with disabilities and may change over time. It is important to accommodate these changes, in order to avoid the use of language that is offensive to persons with disabilities.

It must be clarified that disability is part of a person's identity and not his/her identity as a whole. In general, it is recommended to prefer descriptive terms instead of evaluations, in order to refer to behaviors or problems.

The basic communication principles of **compassion, respect, empathy, dignity and taking account of other persons' needs** must be respected in any case involving children, regardless of their abilities or difficulties.

Professionals should use non-discriminatory and non-paternalistic language, conveying respect, the fact that they are equal before the law and treated equallywithpersons without disabilities.

3. 2. Pre-interview process

Start by adopting a non-judgmental attitude. It is important to use language indicating empathy for the person. However, using language that is overly "sympathetic" or indicates pity may upset the child and have an unintended negative impact on communication.

Pay attention to similarities, not just differences. There are far more similarities than differences between persons with and without disabilities. Do not ignore the similarities. Of course, there are also significant differences, which you should be aware of, in order to approach the child more effectively.

Learn about the method of communication. For example, when the primary method of communication with a child is not typical verbal interaction, it is important to receive basic information about how the method you will use to communicate with the child works, and make necessary minor adjustments. For example, find an interpreter or mediator. The mediator may be a school teacher, a speech therapist or a caregiver, who can understand the child's way of communicating.

Avoid asking parents or other family members to facilitate your communication with the child by being present during the interview, as they may be the perpetrators themselves, or represent the perpetrators.In addition, a family member or a relativeacting as an interpreter or a facilitator may have a self-interest in not interpreting correctly. In some cases, of course, it may not be possible to avoid seeking assistance from a person from the family, but this should be evaluatedaltogether, when assessing the material resulting from the interview. It needs to be clarified that parents should be made aware of the procedure. As mentioned above, it is important to involve a trusted adult in the procedure. However, it is important to meet the child alone **when conducting the interview.**

Seek for basic information about the child's personal background. Before interviewing the child, obtain information about his/her social, medical, and educational background, as well as basic communication, cognitive and behavioral problems that he/she may face, through documents and relevant third parties. In addition, it is important to be aware of the child's schedule and habits. Many persons with disabilities must follow a strict schedule and unexpected changes may be very stressful for them and affect their cooperation.

Find out how the child reacts to anxiety and stress. In addition to being aware of the features of the person's disability and psychological communication difficulties, it is also crucial to find out how the particular child may behave under stressful situations. Does he/she become hyperactive, does he/she withdraw and not communicate, does he/shebegin to self-harm?

Choose a suitable venue for the interview. As in any other case, consider the impact that the setting where the interview will be conducted may have, particularly on the child victim. The venue should meet the requirements of legal proceedings, including confidentiality, privacy, video recording (if necessary), and safety of police officers and judicial staff. The venue needs to be quiet, free from disruptive stimuli. In addition, persons with certain disabilities or psychosocial difficulties (for example, autism spectrum disorder, epilepsy or other neurological conditions) may exhibit particularly strong reactions and behaviors to disruptive stimuli.

The location of the interview should not be the location of the assault **or criminal offence.** Child victims feel safer and more protected in a neutral venue, appropriately designed for children and minors, which resembles a house rather than an interrogation room.

Provide space for wheelchairs and interpreters. Make the venue look spacious. Using small-sized objects and furniture is a good way to do so. Avoid using a lot of small items, which may attract the attention of a child (for example, with autism or hyperactivity), acting as a distraction.

Prepare the venue for the interview. To alleviate interview anxiety, provide objects that the child can handle or touch, such as drawing paper, pencils, or stress balls. Moreover, make sure that objects that may injure the child are removed. Use materials to assist you during the interview, including, for example, photos of the child's home, school, workplace, social activities, simple dolls and pictures.

If the interview is being video recorded, check your country's or agency's regulations. In most jurisdictions, video recording of interviews is permitted and encouraged. Video recording allows you to record the victim's reactions, behavior, characteristics, and more. A trial may take place many months or even years later;in this case, the victim's statements and ability to participate in the interview are captured through the video recording. Later on, the victim may no longer be able to testify because the symptoms of his/her disability or psychosocial condition may have changed.

3.3 Interview process

Present yourself: Introduce yourself calmly and politely. Offer to shake the child's hand, but let him/herdecide if he/she wishes to do so. Let the victim introduce him/herself to you, if he/she chooses to do so. Explain to the caregiver what is going to happen during the interview and how long he/she will be waiting. Inform the person who accompanies the child that he/she must be examined alone to ensure the interview's reliability. Provide as much information as necessary to ensure that the caregiver accompanying the child fully under-

stands the procedure. This will facilitate the child's separation and propercasemanagement. Let the child know where you are going and for how long. Guide him/her to the venue where the interview is going to be conducted. It is preferrable that you enter the room first and the victim follows you. This usually helps the child feel more comfortable.

Make sure the child is comfortable and take care of his/her needs. Before the interview starts, offer water, another soft drink or drink and indicate where the toilet is. Do not touch the interviewee. Some persons with disabilities and psychosocial problems are particularly sensitive to touch or may easily misinterpret it. Merely offering a handshake is not a problem. Make sure that the child and the interviewer are the only persons present in the room, apart from the interpreter or mediator. In addition, ask the child to provide consent for the interview that is going to take place on that day. There is no point in starting an interview if the child does not feel adequately prepared. Let him/her know if the interview will be recorded or videotaped and explain why. Ask for the child's consent before starting the recording as well. Let the child know that you will take breaks from time to time and that he/shecan ask for a break at any time.

3.4 Relationship

Building trust. Use standard interview protocols. Explain who you are and what the purpose of the victim's discussion with you is. Explain what will happen at each stage. In case of an emergency, deal with it calmly. Ask about the child's interests with genuine interest. Briefly talk about yourself. The concepts of active listening, **empathy** (ability to somehow put ourselves in anotherperson's shoes), and establishing a supportive environmentare essential. According to Rogers (1961), the key principles underlying a person-centered approach are: Attention and Observance, Acceptance, Authenticity, Empathy. **Use simple language**. Speak as adults normally do, avoiding child or infant language (for example, childish tone, loud voice, exaggerated expressions). Use vocabulary, syntax and grammar appropriate to the child's level. Avoid lots of "why" questions and prefer questions about specific behaviors. Use "when" questions relating to the person's daily or weekly activities, if the child has adequate sense of time. If the child's answer to a question is not understood, ask him/her to repeat it. Ask one question at a time. Avoid complex questions. Use simple questions.

Do not restrict hyperactive or nervous movements that children may do to alleviate their anxiety (for example, leg shaking, finger twirling).

3.5 Personalised approach, personality traits and emotional signals

The interviewer guides the interview and must be calm and patient. Let the interviewee speak at his/her own pace, and do not put pressure on him/her. Do not "overload" the inter-

viewee with additional questions immediately after he/she has answered a question. If you do not understand what the child is saying, do not pretend to understand. Ask for clarifications in the most suitable mannerfor you. It may be necessary to call someone who knows the child and has no interest in the outcome of the interview, such as a teacher or speech therapist, to act as an interpreter.

In many cases, children say what they think you would like or expect to hear. Children are very likely to want to please you. Therefore, it is important not to state or imply your desired answer or preference concerning a particular question.

Do not expect victims to describe their experiences in chronological order. People with cognitive disorders may process information differently than people without disorders. Prefer temporal points of reference, such as “first this ....and then that”, rather than asking for exact dates and times.

Be aware of signs of anxiety that a child may demonstrate. If signs of anxiety that are typical of disability and/or psychosocial difficulties are demonstrated, react by changing the subject or taking a break. Signs of anxiety include withdrawal, distraction (looking around), nervousness, moaning, shaking, light tapping and not answering questions. If separation from the parent or caregiver is causing significant distress, take more time and leave the parent or caregiver in the room for a short time until the child adjusts to the process. This may be all that can be accomplished in the first meeting.

Be prepared to conduct several short interviews. If the current situation is too stressful and not productive, consider conducting another interview with the child. Do not ask the victim if he/she wants a break. Often, in everyday life, persons with disabilitiesareinformed about break times and not asked if they want a break. Choice is often not part of their life experience. However, if you still wish to give persons with disabilities a sense of control over the interview process, you can say something like: “I would like to take a break. Would you like to take a break as well?” This is an easy way to providethe opportunityto make a choice and a sense of control.

3.6 Post-interview process

After the interview, the team should evaluateits content by examining: the interviewee’sbehavior, reactions, body language, spontaneous expressions, all the answers (answers to questions that require a specific pattern of answers), whether all of the vocabulary used by the interviewer has been understood, and any drawings or scribbles made during the interview. Videotaping (if used) provides an opportunity to review the interview and identify words, statements and non-verbal messages that may have been missed during the interview.

Inform the child's caregiver or responsible adult about support services, which may be available in your area and could meet some of the child's needs.

Emotional self-care and control. Interviews with children with disabilities and/or psychosocial problems are often particularly challenging and emotionally charged. After the interview, allow some time for reflection, emotional discharge or even discussion with colleagues.

Concluding this subsection on communication with children and the interview process, it should be pointed out that Greek Ministerial Decision no. 7320/2019 (Government Gazette B 2238/10.06.2019) includes condensed scientific knowledge on establishing appropriate conditions and spaces, the manner, methodology and procedure of interviewing minor victims, the procedure of assessing children's perceptive capacity and mental state, and provision of support services.

It is stressed out that it would be vital to institutionalisethe implementation of the protocol for minors' forensic interview. The way the interview is structured (preparation/relationship building - conducting the substantive part of the interview - closing the interview) has a twofold objective: to create a climate of protection and support for the minor and to ensure that information is as reliable as possible. (see Themeli 2014, 2019).

4. Interconnection and monitoring.Multidisciplinary cooperation.

Children with disabilities or psychosocial difficulties, whether victims or perpetrators, have a range of needs that cannot be met by a single service or discipline. Often, apart from legal and judicial services, social, medical and educational services need to be involved as well. The place of residence and placement of these children is another issue representing difficulties. A child-friendly approach should involve a comprehensive rather than a "fragmented" response, which can only be achieved through adequate interconnection and communication between individual services and cooperation of all the professionals involved: justice officials, psychologists, child psychiatrists, social workers and teachers. This ensures a comprehensive assessment of the child, a personalised approach, the active participation of the child, a coordinated support strategy and ultimately taking a decision in the best interests of the child.

The "Protocol for handling child psychiatric cases at the request of the Prosecutor's Office or the Police" of the Mobile Psychiatric Unit of Fokida, of the Society of Social Psychiatry P. Sakellaropoulos, is indicated as a best practice. Connection with the community and authorities and comprehensive support of children and families are based on the principles of community psychiatry and the psychoanalytic perspective (P. Sakellaropoulos).

Principles promoting more effective interconnection.

- The whole community needs to cooperate in order to successfully prevent juvenile delinquency and protect child victims.
- Successful prevention programs are multidisciplinary and offered at community level. Close professional collaboration should be encouraged.
- Each agency should adhere to a specific protocol on how to interconnect with other agencies in the area (for example, police, prosecutor's office, medical and social services). Interconnection should not be only be left up tospecific professionals' willingness to do so.
- Make efforts to keep young people with their families and in their communities.
- Rule out placements and referrals that are likely to exacerbate the child's post-traumatic stress reactions.
- If a child's temporary or permanent out-of-home placement is necessary, consider the least restrictive alternative that supports resilience and does not re-traumatize or trigger post-traumatic stress reactions and survival coping on behalf of the child.
- Provide information about support services, such as possible ways to financially cover the child's medical needs, counseling for sexual abuse cases, shelter services, etc.

5. Cultural competence

Cultural barriers frequently arise as a result of lack of understanding between justice professionals and children with disabilities or psychosocial problems. For example, when the police fail to identify children with disabilities or psychosocial difficulties, theirbehavior is often interpreted as non-cooperation or indifference, resulting in unfair treatment. In case of children who have legal representation (which is often not the case), their lawyer may not be able to communicate with themeffectively. As a result, their views are not properly communicated, the facts are not accurately presented before the court and, ultimately, an inappropriate or unfair sentence is imposed.

How to deal with interviews with children with disabilities and psychosocial difficulties in cross-cultural contexts

- Before you begin, think about your own cultural practices, beliefs, and personal biases around the issues you are going to examine.

- Don't forget that feelings may be expressed through words, tone and volume of voice, as well as through silence and body language. Most emotional signals are subject to cultural interpretation - and also misinterpretation.

- Use simple language. If you choose to use written material to better explain a situation, make sure the most important parts are underlined. Any information you provide in writing should be typed, not handwritten, and in lowercase and uppercase letters.

- Respect the minor's beliefs and attitudes. People react differently to illness or disability. It is helpful to ask the person to provide their own views and perceptions of their situation.

- Pay attention to differences in word meanings: Some words or phrases have different meanings in different cultures. Most Europeans use the word "yes" to indicate affirmation while in other cultures the word indicates acceptance, rather than agreement.

- Ask the interviewee to repeat the instructions you gave him/her, to make sure he/she has properly understood them.

6. Questions for experts' reflection / self-evaluation

- Which myths and stereotypes may affect the process of positive interaction with children with disabilities and/or psychosocial problems during the interview?

- What is the difference between "being" a condition and "having" a condition?

- Where can I find information about children with disabilities and psychosocial difficulties?

- How can I prepare for possible stressful reactions of victims with disabilities or psychosocial difficulties that may arise during an interview?

- What are the practical problems relating to having parents or family members present as interpreters during an interview?

- What are the reasons for eliminating or reducing potential distractions, such as light, noise and visual stimuli, from the child's interview room?

- Why should I consider possible needs, such as adherence to schedule, of children with autism, obsessive-compulsive disorder, or intellectual disabilities?
- How do I introduce myself?
- What can I do if a person with an intellectual disability tries to hug me?
- Under which circumstances would a second interview of the child be required?
- What is the difference between the use of “child” language and simple language on behalf of the interviewer?
- How would I take care of myselfwith regard to the psychological burden involved inworking children with disabilities or psychosocial difficulties in terms of the commitment, responsibility and emotional energy required?

F. Special cases

1. Minors with autism spectrum disorder (ASD)

Children diagnosed with autism spectrum disorder have unique needs that present a challenge in terms of accessing child-friendly justice. To ensure that children with ASD have fair access to the justice system, it is important to take their specific needs into account.

Autism is a neuro-developmental condition that affects a child’s social communication, sensory processing and behavior. The severity and range of symptoms may vary from child to child. The main symptoms are:

Difficulties in social communication:

- Difficulty with non-verbal communication, such as eye contact, understanding and using body language and facial expressions.
- Problems in using and understanding gestures, tone of voice and other social expressions.
- Difficulties in developing and maintaining relationships.
- Delayed or atypical speech development, echolalia or use of language in an unusual way.
- Difficultyparticipating in conversations or understanding idiomatic language.

Difficulties in social relationships:

- Difficulty understanding and responding to other persons' feelings.
- Limited interest in social reciprocity of relationships.

Repetitive behaviors and interests:

- Repetitive stereotypicalbehaviors, such as repeated touching of objects, body rocking, spinning of objects.
- Rigid routines and rituals, where any change may cause distress.
- Repetitive speech or play.
- Limited interests.

Sensory sensitivities:

Increased sensitivity to sensory inputs, including hypersensitivity to sounds, lights, textures or tastes.

In a friendly justice system, **alternative methods** of communication, such as visual support, written communication or assistive technology, should be provided, in order to ensure appropriate communication support for children diagnosed on the autism spectrum. In addition, **child-friendly spaces** should be designed appropriately (quiet) and take into account these children's sensory sensitivities. Daily routines are a safety support for children and procedures should take into account the **child's daily schedule**, in order to reduce stress. All procedures should be **predictable for the child**; information about what will happen, for what reason, when and where, helps the child respond to the interview or what is required of him/her. In this sense, **trusted adults** and lawyers, who should also receive adequate, timely, and responsible information, **play a crucialrole**.

It is important to point out that some persons with ASD may have special and unique abilities, such as excellent memory skills.

Individual symptoms and specificities, as well as possible misinterpretations in the context of contact with children with autism spectrum disorderare indicated in the table below. In the third column, examples of appropriate responses on behalf of judicial officersare provided:

Deviations in social communication	Possible misinterpretation	Appropriate response
Speech in a monotone voice or with a peculiar intonation, sing song speech	Makes fun of the question	Interviewing in accordance with special forensic interview protocol
Echolalia (repetition of words or phrases)	Does not take the question seriously	Interviewing by specially trained scientist.
Obsession (with topics of their interest, returning to them while another topic is being discussed)	Mocks the effort to connect with him/her	Recording on electronic audio-visual media
Responses that are irrelevant to the question	Does not listen Talks balk	Familiarisation with the person's way of speaking and non-verbal facial expressions, before the interview.
Non-verbal facial expression is in conflict with verbal communication.	Shows indifference Lies	Familiarisation with the person's way of speaking and non-verbal facial expressions, before the interview.
No reaction when asked to show something with his/her hand or eyes.	Hides something Lies	Repeating questions.
Inability to respond to several instructions or directions.	Non-compliance	Simple, open-ended questions, not complex questions
Problems in social behavior	**Possible misinterpretation**	**Appropriate response**
Avoiding eye contact	Hides something	Interviewing in accordance with special forensic interview protocol.
Inappropriate laugh	Alcohol or drug use	Acceptance of specific behavior.
Unusual emotional reactions, apathetic	Fearless, hostile	Familiarisation with the person'sbehavior.

Difficulty in identifying emotions. Lack of empathy	Lies	Familiarisation with the person'sbehavior. Use of alternative methods of communication. Use of literal language, without insisting on the identification of emotions.
Atypical, stereotypical behavior	**Possible misinterpretation**	**Appropriate response**
Unusual reactions to sounds, smells, tastes or touches.	Alcohol or drug use	Consistentbehavior with a calm voice – de-escalation techniques.
Intolerance to environmental stimuli	Non-compliance (does not want to sit on chair)	Regular breaks
Unusual gestures	Non-compliance	Time to release tension
Inflexible routines	Alcohol or drug use Non-compliance	Adjusting to the child's daily schedule.

2. Adolescents as accused persons

The rates of adolescents with psychosocial difficulties, intellectual disabilities and mental disorders,who come into contact with the criminal justice system, as accused persons, are disproportionally high in comparison to the general population of adolescents.

Compared to the general population of adolescents who come into contact with the justice system, adolescents with **intellectual disabilities** or low IQ generally face morecharges, on a more frequent basis, while exhibiting antisocial behaviors on a long-term basis.

However, the relationship between intellectual disabilities and delinquency does not appear to be straightforward. Research indicates that involvement with the law is a result of co-existence of several factors, such as early school drop-out, peer pressure, stigmatisation, bullying, lack of employment opportunities, unsupportive family setting, social exclusion and others.

Language disorders concerning expression and comprehension have been observed in a high percentage of adolescent defendants and often co-exist with other disabilities and neuro-developmental disorders.

According to research, 66-90% of young people convicted of a crime perform lower than their peers on language tests. (Bryan, et al., 2007)

Young persons with **attention deficit hyperactivity disorder** exhibit **high levels of impulsivity**. Impulsivity leads to action without having considered the consequences– theurge of the moment is so strong that the person does not consider the consequences, even if they are predictable. Especially when combined with alcohol or psychotropic substance abuse problems, lowering inhibitions may lead to deviant or aggressive behaviors.

Adolescents with **autism spectrum disorder** often facecharacteristic difficulties in understanding and decoding social behaviors, and lack the ability to "put themselves in the other person's shoes", correctly interpret the social context and other persons'wishes. This leads to misinterpretation of other persons' behaviors and feelings, and may, for example, lead to sexual violations. In general, however, people with autism spectrum disorder have an exaggerated sense of right and wrong and are usually dutiful and unwilling to break the law.

Adolescents diagnosed with **conduct disorder** perform acts of aggression towards people and animals, destruction of other people's property, deceitful behavior, theft, cutting school, running away from home and generally serious rule violations. This disorder refers to young persons with chronic antisocial behavior in several areas.

Psychosocial problems such as poverty, lack of parental supervision, neighborhood degradation, very strict and inconsistent discipline, abuse and neglect, family members' antisocial behavior have been associated with adolescent delinquency and may be understood as a reaction to the victimisation, social exclusion and stigmatisation these young personsexperience from a very young age.

G. Rights of adolescents as accused persons

Law 4689/2020 on extending the rights of adolescentswho are suspects or accused persons in criminal proceedingsstipulates appropriate protection methods, as well as strategies for the identification, treatmentand integration of adolescents with disabilities and/or psychosocial problems.

Individual assessment:

The minor has the right to an individual assessmentofhis/her personality, mental, physical and intellectual state, as well as economic, social and family environment. This allows forany disabilities and psychosocial problems to bedetected and identified at an early stage. A team of expertscomprising of social workers, psychologists, juvenile probation officers and child psychiatrists examines the minor with a view to avoiding secondary or repeat victimisation,

bullying or retaliation. One particularly important aspect is the provision of the possibility to update the assessmentthroughout the trial.

Minors' right to information:

minor is informed about the procedure and his/her rights at all stages, taking into account his/herage, maturity, intellectual and mental abilities, educational level, language proficiency, any hearing or visual impairments, as well as intense emotional stress. A guide includinghis/her rights and a description of the procedural stages of the procedure is provided to the minor. A written text in simple language helps young persons with disabilities and/or psychosocial problems gradually understand this complex procedure.

Assistance by a lawyer:

A lawyer is promptly appointed for the minor, to communicate in confidentiality and to represent and inform him/her at all stages of the procedure.

Having a trusted adult informed:

The young person is accompanied by a parent or another trusted adult (designated by the minor), or a representative of a public or private agency, at all stages of the criminal procedure. This ensures that the minor is fully informed by a person who is aware of his/her particular vulnerability and possible obstacles to accessing and exercising his/her rights.

Protection of privacy:

In cases involving juvenile offenders it is required that **hearings take place without the presence of the public**, and that personal data is protected, while media broadcasting and internet streaming of the trial is explicitly prohibited.

Special interview:

In cases the suspect or accused person faces serious allegations, his/her interviewshall be recorded on an electronic audiovisual medium (video) and conducted in accordance with the **special forensic interview protocol**, by a qualified professional in an adequately equipped room.

Conclusions

Multidisciplinary cooperation isa crucial factor concerning access to justice for children with disabilities. It brings together the strengths and expertise of a variety of professional disciplines to guarantee that children with disabilities receive comprehensive, consistent and specialised support in accessing justice, ensuring that they are heard and that decisions are taken in their best interests.

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