



BENCH BOOK

to ensure accessibility and equal opportunities

for all persons in judicial and other proceedings

This Disability Bench Book was developed by PIC – Legal centre for the protection of human rights and the environment (PIC – Pravni center za varstvo človekovih pravic in okolja) within the project “Enabling Inclusion and Access to Justice for Defendants with Intellectual and Psychosocial Disabilities” (ENABLE – 101056701 – JUST-2021-JACC). The project seeks to promote access to justice and fairer criminal proceedings for defendants with intellectual and psychosocial disabilities in 8 EU countries¹.

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¹ <https://validity.ngo/projects-2/enabling-inclusion-and-access-to-justice-for-defendants-with-intellectual-and-psychosocial-disabilities/>

The bench book² is intended to provide information to all those who come into contact with people with disabilities in court and other proceedings. It aims to ensure that procedures are accessible to people with disabilities and that they are treated fairly and equally by official bodies. In general, it aims to ensure access to justice for people with disabilities and contains practical information and guidelines for working and communicating.

The Guide is based on the following primary sources:

- [Equal Treatment Bench Book](#) (Courts and Tribunal Judiciary, the UK);
- [Disability Access Bench Book](#) (Judicial College of Victoria, Australia);
- Model Disability Bench Book (ENABLE project, International Commission of Jurists)
- Support of victims with disabilities - Introductory training of trainers (TOT), Manual for trainees (Sandra Marques and dr. Sigal Haimov);
- Strokovna izhodišča za obravnavo nasilja nad osebami z oviranostmi (Sonja Žugič, mag. Marjana Milek, Gabrijela Čoklc, Katarina Tinauer, unpublished material);
- Pod katerim drevesom si ju videl? (Janko Marinko).

The document is dynamic in nature and may be amended and updated from time to time according to needs and opportunities for improvement. Users of this document may contribute to the bench book by sending their comments and suggestions to the e-mail address of the Coordinator of the bench book, i.e. PIC - Legal Centre for the Protection of Human Rights and the Environment: pic@pic.si.

The document is adapted to the Slovenian legislation and context.



² In many Anglo-Saxon law countries, including the UK, the USA and Australia, bench books play an important role in court and other proceedings, as they are a practical tool for access to information for people who come into contact with people with disabilities and for people with disabilities themselves.

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Starting points and terminology

Disability can be understood through different models. The most common models for understanding disability are the **medical model**, the **social model** and the **human rights model**.

Medical model. The medical model puts the medical diagnosis, not the individual, at the centre. It focuses on the individual's disabilities or failures, injuries and limitations.³ The medical model views disability as a handicap that prevents a person from fulfilling roles that are 'normal' for their age, gender, social and cultural circumstances.⁴ This model also assumes that we know when a person needs help and what kind of help they need.⁵

Social model. This model assumes that disability is a social construct and that it is society that imposes barriers and constraints on an individual with a disability.⁶ It focuses primarily on social change in attitudes towards disability rather than on the rehabilitation of the individual. This model distinguishes between an impairment that is 'part of' the person and a barrier that is a consequence of society and the constraints within it.⁷ In this way, the social model is the opposite of the medical model.

Human rights model. This model looks at disability through the prism of human rights and equality. While the CRPD supports the social model, it builds on it with the human rights model, which argues that disability is a natural part of human diversity that must be respected and supported in all its forms. People with disabilities have the same rights as everyone else in society.⁸ Since 2018, the Committee on the Rights of Persons with Disabilities has been calling on Slovenia to replace the medical model with a human rights model.⁹

People with disabilities overwhelmingly advocate a social model of disability and a human rights model. This is also what the bench book follows. It advocates and builds

³ Ule, M. (2013). Identity challenges and social experiences of students with barriers. *Social Science Debates*, 29 (74), 7-23.

⁴ Moravec Berger, D. (1997). *International Classification of Impairments, Disabilities and Handicaps - A manual for the classification of the consequences of disease*. Institute of Health Protection of the Republic of Slovenia, Institute of Rehabilitation of the Republic of Slovenia.

⁵ <https://psihologijadela.com/2022/03/21/kaj-pa-ko-oseba-potrebuje-prilagoditev-delovnega-mesta/>

⁶ <https://psihologijadela.com/2022/03/21/kaj-pa-ko-oseba-potrebuje-prilagoditev-delovnega-mesta/>

⁷ <https://ebooks.uni-lj.si/ZalozbaUL/catalog/view/365/686/7941>

⁸ <https://www.daru.org.au/how-we-talk-about-disability-matters/introducing-the-human-rights-model-of-disability#:~:text=The%20human%20rights%20model%2C%20as,as%20everyone%20else%20in%20society>

⁹ Point 5 of the Committee's Concluding Observations:

<https://www.gov.si/assets/ministrstva/MDDSZ/Invalidi/Konvencija/Sklepne-ugotovitve-uvodnega-porocila-Odbora-za-pravice-invalidov.pdf>; Murgel, Jasna: *Protection of the Rights of Persons with Disabilities*, GV založba, Ljubljana 2020.

on the orientations of the social and human rights model, believing that it is important to focus on the inaccessibility of the environment (i.e. communication, processes, space) that causes the disability, and on equal rights, rather than on the medical diagnosis of the individual.

To this end, the bench book uses the term "osebe z oviranostjo" rather than "osebe z invalidnostjo" or "invalid", as these terms are more closely aligned with the medical model of disability, which the bench book's authors consider to be outdated and exclusionary.¹⁰ When referring to persons with disabilities, Slovenian legislation still largely uses the term "invalid"

The Equalisation of Opportunities for Persons with Disabilities Act (EODA) defines persons with disabilities as:

"Persons with disabilities are people with long-term physical, mental, sensory and intellectual disabilities, which, combined with various barriers, may limit them from participating fully and effectively in society on an equal basis with others."¹¹

The Dictionary of Legal Terminology defines persons with disabilities in a different way:

"Disabled person: a person who has a permanent congenital or acquired physical or mental disability which cannot be remedied by medical rehabilitation, and who is partially or totally incapable of education, work or independent life, and who is therefore recognised as having a special legal status."¹²

This definition is an example of understanding disability according to the medical model. On the other hand, the ZIMI definition recognises the need to understand disability through the prism of society and the barriers it poses by virtue of its inaccessibility, and from a human rights perspective, as it advocates a position of

¹⁰ Some social science experts and some sectoral organisations attach a negative connotation to the term "disabled", which they base on the etymology of the word (lat. "disabled" in the [Slovenian Etymological Dictionary](#)) and that it is an originally medical concept, which focuses primarily on the individual's physical abilities and their ability to work (see, for example, the website of the Association for Nonviolent Communication and the website of the YHD - the [Association for the Theory and Culture of Handicap](#)). In addition to the term 'person with a disability', a number of other terms are also used as a substitute for the term 'disabled', such as 'handicapped person', 'person with a handicap', 'person with a disability' (taken from <https://isjfr.zrc-sazu.si/sl/terminologisce/svetovanje/invalid>).

¹¹ Article 3(1), ZIMI.

¹² Dictionary of Legal Terminology (<https://isjfr.zrc-sazu.si/sl/terminologisce/slovarji/pravni/iskalnik?iztocnica=invalid>).

equality. On the other hand, the text of the IHRA still uses the term "*invalid*" rather than "*oseba z invalidnostjo*", which is considered a more socially inclusive term.¹³

Although legislation and policies consistently use the term "disability", this does not justify the use of a term that can be offensive or stigmatising to individuals. The use of appropriate terms in the process can help to improve the inclusion of persons with disabilities in court and other proceedings.

- Although the term "disabled person" is officially used in Slovenian legislation, policy and practice, in this bench book we advocate the use of the term "person with a disability" in proceedings before official and other bodies.
- Ask the person themselves about the use of the term.
- Ask your sectoral organisations about the use of the term.

¹³ In addition to the term "disabled", there are other terms in Slovenian legislation and other official texts that are now considered outdated and inappropriate. For example, the term "disability" (Article 18a of the Criminal Procedure Act; English translation "disability"), which is a characteristic of a disabled person. A person who is not able to help himself or herself is defined by the Dictionary of the Slovene Literary Language as a person "who is not able to help himself or herself".

01

ABOUT THE BENCH BOOK

1. Background

At European Union level, it is estimated that around a quarter of Europe's adult population, or 87 million people, have some form of disability.¹⁴ While it is estimated that more than 15% of the total EU population, including children, have a disability, the figure for Slovenia is between 12% and 13%.¹⁵

Despite progress in this area, society's attitudes towards people with disabilities are still based on high levels of stigma and prejudice, mainly due to ignorance of the issues that people with disabilities face on a daily basis. Although international, European and national legislative frameworks protect to varying degrees the procedural rights of persons with disabilities in different areas of life, the realisation of these rights and access to justice remains limited in practice. This is due both to the lack of information available to people with disabilities about their rights and to the lack of information available to employees in the judiciary, the police, social work, etc., about people with disabilities, as well as to the fact that they are not always aware of the concept of disability, the diversity of communication and the adaptations needed for people with disabilities in order to ensure an accessible environment in practice.

People with disabilities face barriers in many different areas of their lives, including access to information, services, transport and facilities. Factors causing disability can be political and institutional in nature, barriers caused by people's and society's attitudes towards disability, communication barriers, and physical or spatial barriers, e.g. the physical accessibility of buildings. An example might be public institutions, such as courts (or the justice system in general), where people may feel hindered by the nature, content, structure and facilities of their work.

While all persons with disabilities face barriers to accessing justice, **individuals with psychosocial and intellectual disabilities in particular can be severely excluded from participation in judicial proceedings.** Many are also subjected to forced medical treatment and/or institutionalisation, including without their consent, sometimes for prolonged periods of time and in conditions that are not only harmful to their health, but could also be considered as torture and degrading treatment under international law.¹⁶

In many EU countries, the approach of the criminal justice system towards offenders is generally based on the aim of punishing offenders as severely as possible. **The approach towards persons with disabilities is also based on a high level of stigma**

¹⁴ <https://www.consilium.europa.eu/en/infographics/disability-eu-facts-figures/>

¹⁵ S. Murgel: Social Security for Persons with Disabilities in the Republic of Slovenia - Is Poverty Protection Guaranteed (2022) Social State and Poverty, University of Maribor.

¹⁶ Model Disability Bench Book (ENABLE project, International Commission of Jurists)

and prejudice, both in society at large and in judicial authorities, and constitutes a significant barrier to access to justice for defendants with disabilities.¹⁷

People who come into contact with people with disabilities are sometimes unfamiliar with the situation of people with disabilities - it is difficult for them to understand the circumstances that define people with disabilities and to respond appropriately to them. There is also a general lack of knowledge, education and training on the rights of persons with disabilities in theory and practice.

This guide aims to fill that gap.

The bench book provides practical guidelines for working and communicating with people with disabilities in pre-trial, criminal, civil and other proceedings. It is intended for people working in various fields who have direct or indirect contact with people with disabilities in the course of their work. In general, it aims to ensure access to justice and equal treatment of persons with disabilities in judicial and other proceedings. By using the bench book, employees in the judiciary, police, social work and elsewhere can effectively contribute to making procedures, institutions and environments more accessible to persons with disabilities.

1.1. Who is this guide for?

The bench book is primarily intended for anyone in the justice system who comes into contact with people with disabilities. These are:

- Judges;
- prosecutors;
- Lawyers;
- forensic experts;
- court interpreters;
- settling criminal cases;
- judicial police officers;
- other staff working in courts and other judicial bodies (e.g. victim support services, court reporters);
- security guards.

It can also be useful for others who come into contact with judicial and other proceedings before official bodies. These include:

- police officers;

¹⁷ Model Disability Bench Book (ENABLE project, International Commission of Jurists)

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- social care professionals and staff;
- health professionals and healthcare assistants;
- workers employed in educational establishments;
- participants in educational processes;
- professionals in NGOs;
- other employees of the civil service and other public bodies.

In addition to the professions mentioned, the bench book may also be useful for the general public, as we all encounter disabilities or people with disabilities on a daily basis.

1.2. What is the contribution of the bench book?

It's not that we should be "kind and compassionate" towards people with disabilities. That is patronising. It is important that litigants with disabilities are able to participate fully in the legal process - as parties, victims, defendants, witnesses, lawyers and in other roles. Reasonable adjustments¹⁸ and taking into account the needs of persons with disabilities are not a form of favouritism or bias, but part of respecting the differences between people and the need to ensure a level playing field for participation in the proceedings.

Respecting the autonomy and providing procedural accommodations for people with disabilities is enshrined in legal provisions at international, European and national level, which are binding on public authorities, officials and others.¹⁹ This bench book provides guidance on how to put these provisions into practice.

It is also a source of information on the classification of different types of disabilities and on diagnosis. Although the bench book advocates understanding disability through the prism of the social model, part of the bench book contains information on the classification and different types of (diagnosed) disability (e.g. ADHD, autism spectrum disorders, etc.). In this way, persons coming into contact with people with disabilities can be informed about the person's diagnosis from the file/medical record.²⁰

¹⁸ "Reasonable accommodation means the necessary legislative, administrative and other measures, which do not impose a disproportionate burden, where they are necessary in a particular case to ensure that persons with disabilities enjoy or exercise their rights and freedoms on an equal basis with others", says Article 3(3) of the Act on the Equalisation of Opportunities for Persons with Disabilities.

¹⁹ For an overview of sectoral legislation, see the [Legislative framework](#) section.

²⁰ At the same time, it is important to stress that understanding the individual through a general diagnosis is flawed. While diagnostics can serve as a reference - as a tool for informing oneself about the diagnosis in general - they should not be used as a basis for premature conclusions or assumptions about the individual. Individuals with the same diagnosis can be very different from each other.

The contribution of the bench book is therefore to fill the knowledge gap in this field in Slovenia.

The guidelines are numbered to make them easier to follow.

1.3. Methodology

The bench book was developed within the *ENABLE* project - *Inclusion and Access to Justice for Defendants with Intellectual and Psychosocial Disabilities (101056701 - ENABLE - JUST-2021- JACC)*. Although the ENABLE project focuses on the situation of defendants with intellectual and psychosocial disabilities in criminal proceedings, in order to prepare a bench book that is relevant for the Slovenian context, we have decided to broaden the scope of the bench book to include the treatment of persons with disabilities in general, and not only in the capacity of the defendant. The bench book also focuses not only on criminal proceedings, but also on other court and other proceedings.

In order to produce a bench book based on the experience of people who come into contact with people with disabilities, a working group has been set up to monitor and inform the content of the bench book. The content of the bench book is based on information gathered from primary and secondary sources (Bibliography), as well as information provided by the participants of the working group and more widely:

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02

ABOUT DISABILITY

2. ABOUT DISABILITY

Due to the inadequacy of their environment, people with disabilities need different adaptations to enable them to function, communicate and work in a particular context. However, the need for adaptations and the nature of the adaptation should be defined at the level of the individual, together with the individual.²¹

People with disabilities are not a homogeneous group of people, nor are they the same within the "same" diagnosis of disability. For example, people with intellectual disabilities have different communication and (independent) functioning needs.

→ Support should be tailored to the needs of the individual.

→ It is not the diagnosis that will tell you what you need, but the person.²²

Moreover, it is not a question of whether or not an individual meets the legal definition of a disability.²³ The purpose of this bench book is to inform and provide reasonable accommodation to all individuals with a disability. Human rights are, however, considered to be guaranteed to all people (regardless of their status).

2.1. Barriers faced by people with disabilities in the justice system²⁴

Due to the inaccessibility of the environment, people with disabilities face various physical, spatial, economic, information and communication barriers. This is particularly the case in institutional settings, including the justice system. Users may also be afraid of official procedures and spaces (e.g. courts, police stations) and, without adequate communication and appropriate adaptations, have difficulties in understanding and participating in the process.²⁵ As the experience of many people with disabilities shows, they are also often secondarily victimised in the process of exercising their rights in court and other proceedings due to barriers and inaccessibility.

Although people with disabilities face barriers to access to justice in general, individuals with psychosocial and intellectual disabilities in particular face severe exclusion from

²¹ <https://www.judicialcollege.vic.edu.au/eManuals/DABB/index.htm#59213.htm>

²² CSD_Guidelines for people with disabilities (unpublished material).

²³ There is no uniform definition of disability in Slovenian law. Definitions of disability (i.e. "invalidnost" under Slovenian law) are fragmented in several laws, with each law defining people with disabilities differently and providing them with different rights, benefits and services. In order to be entitled to any service or benefit, persons with disabilities must fulfil specific conditions laid down in the individual law governing the right. The general principle is that a person must be recognised as or have acquired the status of a disabled person under one of the laws in order to be entitled to certain rights.

²⁴ <https://www.judicialcollege.vic.edu.au/eManuals/DABB/index.htm#59216.htm>

²⁵ <https://www.judicialcollege.vic.edu.au/eManuals/DABB/index.htm#59212.htm>

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participation in official proceedings - mainly due to prejudice, stigma and lack of information among those who come into contact with people with disabilities.

When interacting with official bodies and institutions, a person with a disability may encounter various physical and communication barriers that hinder their access to facilities and equal treatment. Some of the key barriers are listed below.

2.1.1. Physical barriers to participation in proceedings

People with disabilities may face various physical and spatial barriers in the context of court and other official procedures. These include:²⁶

- car parks in front of official buildings that are either non-existent or inadequate;
- Access to an official building that is inaccessible (e.g. fences, ramps, signage, flooring);
- office interiors that are not adapted to modern times (e.g. toilets, staircases, lift, small corridors, doors);
- courtroom layout (e.g. wheelchair inaccessibility, chairs not able to move, inadequate passage through courtroom doors);
- acoustics in the courtroom (e.g. noise, inability to hear notices and information in the proceedings), use of microphones, lack of drinks - water).

These barriers can also cause people to miss appointments or be further distressed by the situation and the inaccessibility of the environment and facilities. Physical barriers can also lead to psychological barriers.

2.1.2. Communication and information barriers

There may also be barriers to communication and access to information. Barriers may be present in relation to the following aspects of communication:²⁷

- use of technical terms (e.g. quoting articles of law, legal jargon);

²⁶ <https://www.judicialcollege.vic.edu.au/eManuals/DABB/index.htm#59218.htm>

²⁷ <https://www.judicialcollege.vic.edu.au/eManuals/DABB/index.htm#59219.htm>

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- the format in which the information is presented (e.g. font size, text format and spelling);
- expressing the need for communication assistance and providing communication support when needs are identified (e.g. during interviews);
- communication equipment (e.g. presence of inductive/hearing loop);
- support structures to help understand how courts and court procedures work (e.g. a Victim Support Service).
- providing information on the rights of litigants and the duties of courts and other areas of the justice system (e.g. ignorance of the right to legal representation and free legal aid);
- confidentiality of communications (e.g. with lawyers in court, lack of privacy in the hearing room);
- making decisions with understanding;
- Allowing time for communication during the proceedings (e.g. to consult a lawyer or support persons during the court hearing).

At the same time, in addition to knowing the barriers faced by persons with disabilities, it is important to consider the power imbalances that arise between participants and staff due to physical and communication barriers, as well as the social assumptions and prejudices that exist regarding the credibility and reliability of the testimony of persons with disabilities.

03

**PERSONS WITH DISABILITIES,
CRIME AND VICTIMISATION**

3. PEOPLE WITH DISABILITIES, CRIME AND VICTIMISATION

3.1. Barriers to perception

When addressing violence against people with disabilities, it is good to focus on:

- hidden forms of violence against people with disabilities;
- the fact that people with disabilities often do not recognise the acts perpetrated against them by the perpetrator as violence;
- the fact that people with disabilities often do not know or have words to describe their experiences of violence;
- the fact that people with disabilities often lack the experience to speak up for themselves, to stand up for themselves, to make decisions about their lives;
- the fact that violence against them is very often perpetrated by the people who are supposed to care for them, and that they very often present themselves as victims because they care for them;
- the fact that, after reporting, they are often in the same environment as the perpetrators, which can make the situation even worse for them (they are intertwined with the perpetrators from several angles and do not understand what is happening now).

3.2. Obstacles to reporting a crime

Research shows that most victims do not report violent crime. In Europe, the percentage of unreported crimes is around 64%, while in Slovenia it is even higher at 74%.²⁸ People with disabilities are even less likely to report crimes. The frequency of reporting a crime against a person with a disability by another person is also low.

²⁸ European Union Agency For Fundamental Rights, 'Violence against children with disabilities: legislation, policies and programmes in the EU'.

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It is often difficult to identify behaviour as violence when it is a person with a disability, because the person is "perceived" differently. Practical examples also point to inappropriate reactions from the environment.

SCENARIO: A person with a disability told the worker about the sexual violence she had experienced. After the confession, the worker asked the person why she had not screamed during the act, thus alerting the people around her to the violence. This response shows a lack of knowledge of the issue, as victims of violence are often unable to respond in this way or do not know that such a response could be appropriate/helpful.

SCENARIO: During the confession, the psychologist told the complainant that she "liked to make things up" and thus doubted her confession. During her testimony, the complainant had to convince the psychologist that she "had evidence" of the offence.

Barriers to reporting crime by people with disabilities include:

- doubt that they would not be believed;
- shame at reporting and fear of others finding out about the abuse;
- economic and social dependence on the perpetrators(e.g. for transport, communication);
- Emotional dependence on the perpetrators (e.g. liking them, sympathising with them);
- fear of reprisals or retaliation;
- lack of knowledge of the application procedures;
- Fear of procedures and authorities (e.g. the police may be perceived as an organisation that will punish them rather than as a form of help, as they may be presented as such);
- a culture of normalising abuse;
- fear of losing custody of their children;
- the victim not recognising the behaviour as abuse (they have no knowledge that what has happened to them is a crime);

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- they do not consider it a crime worth reporting;
- whistleblowers blame themselves for the abuse (e.g. the perpetrator lets them know that the abuse is their fault).

Reasons for non-admission for people with disabilities are often social isolation, weak social networks, feelings of powerlessness, inability to communicate with the environment, fear of misunderstanding and being misunderstood, bad experiences in the past, dependence on the help of the perpetrator, etc.²⁹

People with disabilities may also face barriers when reporting or reporting a crime to officials. They may doubt that they will be protected or fear that they will not be believed when reporting.

Professional services may act discriminatorily or unfairly when they receive information about a crime. They may not believe or take the person with a disability seriously, fail to recognise and record the person's disability (vulnerability), fail to record the need for reasonable adjustments, fail to collect evidence in an appropriate way or consider the person with a disability to be an unreliable witness.

Such obstacles and attitudes can result in a crime not being reported and dealt with, or a suspected crime not being brought to trial. **Misconceptions, ignorance, fear of how to approach a person with a disability and lack of appropriate forms of support affect the identification of violence against people with disabilities. They also affect the way violence itself is addressed.** As a result, much violence against people with disabilities remains hidden, unrecognised, unreported, uninvestigated and unpunished.³⁰

²⁹ CSD, Guidelines for people with disabilities (unpublished material).

³⁰ CSD, Guidelines for people with disabilities (unpublished material).

04

RECOGNISING DISTRESS

4. RECOGNISING DISTRESS

People who come into contact with people with disabilities are not expected to diagnose a person's disability. It is difficult to determine whether the person has a disability or is simply stressed and uncomfortable in the context of official proceedings (e.g. court). The person may appear to be disrespectful, difficult, inconsistent in his/her speech, or as if he/she is not telling the truth, but these impressions may be incorrect. Alcohol or drug use can make the behaviour worse.

However, it is essential to identify the need for adjustments in procedure, work and communication in the case of persons in need.

As the European Commission's Recommendation on the case of suspects or accused persons makes clear, it is essential to

"that a person who is suspected or accused in criminal proceedings is promptly identified as vulnerable and given an appropriate status. To this end, an initial assessment should be carried out by the police, law enforcement or judicial authorities. The competent authorities should also be able to call upon an independent expert to examine the degree of vulnerability, the needs of the vulnerable person and the appropriateness of any measures taken or envisaged against the vulnerable person."³¹

The following behaviours may indicate that the person is in distress:

- Avoid eye contact.

EXAMPLE: Don't force yourself on the person, don't insist that they look at you. If you feel it is appropriate, invite them to look at you, to help you, to come towards you. Keep a soft expression on your face. Keep your tone of voice soft too.

- Lack of energy; the person seems very sluggish, almost "switched off" and empty.
- He is very restless, nervous, breathing heavily and sweating.
- He is very emotional and cries.

³¹ European Commission, Commission Recommendation of 27 November 2013 on procedural safeguards for vulnerable persons suspected or accused in criminal proceedings, paragraph 6.

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- He speaks very negatively about himself.
- Showing and speaking highly of yourself.
- Laughing incoherently.
- It is difficult to answer questions quickly or concisely with "yes" or "no" answers.
- He speaks very quickly and engages in conversations even when he has not been asked a question.
- Talking doesn't make sense, is confusing or inconsistent.
- He looks around the room and doesn't seem to be listening.
- Forget what he has just said or is saying.
- Is he talking to himself or does he seem distracted.
 - EXAMPLE: Speak slowly and calmly. Say you have time. Ignore any laughter that doesn't seem coherent.
- Appearing in court inappropriately dressed or unkempt.

For more information on stress and anxiety, see [STRESS AND ANXIETY: A guide for anyone who wants to know more taking better care of their mental health](#).

Without adequate preparation, unfamiliar environment, the formality of the procedure and the jargon can make it difficult for people with disabilities to understand and access court and other procedures. **This requires tailoring procedures, work and communication to the needs of the individual and strict adherence to principles and guidelines that ensure respect for the dignity and human rights of those involved in the process.**

The person concerned should not be the only one who has to ask for adjustments. All officials have a duty to proactively provide procedural adjustments if they see that this may be necessary.³²

³² Model Disability Bench Book (ENABLE project, International Commission of Jurists)

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**GENERAL PRINCIPLES FOR
COMMUNICATION**

5. GENERAL PRINCIPLES FOR COMMUNICATION

The following summarises the key principles for respecting the dignity, human rights and legal provisions that apply to people with disabilities.

Compliance with legal standards. States, including courts and other justice actors, have a number of legal obligations to ensure that people with disabilities have access to justice within the framework of binding legal standards. The national, regional (EU) and international legal frameworks clearly impose obligations on state authorities to provide reasonable accommodation to persons with disabilities in judicial and other proceedings.

For more on the legal framework, see [Chapter 7: LEGISLATIVE FRAMEWORK: THE DUTY TO IMPLEMENT PROCEDURAL ADAPTATIONS](#).

The application of the guidelines is also generally about the implementation of the constitutional principle of equality before the law and the principle of the universality of human rights, which means that all people have the same rights and must therefore be able to exercise them equally.

Autonomy. Persons with disabilities, like all people, have the right to decide independently when, how and whether to participate in certain procedures. Persons who come into contact with persons with disabilities must ensure that, to the greatest extent possible, the independent expression of the autonomy of persons with disabilities in all procedures and processes is facilitated. While respect for autonomy is important for all persons, it is particularly crucial for persons with disabilities, as in practice their autonomy is often ignored and unenforced. It is crucial that their will and wishes are respected when dealing with matters that concern them.

Support. It is a fundamental premise of international law that the judiciary and judicial actors, in all their interactions with persons with disabilities, must have at the forefront of their minds the goal of ensuring that individuals receive all the support they need to participate fully and equally in proceedings and processes. The same can apply to other staff in public institutions and elsewhere. Arrangements, processes and procedures that seek to replace the autonomy of persons with disabilities with decision-making by judges, psychiatrists, family members or any other individuals or organisations are fundamentally at odds with ensuring the autonomy of the individual. The aim should be to provide decision-making support, not to substitute decision-making by a third party on behalf of the person with a disability. Where laws and procedures do provide for substitute decision-making, they should be interpreted as narrowly as possible, while striving to respect the views, will and autonomy of persons with disabilities.

Individuality. People with disabilities are not a monolithic group. Individuals face different disabilities that affect their access to information, facilities, justice, etc. Two

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different people who appear to be diagnosed with the "same" disability do not necessarily have the same accessibility needs. Moreover, disability may be only one component of an individual's personality, which may also be made up of gender, race, religion, economic status, age, etc. As a result, individuals experience discrimination in different ways. Individuals have different experiences of disability. Therefore, persons coming into contact with people with disabilities should not adopt a one-size-fits-all approach to providing adjustments and support when it comes to a particular 'category' or diagnosis of disability. Such a course of action could only increase or deepen discrimination against the person with a disability, as it is based on diagnostic assumptions rather than on consultation with the individual about his or her own needs.

Equality and fair trial. International law does not say that persons with disabilities are not responsible for their actions, nor does it require "leniency" towards them on the basis of their disability. However, measures are needed to ensure that persons with disabilities enjoy their rights on an equal basis. The rule of law, equality before the law and fair trial in judicial and other proceedings must be respected. Equal opportunities are ensured in such a way that the various parts of society and the environment, such as public services, the built environment, goods and services provided to the public, information, communications, etc., are accessible to all, including and especially to persons with disabilities.³³

Education and training for people who come into contact with people with disabilities, including justice workers. People who come into contact with people with disabilities often lack adequate information, knowledge and training on disability - the rights of people with disabilities, guidance on how to exercise their right to equal treatment and accessibility, etc. Therefore, it is crucial to provide information and training that will empower people who come into contact with people with disabilities in their work.

At the same time, it should be stressed that no amount of information and training will cover all the possible situations that people coming into contact with people with disabilities may encounter. It is therefore advisable to seek advice from [NGOs and institutions in the field](#), as well as from individuals themselves.

³³ See Article 3(4) of the Act on the Equalisation of Opportunities for Persons with Disabilities.

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**PRACTICAL GUIDELINES FOR
COMMUNICATION**

6. PRACTICAL GUIDELINES FOR COMMUNICATION

The following are guidelines for communicating and working with people with disabilities.

The fundamental right of persons with disabilities is the right to have the procedure adapted to their needs and communication methods in order to ensure that they are able to participate in the proceedings. In this way, persons with disabilities are treated on an equal footing by being provided with equal opportunities. By adapting the procedure and the means of communication, they are not favoured, as is often wrongly criticised. People with disabilities, because of their disabilities, require equal opportunities and not to be judged in their favour.

Individuals from different disciplines and areas of work have a duty to ensure that individuals are treated fairly and equally in the process. Accessibility of proceedings must be ensured in a way that does not affect the fairness of the hearing or trial for both parties during the hearing. Other parties to the proceedings may be expected to cooperate in an appropriate manner.

6.1. General guidelines

General guidelines for working and communicating with people with disabilities in proceedings.³⁴

- **Keep informed.** A good start to the conversation boosts everyone's confidence. Ask yourself if you have any prejudices and if it might be a case of misunderstanding, ignorance or lack of knowledge about difference.
- **Turn towards the individual.** We all find it easier if we can perceive visual cues such as body language, gestures and facial expressions.³⁵ This is especially important when reading/reading lips.
- **Make eye contact and speak directly to the person, not to the person's companion** if present.³⁶ Even if an interpreter, carer or personal assistant is present, address the person directly unless and until it is clear that a different approach should be taken.

³⁴ UK Judicial College, Equal Treatment Benchbook, 2023

³⁵ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

³⁶ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

- **Check your assumptions with the individual accordingly, don't make assumptions based on what you think.** Disabilities vary. If a person's impairment is known, remember that the degree of impairment varies from condition to condition, so while a general knowledge of the condition and its implications is a good start, it will not be sufficient to treat the individual appropriately.
- **Be empathetic and not patronising.** When talking to a person with a disability, approach them as an adult, building on their strengths and not treating them as someone to be guided, directed, protected.³⁷
- **Avoid disclosing the medical records** of people undergoing a procedure if it is not necessary.
- **Offer help unobtrusively. Focus on the individual, not the disability.** People have different sensitivities to being made aware of their disability. Individuals will not always talk about it, so don't hint at it, but ask the individual what needs to be asked, not what doesn't (e.g. the type and extent of the barrier).³⁸

EXAMPLE: Need help? / How can I help you? / What should I do?

EXAMPLE: You seem unwell. You don't feel comfortable. How can I help you feel better?

EXAMPLE: I can see that it is difficult for you. Tell me, what is going on? What do you want? What do you expect? How can I help you?

EXAMPLE: I would like to talk to you. I'm going to ask you something. Directly. What problems are you having? Mental problems? Mental health problems? If you don't want to talk, say "no comment". If you want to talk, say "yes".

- **Ask with feeling.** People with disabilities are often reluctant to explain or even accept and acknowledge their problems, so it is important to ask questions in a sensitive, non-intrusive, informed way.
- **You maintain transparency.** Ask what the person wants.

³⁷ Slovene Dictionary 2.

³⁸ "In some cases, people may not tell the court that they have a mental health problem or that they have any problems. This may be because of the stigma attached to mental health, they don't know that the court is prepared to accept adjustments, or they are afraid of being taken less seriously. They may not be aware that they themselves have a problem. Unrepresented parties are particularly unlikely to draw attention to their disability" (UK Benchbook).

- Explain how a person with a disability should demonstrate the need for a break so that they don't feel like they have to "ask permission" every time. This is particularly important when personal circumstances require regular breaks. Some individuals maintain attention for shorter periods of time.

EXAMPLE: When you want to take a break, say "break".

- Do not use abbreviations and complicated terms, e.g. CSD, intervention service, first social assistance, defendant, expert,... These terms can be very abstract. If you use a complicated term that comes from professional jargon, explain it.
- If possible (in less formal procedures), name by first name.
- Check regularly with the individuals involved to see how they have understood or whether they have understood all the information exchanged. In doing so, you are also making summaries for yourself.

EXAMPLE: Can you repeat what I said, please? What does it mean to you? How did you understand this message? Could you put it in your own words?

→ Let's check for ourselves. Did I understand you correctly?

- Allow the use of relaxation objects (e.g. anti-stress ball, elastic)
- Be alert to any indicators and factors that might suggest that adjustments to communication, space and procedure may be needed in the process.
- Make the interviewee aware of the possibility of procedural adjustments throughout the process and let them know that the way they talk can be adjusted at any time according to their needs.

6.2. Guidelines on terminology

As mentioned in the introduction, the bench book refers to "**osebe z oviranostjo**" in the text, not "osebe z invalidnostjo" or "invalidi". Although the latter term is predominantly used in legislation and policies, the authors of the bench book consider the terms to be outdated and exclusionary. It is largely based on a medical understanding of disability rather than the social one advocated in the bench book.

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In addition to the terms used in legislation and policies, there are others which, by their nature or context, may be exclusionary for individuals. Below are some examples of good practice and terms that can be avoided.³⁹

- **For persons who do not have a disability, use the term "person without a disability".** Avoid the terms "normal" or "able-bodied" as they are stigmatising ("ableist").
- **Use the term "persons with disabilities" or the synonymous terms above, e.g. "disabled persons".** Avoid referring to 'disabled people' as if they were a monolithic group.
- **Avoid using negative terms, e.g.:**
 - ◆ use the term "the person has/is suffering from", or other neutral terms, instead of "the person is suffering from";
 - ◆ use the term "episodes" instead of "seizures" (e.g. an episode of epilepsy, an episode of migraine);
 - ◆ use the term "person with a physical disability" instead of "wheelchair user", "wheelchair bound" or "wheelchair-bound";
 - ◆ use the term "person with intellectual disability" instead of "mentally handicapped" or "retarded";
 - ◆ "helpless", or "helplessness", which is referred to as a state of vulnerability in Article 18a of the Criminal Procedure Act. We recommend dropping the term as it is outdated and may cause stigma.⁴⁰
- **Avoid labelling people according to their medical condition, e.g.:**
 - ◆ "oseba z epilepsijo" instead of "epileptik";
 - ◆ "oseba z disleksijo" instead of "dislektik";
 - ◆ "person with schizophrenia" instead of "schizophrenic".

³⁹ Taken from the UK Benchbook

⁴⁰ According to the SSKJ, a "helpless" person is one who is unable to help himself.

6.3. Conversation planning*

*For example, interview by a social worker at a social work centre, information gathering and questioning by the police, interview with a lawyer, obtaining a statement and clarification of the circumstances by the prosecutor's office, in proceedings for the suspension of prosecution or settlement, interviews during an investigation, main hearing in court, interview with a forensic expert for the purpose of preparing an expert opinion, other interviews in proceedings before state authorities and NGOs.

Getting to know the disability and the person with the disability

Before talking to a person with a disability, as much information as possible about the person should be gathered beforehand, if possible with the person him/herself. It is also advisable to obtain information about the disability from the person him/herself, as well as from this bench book, from [NGOs and experts in the field](#), and from [additional literature](#).

- It is essential that you prepare for the conversation not only on the basis of a diagnosis and a definition, but also on the basis of the needs of the person you are going to talk to. It is therefore important to prepare for the first conversation when interacting with people with disabilities*.⁴¹
- Before the interview, it is useful to get the following information about the disability and the person with the disability:
 - ◆ how the impairment affects the person's functioning (e.g. perception of time, space,...);
 - ◆ how the person communicates (e.g. by using a communication aid, i.e. an aid for alternative and augmentative communication);
 - ◆ whether the presence of a particular person next to the person is important;
 - ◆ who is the person you trust;
 - ◆ how the person reacts to strangers, new environments, changes, stressful events;

⁴¹ CSD_Guidelines for people with disabilities (unpublished material).

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- ◆ what time of day is best for the interview (e.g. depending on her activities, commitments, habits, medication, etc.);
- ◆ a medical diagnosis of her disability.

Planning the conversation

Based on the information gathered, the interviewer is informed about what the person needs or wants in the interview to make the process run as smoothly as possible.

- **If possible, organise a preliminary meeting about the handling of the case** (e.g. Children's Home, Victim Support Service). If possible, agree on **the method of communication at the preliminary meeting**. In this way, those involved in the procedure can be informed in advance of the necessary adjustments to the communication.
- **Arrange for a support person/companion to be present at the interview**. Ask the person if he/she would like to have someone with him/her at the time of the conversation with whom he/she feels safe, when he/she feels safe and what makes him/her feel safe or uncomfortable (situations, things, words, people). Be careful to ensure that the confidant proposed by the person with disabilities is not a potential perpetrator of violence or a person who does not show trust in terms of support for the victim. The confidant must be able to physically accompany the person, provide emotional support, warn if the person does not understand the question, point out the person's emotional state, etc.
 - ◆ A confidential person may be present at hearings if he or she will not be questioned as a witness. Relevant for all court proceedings.
 - ◆ Do not assume that the support person will necessarily be a family member or that a person with disability will necessarily want to make use of a support person.
- **Agree on a time and place to meet**. If the law allows it, make adjustments and hold the meeting in a place that is familiar to the person and that suits him/her best (e.g. home, safe room, etc.). As for the time, agree on what time of day is most convenient for the person to talk.
- **If travelling or attending the venue is difficult, you can have the conversation in the person's more familiar surroundings**. It will be easier to have the interview

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in a setting that is familiar to the person (e.g. an interview in a nursing home, hospital, instead of a police station or court).

- **If travelling or attending the venue is difficult, and if possible, you can have the conversation online.** Please take into account the person's wishes to talk remotely via video link. Ensure that the conditions of the interview are the same as for a face-to-face interview (e.g. time available to answer, the availability of services to support in communication, breaks). Adjust the conditions if necessary.
- **Agree on the accessibility of the premises and services and the necessary adaptations.** You and the person should think about the space where the conversation will take place. Can the person access the agreed meeting place? Does he or she know how to get there? Does he/she have transport? Does he/she need an escort? You also need to check that the space is accessible (e.g. is there a lift, an adapted toilet, are the doors wide enough) and that the space is safe (e.g. will we have enough privacy). **The key is to ask the person and let them tell us what they need.**
- **Agree on adjustments in communication.** It is important to find out how the person communicates best, whether they have access to communication aids, need an interpreter, etc.
- **When you find out what adjustments the person needs, make sure you provide them throughout the whole process.** In the case of criminal proceedings, this is an individual assessment, primarily by the police, supplemented by the prosecution if necessary, then by the Victim Support Service if the victim is involved, and finally by the court.

6.4. Guidance during the conversation⁴²

Space

- **Think about the arrangement of objects in the room and what may cause discomfort and distress,** and adjust the room accordingly to make it more welcoming (e.g. consider moving the podium to make the process less formal).

⁴² Taken from the UK Benchbook cited above.

06 PRACTICAL GUIDELINES FOR COMMUNICATION

- **Always check that water is available, that the room is at a suitable temperature and that there are not too many people present, which could cause stress.**
- **If possible, choose to communicate in a quiet environment with minimal background noise** so that you can concentrate on the conversation. Try to avoid background noise during the hearing (e.g. an official using a printer, a loud air conditioner or a room next to a noisy corridor or street).
- **Allow a support person/companion to be present.** The companion should be close to the person with the disability (and guide dog).

Introduction to the conversation

- **We start by explaining clearly to the person what the conversation is about and how it should be conducted.** Explain this in a way that the person understands.
- **Before the conversation, introduce each person in the room and their role.**
- **Start with concrete topics, such as the situation you are currently in.**⁴³
- **If the situation allows and if the matter is not urgent and time-pressing, the first contact should be about getting to know the person and establishing a good relationship.** The first contact is crucial because it is done in an appropriate way to encourage the person to participate in the process. Otherwise - if you are not correct and inclusive during the first contact - you will discourage the person from taking part. There is a good chance that they will "shut down".
- **During the conversation, pay attention to signs of stress, discomfort, fatigue or lack of concentration that may occur during the conversation.** Suggest a break if necessary.
- **Familiarise yourself with the powers you have to prevent third parties from using inappropriate questions and language during a conversation** and use them where necessary. Personal questions (e.g. sexual orientation, lifestyle) are usually not relevant.
 - ◆ For example, a judge may also prohibit a question or answer to a question if it is not allowed or not relevant to the case. He/she must be prepared to ask the participants to adapt their questions for the witness

⁴³ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>.

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if necessary. Participants in proceedings do not always have the necessary experience or understanding to question persons with disabilities properly.

- **When you ask a question, wait for an answer.** Don't worry about long silences between the question and the answer.⁴⁴
- **In our desire to finish a conversation quickly because of time constraints, we may be tempted to speed up the communication by finishing the sentence instead of the person we are talking to.** Avoid this as it too often leads to misunderstandings.⁴⁵

Talk

Depending on the nature of your disability, you may need to adapt your communication style in the conversation. Adapting the way we communicate can be difficult for some people because we are used to a certain way of speaking and communicating. Similarly, years of experience of interviewing people with intellectual or psychosocial disabilities does not necessarily mean that the interviewer is conducting the interview in an appropriate manner.

Communication guidelines:

- **Before you speak to a person, first address them by their first name.** If appropriate, address the person only by his/her personal name, without title or status in the proceedings (e.g. in juvenile proceedings, family proceedings, etc.). If appropriate, avoid referring to the parties to the proceedings by their status in the proceedings (e.g. victim, perpetrator).
- **Make sure the person hears you and is paying attention.**
- **Explain in simple language and short sentences what you are going to talk about.**
- **When moving on to new topics, announce this during the conversation.**

EXAMPLE: *"Now I'm going to ask you about ..."*

⁴⁴ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

⁴⁵ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

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- **Avoid using technical language when speaking to people who are not used to it.**
- **Avoid idiomatic language, hypothetical or abstract (open-ended) questions, and questions that imply an answer (this is forbidden).**
- **Divide the questions into short separate elements.**
- **During the conversation, check for understanding by asking the person to repeat what they think was said. Ask questions about the content. Ask them to repeat the content at key elements of the process. Do not ask: "Did you understand?" People may mistakenly think they have understood, or they may not want to admit that they have not understood.**
 - ◆ **At the same time, don't assume that a person who has difficulty communicating also has difficulty understanding what is being said.**
 - ◆ **On the other hand, the ability to speak fluently can be misleading, as it can mask comprehension problems.**
- **Always ensure that people are treated with due respect and are not ridiculed if they do not understand the way questions are asked.**
- **Do not repeat questions, as this may indicate that you do not believe the answers and may in itself encourage you to change your answer. You can ask the same question later to check that the answers are consistent.**
- **To be reliable, the questions must be clear, simple and non-threatening.** Some people with mental health problems are particularly sensitive to negative emotions. They may react to harsh or repetitive questioning by trying to please the questioner. Others may react by crying or panicking, as they can be traumatised by the conversation, especially the legal process of questioning.
- **If possible, you can send questions to the person in advance. Depending on the procedure, for court proceedings NO.**
- **If possible, you can give the person the opportunity to answer the questions in writing. NOT for judicial.**
- **Give clear instructions** (e.g. explaining that "send to the defendant" means "send to the defendant's lawyer" if the defendant is represented).

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- **Also state what you may take for granted** (e.g. where certain documentation needs to be sent).
- **Allow more time for the person to take notes** (e.g. a person representing himself in the proceedings).
- **It is important to observe and respond to the situation during the conversation in a way that gives** the person with a disability a safe space and the time they need to say what is happening and what they need at the moment (e.g. if they want to go somewhere, who can we call, who they trust, etc.).
- **Throughout the conversation, people should be given the opportunity to tell their story or their opinion in their own way.**
- **Take the time to make sure you have understood the person correctly.** You can do this by rephrasing or summarising their answer.
- **Observe the interlocutor's face and if you see confusion, check that they have understood you.** Don't be afraid to ask: "Did you mean ... ?" or "Could you repeat ... ?".

Breaks and timetable

- **In addition to pre-arranged breaks, tell the person with a disability that they can ask for a break whenever they need one.** Allow additional breaks if necessary. People who have difficulty understanding get tired more quickly. These breaks should actually be for the purpose of taking a break and should not be used as explanatory time.
- **The timing, length or number of breaks may need to be adjusted** (e.g. for fatigue, reduced concentration, anxiety and stress relief, taking medication, etc.).
- **It may be necessary to adjust the length of the interview** (e.g. for medication or transport) or to end it early (e.g. due to tiredness, medical appointments).
- **If the hearing can only be partly completed or has to be postponed because of the need to make adjustments to the procedure, it is good practice to note in the minutes or in the file what adjustments will be necessary during the next interview.** In this way, the persons interviewed do not need to re-identify and explain the need for adjustments.

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- **Certain people with disabilities take longer to take a procedural step or action.**
- **If more than one person is waiting to be interviewed, adjust the order of the interviews so that the person with the disability does not wait longer than necessary to be interviewed and can testify when the medication is most effective. Interview the person with the disability first, as their condition may worsen as they wait.**

Recording⁴⁶

- **If you are taking notes, you should explain to the person what you are doing, what the purpose of the note is, and show or read it to them in case they cannot read what you are writing.**
- **If you are taking notes, make them as personalised as possible so that the person can understand them (e.g. easy to read, simple language) or read them (size and shape of letters, contrast, Braille).**
- **Be aware of the use of jargon. If you use it, explain it.**
 - ◆ Are records (e.g. CSD, police, etc.) available?
- **Make sure your record does not reflect a power perspective, that it is not discriminatory.**

Conclusion of the conversation⁴⁷

- **Before ending the conversation, politely check that the person has had a chance to say everything they wanted to say during the conversation.**
- **At the end of the discussion, summarise the findings and what you have agreed. Check the person's understanding and agreement with what you have agreed.**
- **Give one instruction or task at a time. Do not upload too many instructions or tasks at once. Use alternative formats for writing instructions, e.g. easy reading or plain language.**
- **Agree on the next steps and timeline.⁴⁸**

⁴⁶ CSD_Guidelines for people with disabilities (unpublished material).

⁴⁷ CSD_Guidelines for people with disabilities (unpublished material)

⁴⁸ CSD_Guidelines for people with disabilities (unpublished material)

6.5. Guidance on documentation⁴⁹

Depending on the needs of the individual, the following adjustments may be appropriate in terms of the content, structure and formatting of documentation and writings:

- **Please explain the documentation.** E.g. the judge explains the legal instruction properly, the lawyer explains the defendant's rights, etc.
- **Simplify standardised texts. Provide plain language or easy-to-read texts.** E.g. legal lessons.
- **Ensure that court documents are legible.** Pay attention to the technical features of documents and writings: text format, colours, style (bold, underlined, italics).
- It can be helpful for people with intellectual disabilities:
 - ◆ use of short sentences;
 - ◆ use of simple punctuation;
 - ◆ use of plain language;
 - ◆ avoiding jargon and technical terms;
 - ◆ writing the number instead of spelling out the number;
 - ◆ use of bullet points for key information;
 - ◆ use of headings and sub-headings;
 - ◆ paragraph and line spacing;
 - ◆ use of block capitals and clear fonts;
 - ◆ use of photographs, drawings and concrete symbols to support the text.
- **Provide assistance in reading and understanding documents and writings, if needed.**

⁴⁹ Taken from the UK Benchbook

6.6. Memory

It should be borne in mind that a person with a disability may have difficulty reconstructing events in chronological order. Difficulties in remembering things are also associated with depression. In addition, memory can also be affected by certain types of medication.

Memory problems may only affect the level of detail or accuracy, but not the reliability or credibility of the testimony as a whole.

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7. OBLIGATION TO MAKE PROCEDURAL ADJUSTMENTS

In many EU Member States, including Slovenia, the legal framework does not include specific procedural accommodations available to people with disabilities.⁸ Nor does it provide for specific adaptations for accused persons or defendants with intellectual and/or psychosocial disabilities. In practice, there is often no room for individual adaptations for persons with disabilities, as required by international law. For example, the legal frameworks in many EU countries, including Slovenia, often do not provide for a systemic possibility to use an independent mediator or facilitator in proceedings to support persons with intellectual and/or psychosocial disabilities in communication and decision-making.⁹ This seriously affects the right of defendants with disabilities to participate in court proceedings and significantly limits their right to legal capacity.⁵⁰

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES⁵¹

Article 12 of the Convention on the Rights of Persons with Disabilities directly obliges States Parties to take appropriate measures to ensure that persons with disabilities have access to the assistance they need to exercise their legal capacity, i.e. their ability to have and exercise rights and obligations.⁵²

In addition, **Article 13(1)** of the Convention further directly protects the right of persons with disabilities to adapt their procedures by protecting their right to access to justice. The Convention provides that

"[t]he States Parties shall ensure that persons with disabilities have access to justice on an equal basis with others, inter alia, by providing procedural

⁵⁰ Model Disability Bench Book (ENABLE project, International Commission of Jurists)

⁵¹ <https://www.gov.si/assets/ministrstva/MK/Zakonodaja-ki-ni-na-PISRS/Kulturna-raznolikost/1c24133420/Konvencija-o-pravicah-invalidov.pdf>

⁵² Article 12, third paragraph, of the Convention on the Rights of Persons with Disabilities

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and age-appropriate accommodations to enable them to participate effectively as direct or indirect participants, including as witnesses, in all legal proceedings, including at the investigative and other preliminary stages."

Articles 12 and 13 of the Convention directly recognise the autonomy of persons with disabilities in the legal sphere, while at the same time rejecting the historically rooted understanding of disability that deprives persons with disabilities of all possibilities to exercise their rights, will and wishes in judicial and other proceedings. The change in the concept of disability, which is also recognised by the European Court of Human Rights (ECtHR)⁵³, the European Parliament⁵⁴ and various other institutions⁵⁵, requires States Parties to scrutinise existing laws, policies and procedures that directly or indirectly affect or even discriminate against persons with disabilities and bring them into line with the Convention. In fact, few countries have fully regulated the protection of the rights of persons with disabilities in this way.⁵⁶

Training of persons who come into contact with persons with disabilities in the course of their work is also crucial, as also underlined in Article 13(2) of the Convention:

"[t]o ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for all those working in the justice system, including police and prison personnel."⁵⁷

EUROPEAN CHARTER OF FUNDAMENTAL RIGHTS⁵⁸

Article 21 of the Charter of Fundamental Rights of the European Union prohibits any discrimination on the grounds of, inter alia, disability.

In addition, **Article 26 of the Charter** advocates the inclusion of people with disabilities by recognising and respecting their right to measures to ensure their autonomy, social and professional inclusion and participation in community life.

EUROPEAN UNION LAW

Although there is no specific EU instrument focusing on the rights of defendants with

⁵³ Council of Europe, Disability Strategy 2017-2023. Human Rights a Reality for All, 2017, para. 61-64.

⁵⁴ European Parliament, REPORT Towards equal rights for persons with disabilities, 30.11.2022 - (2022/2026(INI)) https://www.europarl.europa.eu/doceo/document/A-9-2022-0284_EN.html, para. O.

⁵⁵ European Commission, Union of Equality Strategy for the Rights of Persons with Disabilities 2021-2030, 2021, [KE0221257ENN_002 proof 2 \(1\).pdf](#).

⁵⁶ Project ENABLE_Model Bench Book

⁵⁷ Article 13 of the Convention on the Rights of Persons with Disabilities

⁵⁸ <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:083:0389:0403:sl:PDF>

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disabilities, there is an EU Strategy on Victims' Rights,⁵⁹ which provides a number of important safeguards for victims with disabilities in criminal proceedings. These disability-related safeguards can often also come into play for defendants with disabilities.

EU procedural directives include broadly worded provisions that can - and should - be interpreted by judicial actors in a way that ensures that defendants with disabilities have adequate protection of their rights in line with their human rights.⁶⁰ However, the procedural directives unfortunately do not include provisions specifically addressing disability.

NATIONAL LEGAL FRAMEWORK

Criminal Procedure Act (CPA) ⁶¹

Victims of crime, including victims with disabilities, are offered procedural adjustments during pre-trial and criminal proceedings, as set out in the law. Based on an individual assessment of the victim, it is determined whether and to what extent the victim would benefit from the measures, due to his/her exposure to secondary or re-victimisation, intimidation or retaliation.⁶²

Adjustments to the collection of notifications and interviews with victims may include:

- Audio or audio-visual recording of the investigative act.⁶³
- Collection of information by one person during pre-trial proceedings.⁶⁴
- Collection of notifications by a person of the same sex.⁶⁵

⁵⁹ EU Strategy on Victims' Rights <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0258>

⁶⁰ E.g. Directive on right to information in criminal proceedings (2012/13/EU), Directive on the right of access to a lawyer in criminal proceedings (2013/48/EU)108, Directive on strengthening of certain aspects of the presumption of innocence and on the right to be present at the trial in criminal proceedings (2016/343/EU), Directive on legal aid for suspects and accused persons in criminal proceedings (2016/1919/EU)

⁶¹ Criminal Procedure Act (CPA)

⁶² Article 143(4), Art. 143c, CCP

⁶³ Article 84, first paragraph, of the CCP

⁶⁴ Article 148b, CCP

⁶⁵ Article 148b, CCP

07 LEGISLATIVE FRAMEWORK: OBLIGATION TO MAKE PROCEDURAL ADJUSTMENTS

- Interviewing a witness in criminal proceedings with the help of an expert in the relevant field:⁶⁶
 - ◆ acting sensitively when questioning a minor, with the help of an educator or other professional.⁶⁷
- Interviewing a witness in criminal proceedings in the presence of a person of the witness's choice.⁶⁸
- Hearing witnesses in specially adapted rooms.⁶⁹
- Safeguards to protect personal data or identity:
 - ◆ deletion of all or individual data;
 - ◆ the designation of all or some of the data as non-public for reasons of procedural interest;
 - ◆ ordering the parties to proceedings to keep certain facts or information secret;
 - ◆ establishing a pseudonym for the witness;
 - ◆ interrogation by technical means (shielding wall, voice distortion device, sound transmission from a special room and similar technical protective devices).⁷⁰
- Withholding the identity of a witness from the accused and his defence counsel as a whole (anonymous witness).⁷¹
- Interviewing an accused person or a witness using modern technical means of image and voice transmission (videoconferencing).⁷²
- Possibility to exclude the public from part or all of the main hearing.⁷³

⁶⁶ Article 240, paragraph 5, of the CCP

⁶⁷ Article 240, paragraph 4, of the CCP

⁶⁸ Article 240, paragraph 5, of the CCP

⁶⁹ Article 240, paragraph 6, of the Criminal Procedure Code

⁷⁰ Article 240a, first paragraph, of the CCP

⁷¹ Article 240a, fourth paragraph

⁷² Article 244a(1), CCP

⁷³ Article 295 of this Law

07 LEGISLATIVE FRAMEWORK: OBLIGATION TO MAKE PROCEDURAL ADJUSTMENTS

Public authorities have a duty to intervene in proceedings and to ensure that vulnerable people can give evidence in as safe an environment as possible. By making the adjustments to the procedure outlined above, they can create a space where the person can focus on the testimony and testify to the best of his or her ability. This also ensures that the person feels comfortable throughout the procedure.

08

8. Communication with different target groups

8.1. Communication with deaf and hard of hearing people

When dealing with people with disabilities in court and other proceedings, it is essential to take into account their specific needs and the challenges they face in their daily lives. It is important to understand their language, culture and ways of communication to ensure equal treatment and access to justice.

Background

Slovenian Sign Language (SHS) is the primary means of communication for deaf people. Since 2002, the Law on the Use of Slovenian Sign Language (ZUSZJ) and the new Article 62a of the Constitution of the Republic of Slovenia (sign language and language of the deafblind) since 2021 have emphasised the importance of respecting and using SZJ.

→ When communicating, use terms such as "person with communication difficulties" or "person with hearing and speech impairments", which are more appropriate than "deaf". The latter can be offensive.

Statistics

Statistics show the diversity and extent of disability in the population. The number of deaf (born) people is decreasing, estimated at around 1,200. The number of hearing impaired is between 160,000 and 180,000, and increasing. The number of people with cochlear implants, which includes deaf people, is over 500 and growing. There are 67 certified interpreters for Slovene Sign Language, five of whom are deaf.

There are seven court interpreters for Slovenian Sign Language, one of whom is deaf.

Educational structure of the deaf persons

Deaf people often have a lower level of education than the rest of the population. As many as 90% of deaf people have less than a secondary education. Less than one per cent of deaf people have a college degree or more. Only one person among them has a doctoral degree.

Communicating in SZJ

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The SZJ is essential for communication among the deaf persons (among the Deaf community). It is based on the use of hands, facial expressions, eyes and lips, and body movements. It has its own grammatical rules, which are different from those of the Slovene language, and cannot be equated with spoken Slovene. Slovene Sign Language is the first and natural language of the deaf.

Spoken Slovene is usually a second language for deaf people. Slovene Sign Language is not only a way of communicating, but also a sign of cultural belonging and social integration for Deaf people. Deaf people usually learn SZJ at a school for the deaf, during communication with other deaf people and in courses organised by their associations. They may also use interpreters to communicate with hearing people.

Some Deaf people who are very literate usually want interpretation in "sign language", while others request interpretation in their mother tongue, which requires more knowledge and understanding of the Deaf culture and the community itself.

GUIDELINES FOR COMMUNICATING WITH PEOPLE WITH HEARING AND SPEECH IMPAIRMENTS

When working with people with hearing impairments (deaf, hard of hearing, cochlear implant (CI), deafblind), it is essential to follow the following guidelines:

Working with the deaf persons

- **Take 2-3 times longer than usual to talk.** You need to be patient and understanding when talking, as communication can take a long time.
- **It is essential to provide a Deaf interpreter** in addition to a hearing interpreter for SZJ (for any treatment).
- **Your approach** (e.g. facial expressions and body language) is **very important**.
- **At the start of the conversation, make it clear that there is no rush**, and that the person can take time to think and answer.
- **Ensure good lighting when placing the interpreter in the room.**
- **It is important to be direct and clear in your conversation**, as this makes it easier to understand. Use as little legal terminology as possible and explain things in "layman's terms".
- **It is essential to check for understanding after each conversation.** It is important to check that the person has understood the agreement. Nodding does not

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mean that the person has understood the agreement. To check, you can suggest that the person repeats the agreement on his/her own (self-reflection).

- **Focus on visual communication**, as deaf people cannot rely on hearing. The use of visual aids such as pictures, illustrations, picture books, diagrams and charts is also desirable.
- **It is important to ensure that information is accessible to the deaf, which** may include the use of subtitles, sign language interpreters and other adaptations.
- **Always allow a deaf person to use your hands.** E.g. if a person is "handcuffed" in a police procedure, they must be allowed to use their hands freely, as the use of their hands is their means of communication. As a last resort, the person should be allowed to use at least one hand (the hand that "writes") while the other is "locked".
- **Different communication methods and individual needs must be taken into account.**

Working with people who are hard of hearing:

- **Use visual and written communication.** People who are hard of hearing rely on visual aids such as subtitles or presentation materials with large fonts.
- **Avoid complicated words and dialect.**
- **Speak clearly and slowly, not LOUDLY.** Speaking too loudly can make it difficult for a person with hearing loss to understand speech, as it can cause sound distortion and discomfort.
- **Provide a suitable environment that is quiet and well lit.** Avoid noise or other distractions.
- **Allow proximity to the interlocutor for lip reading and lip reading.**
- **Enable wireless systems for sound transmission** (multiple microphones in front of speakers, use of special headphones by the user (client), hearing aids, so-called wireless FM system). Wireless systems allow better intelligibility of speech and reduce background distractions (e.g. noise). The use of technology and assistive devices can significantly improve communication with a person

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who is hard of hearing (e.g. in the courtroom), improve intelligibility, and contribute to equal participation in court proceedings.

- **If a video is available, subtitles can be used to allow the hearing impaired person to follow the speech.** This is particularly useful when testifying or presenting evidence that has been recorded.
- **If the court session is conducted via web conferencing tools, live captioning extensions or features can be used to allow** hearing impaired people to follow the speech in real time.
- **The use of sound amplifiers can increase the volume of speech** (e.g. in a courtroom), making it easier for people with hearing difficulties to listen.
- **Ensure the presence of a sign language interpreter, if necessary, for the person** who uses sign language as their main means of communication, even if they are hard of hearing.
- **Engage with people in the conversation, involve them in the decision-making process.**
- **Find out about their specific needs and adapt your communication.** People can have different levels of hearing loss, so it is important to understand their specific needs and adapt your communication to meet them.
- **Don't repeat the same information in the same way, as a** hearing impaired person may need a different approach or support to understand it better. People who are hard of hearing may have difficulty understanding certain sounds and words, especially in high-pitched tones, speech in noisy environments and conversations in groups. Change the environment and the way you speak.

People with cochlear implants (PV)

We also have people with PV who are deaf but have a cochlear implant that allows them to artificially produce sound that is "equivalent" to that perceived by hearing people. Their needs and specificities may vary and include elements of both deafness and hardness of hearing, as already described. Some of them can "hear" and understand very well without the need for special adaptations.

- **However, please note if they express a need for any adjustments, as described above.**

Deafblind people

People who are both deaf and blind are called deafblind people. Deafblindness is a disability in its own right, resulting from a severe simultaneous impairment of hearing and vision in which the affected senses cannot compensate for each other. Deafblindness is a 100% disability and not just a physical impairment. When communicating with people who are deafblind, the specific needs and limitations arising from their dual sensory loss must be taken into account. You can read more about deafblindness in the chapter [Communication with people with deafblindness](#).

Ensuring the quality of the work of deaf and hearing interpreters

- It is advisable to inform the interpreters in advance of the content of the conversation (e.g. court hearing).

The work of a hearing interpreter.

- Make sure the interpreter is positioned correctly. It is preferable to give the deaf or hard of hearing person the opportunity to say where the interpreter should be positioned before the start (in relation to the room and the light in the current situation). E.g. during the client's conversation with the judge, the interpreter should stand next to the judge, opposite the deaf or hard of hearing person. e.g. during the client's conversation with the judge, the interpreter should stand next to the judge, opposite the deaf or hard of hearing person. e.g. during the client's conversation with the judge, the interpreter should stand next to the judge. If the judge and the opposing lawyer are present at the same time, the interpreter stands between them.
- The interpreter must be illuminated.

The teamwork of a deaf and a hearing interpreter is equal.

To date, there have been no such cases in Slovenia, but throughout Europe and the world, teamwork between a deaf and a hearing interpreter is increasingly being used in case law. Tallinn Declaration (1 June 2024, see [here](#)). In Slovenia, we have deaf and hearing court interpreters, so such cases can be handled.

- Make sure the interpreter is positioned correctly. Position of the interpreter: in this case, the deaf interpreter is opposite the deaf person

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(e.g. the party to the proceedings) and the hearing interpreter is opposite the deaf interpreter (at the side of the deaf party to the proceedings).

- It is important to understand that having a deaf interpreter and a hearing interpreter at the hearing (two interpreters in court at the same time) is not a double cost! It is the quality of the content that matters, not the quantity!

More time needs to be taken to deal with it. It is important to approach them with sensitivity and understanding, to use visual communication and to ensure that information is accessible.

Oath of interpreters for SZJ

All registered interpreters who have passed the National Professional Qualification (NPQ) exam for Slovenian Sign Language interpreter can take an oath in a civil and administrative court, but not in a criminal court, and perform their work interpreting SZJ for both deaf and hearing interpreters. In criminal law, however, court interpreters for Slovenian Sign Language are considered.

- **Encourage decision-makers to use deaf and hearing interpreters at the same time in (court) hearings. Both interpreters - deaf and hearing - should be present at the hearing.**

Appendix

In the process of questioning and eliciting statements, it is advisable to use a variety of methods, such as picture books (for children/young people) to stimulate responses, writing, drawing on paper, using symbols or icons, etc. The room should be well lit to allow people to focus on your verbal and non-verbal signals and to avoid too loud ambient sounds.

Dilemma - issues of the functioning of jurisprudence.

Case law does not work in line with the following principles.

- **Courts and the Ministry of Justice should be explicitly required to always call on a court interpreter in the first instance to interpret in court.** Too often, a deaf person goes to court with an interpreter from the NPK list of interpreters and the interpreter is sworn in. This is the easiest way for the court to proceed, as it does not interrupt the proceedings, but it does not give the deaf person access to a

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court interpreter. In addition, court interpreters have to renew their status as court interpreters by means of training certificates (which requires additional costs and time), while other interpreters on the NPK list remain willing to interpret in court at no additional cost. Court interpreters for Slovenian Sign Language feel disadvantaged because the system allows it. We encourage that every SZJ user be offered a sworn court interpreter for SZJ who has dedicated time, training and specialises in gestures in court content.

Although the rights of deaf persons to choose an interpreter are not established by law, in practice, the court often chooses to hire a court interpreter in criminal cases, while in civil cases it recognises so-called *ad hoc* interpreters as equivalent to court interpreters. This is also apparent from the opinion of the Supreme Court of the Republic of Slovenia.

Conclusion

Respecting the culture of the deaf persons, making information accessible and using CSL are key steps towards creating a more accessible society for people with disabilities. When dealing with a deaf or hard of hearing person, if it is found that the person does not understand, does not cooperate or is unable to make decisions, the court and notaries assess the person's equipment and the possible need to appoint a guardian through the CSD. The involvement of the CSD is only advisable in exceptional cases where, despite interpretation, the person does not understand the content or meaning of what is said and the consequences. The purpose of involving a counsellor is not merely to take away the person's "capacity to perform", but to provide support and understanding of the person's social status. In this way, the possible negative consequences of misunderstanding or miscommunication, which could have a negative impact on the person's social situation due to misinterpretation of his/her decisions and the opinion expressed, are avoided.

If they are "waving", it does not mean they are "doing violence", but it can be a gesture of anger, sadness, frustration - "speaking loudly". If they are handcuffed, tied, their hands are tied, the question is how to "express" themselves.

8.2. Communication with blind and partially sighted people

Blindness or partiality is a loss of vision that cannot be corrected by glasses, medical treatment or surgery. It can be inherited or acquired (as a result of disease, ageing or accident), or it can occur at birth. Blindness does not necessarily mean total loss of vision or darkness. Some people who are blind still have minimal residual vision, but not enough to carry out normal daily tasks. People with low vision have more residual vision, but still not enough to read, write or drive a car normally. Blindness and low vision are reflected in very different ways: for example, some people find it difficult to

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orient themselves in a room or on the road, but on the other hand they can read small signs and vice versa; some people use a white cane or a guide dog, while others do not.

Some people can perceive light, shadows and/or shapes, while others can see nothing. Colour blindness is the inability to distinguish between colours. Some people cannot distinguish between red and green, while others see everything in black, white and grey. Low vision is a partial loss of vision that cannot be corrected or improved with glasses.⁷⁴

Guidelines for communicating with blind and partially sighted people:

- **When communicating with a blind or partially sighted person, follow ethical principles: put your interlocutors on an equal footing, avoid belittling or belittling.**
- **Don't guess what a blind or partially sighted person can and cannot do.**
- **Get the attention of a blind or partially sighted person by speaking first and/or gently touching their hand.**
- **Introduce yourself.**
- **First ask the blind or partially sighted person if they need help and how they need it.**
- **Always address the blind or partially sighted person and the person accompanying them.**
- **Use short messages or a descriptive and unambiguous way of communicating.**
- **Describe what you do and keep checking the information you receive.**
- **When talking in a group, always make it clear who you are and who you are addressing.**
- **Always respond in words, avoid nodding and other non-verbal messages.** Replace demonstrative indefinite pronouns with a concrete word (e.g. use concrete descriptive terms like: there is a chair straight in front of you, there is a glass on the right side of the table).

⁷⁴ Australian Disability Access Book, Section 7.4.

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- Do not do other things while talking, thinking that the blind or partially sighted person cannot see you.
- Look the blind or partially sighted person straight in the face when talking.
- Tell when you move away from the blind person or leave the room.
- Provide the blind or partially sighted person with information in a format that is accessible to him/her (large black print, cursive, e-form). Read written materials or make written information accessible.
- When signing documents, be sure to read them out loud first, then place your index finger on the point where you want them to start signing.⁷⁵ Place your left or right index finger depending on which hand the person is writing with (if the person is right-handed, their left thumb should be placed on the starting point of the signature).
- Physically adapt the space to ensure unhindered access. Ensure that the environment is noise-free, as it is difficult for a blind or partially sighted person to find their way in a noisy environment.⁷⁶
- Provide the blind or partially sighted person with a preliminary introduction to the physical environment. Describe the room from the starting point of the door in a clockwise direction, and describe the position of objects in front of the person (e.g. food and its position on a plate) in this way, if relevant.⁷⁷
- Allow the presence of support persons.
- Provide access to a assistance dog. Do not touch or otherwise address the assistance dog.⁷⁸

⁷⁵ Based on Australian Disability Access Book, Section 7.4. Janko Marinko, Under Which Tree Did You See Them? (2023) GV Publishing and CSD Guidelines for People with Disabilities (unpublished material)

⁷⁶ Based on Australian Disability Access Book, Section 7.4. Janko Marinko, Under Which Tree Did You See Them? (2023) GV Publishing and CSD Guidelines for People with Disabilities (unpublished material)

⁷⁷ Based on Australian Disability Access Book, Section 7.4. Janko Marinko, Under Which Tree Did You See Them? (2023) GV Publishing and CSD Guidelines for People with Disabilities (unpublished material)

⁷⁸ Based on Australian Disability Access Book, Section 7.4. Janko Marinko, Under Which Tree Did You See Them? (2023) GV Publishing and CSD Guidelines for People with Disabilities (unpublished material)

- If you feel it is appropriate to touch a blind or partially sighted person, check beforehand that it is appropriate for them to do so.⁷⁹
- When asking questions, it is important not to ask her about what she saw. They should not be asked to recall information or events on the basis of what they have seen.⁸⁰
- Keep checking the information you receive.⁸¹

8.3. Communicating with people with deafblindness

Deafblindness is a simultaneous impairment of hearing and vision that is so severe that the two senses have difficulty compensating for each other. Therefore, deafblindness is a separate, specific disability.

Factors affected by deafblindness

Deafblindness limits participation in activities to varying degrees and hinders full participation in society. Deafblindness affects social life, communication, access to information, orientation and the ability to move freely and safely. In particular, touch becomes an important sense.

Factors affecting deafblindness

The severity of combined hearing and vision impairment depends on:

- the time of onset of deafblindness, especially in relation to communication development and language acquisition;
- the cause of deafblindness;
- the degree and nature of hearing and visual impairment;
- whether deafblindness is congenital or acquired;
- whether it is associated with other impairments;

⁷⁹ Based on Australian Disability Access Book, Section 7.4. Janko Marinko, Under Which Tree Did You See Them? (2023) GV Publishing and CSD Guidelines for People with Disabilities (unpublished material)

⁸⁰ Based on Australian Disability Access Book, Section 7.4. Janko Marinko, Under Which Tree Did You See Them? (2023) GV Publishing and CSD Guidelines for People with Disabilities (unpublished material)

⁸¹ Based on Australian Disability Access Book, Section 7.4. Janko Marinko, Under Which Tree Did You See Them? (2023) GV Publishing and CSD Guidelines for People with Disabilities (unpublished material)

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- whether the loss of sensory function is stable or progressive.

Deafblindness is often classified into four groups, depending on the degree of sensory impairment:

1. blindness with impaired hearing;
2. deafness with visual impairment;
3. visual and hearing impairment;
4. total deafness and total blindness.

What is congenital deafblindness?

Congenital deafblindness is defined as deafblindness that is present at birth or occurs before language development.

What is acquired deafblindness?

Acquired deafblindness is when the simultaneous hearing and vision impairment occurs after language acquisition.

What is age-related deafblindness?

The subgroup of people with acquired deafblindness includes older people who have a simultaneous hearing and vision impairment called age-related deafblindness. It is associated with people after the age of 65. The vast majority of cases of deafblindness are age-related, and the number of cases is likely to increase as the population grows older.

GUIDELINES FOR COMMUNICATING WITH PEOPLE WITH DEAFBLINDNESS

Inaccessible and inadequate facilities, lack of information in appropriate formats and limited availability of qualified legal aid and legal representation with knowledge of deafblindness can contribute to a lack of understanding of this complex situation. This can consequently lead to inappropriately tailored ways of communicating and conducting official proceedings in a way that does not meet the needs and abilities of individuals with this type of challenge.

Under the Equalisation of Opportunities for Persons with Disabilities Act (EODA), the State, local authorities, public authorities and public service providers have an obligation to provide all documents to persons with deafblindness or to ensure that they have access to all documents in a form that they can understand in all their proceedings. It is up to the person with deafblindness to choose the form in which they receive the documents. This means, in particular, writing in adapted writing and reading

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techniques for people with deafblindness, such as braille, large print, audio, electronic format, etc. Failure to provide this is considered to be a discriminatory act.

People with deafblindness may face various physical, information and communication barriers in the context of court proceedings.

Physical barriers to participation in the procedure

When it comes to overcoming physical barriers, it is important for people with deafblindness to have access to halls facilitated by "tools" such as ramps, stairs marked with contrasting colours, staircases with handrails, the possibility of adjusting the light in the room, the size of the characters and their contrast, and the possibility of writing in Braille (on the door or on a notice board).

Barriers to communication

Deafblindness is a simultaneous visual and hearing impairment with varying degrees of sensory loss and different aetiological factors. When communicating with people experiencing this complex condition, it is crucial to choose the approach that best suits the individual. Deafblindness can be manifested as a complete loss of vision and hearing, a combination of deafness and visual impairment, deafness with blindness, or as a combination of deafness and visual impairment. In addition, there is a wide range of syndromes, viral infections, developmental disorders and injuries that can contribute to the development of deafblindness. The distinction between congenital and acquired deafblindness is crucial, as the former is experienced before the development of language, while the latter occurs later in life, after language has been acquired. In view of the above, it is important to consider the timing of the onset of deafblindness and its cause, as these factors affect the individual's communication skills, cognitive abilities and perception and understanding of the content of the procedure.

In any case, it is essential to check that the person fully understands the content of the information or instructions given to him/her, whether in the form of a narrative or in written documentation, before and during the procedure. DLAN has repeatedly received information indicating that persons with deafblindness have been included in procedures without sufficient accommodations because officials have failed to recognise their condition, with the consequence that appropriate support has not been provided, nor have individuals with deafblindness themselves been alerted to this. This can also happen because the person with deafblindness themselves may not be able to express their difficulties for a variety of reasons (e.g. feelings of discomfort, shame, low self-esteem, lack of information, or because of associated impairments such as

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intellectual disability).⁸² As a result of the above, people may find it difficult or not at all to follow the procedure. It is therefore crucial to provide adequate training to all judicial and professional staff involved in the various legal procedures where the rights, obligations or legal benefits of an individual are decided. This ensures that the specific needs and challenges faced by people with deafblindness are taken into account and that they are enabled to participate fully and effectively in the process.

Information barriers:

- the legislation is not available in an adapted format (Braille, audio, easy reading); although there is an adaptation of the 'Userway' website to change the contrast and spacing of the text and to enlarge the text, this is not sufficient for some users because not all of them have access to the internet, cannot read the text with technical aids or because the content is written in a way that they cannot understand;
- no adapted accessible information on the content of the procedures (Braille, audio, easy reading);
- court decisions (Constitutional Court, ordinary) are not in an adapted format (Braille, audio, easy reading);
- information on the country's regulatory framework is not in an adapted format (Braille, audio, easy reading).

Guidance on communicating with people with deafblindness

Flexibility in the conduct of proceedings:

- **It is important to establish that the individual in question is a person with deafblindness.** As this is a heterogeneous group (see section What is deafblindness?), it is crucial to ensure individualised communication and to identify the individual's needs for environmental adaptations (e.g. lighting in the room). This includes identifying the need for an interpreter for deafblind people, the possibility to follow the process with the help of an interpreter for people with deafblindness, which may include a complementary haptic mode of

⁸² In the case of intellectual disabilities, the person with deafblindness must be accompanied by a legal representative, whose actions must be in accordance with the applicable legislation governing the representation of parties who lack capacity.

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communication,⁸³ the possibility of having a personal confidant of their choice present and/or the use of various technical aids adapted to the individual needs of the individuals. A variety of technical aids significantly facilitates the process of following the procedure, especially for those individuals who have residual vision and hearing and are accustomed to the use of such aids. These aids include, for example, systems that allow speech to be converted into written form on a screen, with flexibility in the size and colour of the letters and background, induction loops, or FM listening. The most important thing is to create a space that is optimally suited to the individual, as this will allow for more relaxed and effective communication.

- **The way in which you communicate with an individual with deafblindness is relatively fixed, given the variety of language abilities that individuals have.** It should be borne in mind that the language of deafblind people was only formally recognised in 2021 with the adoption of the constitutional provision Article 62a. Consequently, the development of the language of the deafblind is still in its infancy. In addition, the ability to understand complex content also depends on various factors, notably the supportive environment. Education, informal training and vocabulary are strongly related to this. If a person does not have a supportive environment, understanding professional content is extremely difficult, sometimes practically impossible.
- **The procedure is conducted in free language, with an emphasis on short statements to facilitate understanding.** The use of specialised terminology is avoided to ensure accessibility and comprehensibility. In fact, the Slovene language of deafblind people is not as developed as the Slovene language. This makes it necessary to simplify content and adapt communication.
- **Communication requires a quiet environment, especially for those with hearing loss.**
- **Hearing loop in rooms where work with people with deafblindness is carried out.**

⁸³ Through the haptic mode of communication, the individual receives mainly visual information from the environment (e.g. the layout of a room and the people in it, people being serious, clapping, laughing, etc.), while the auditory information is conveyed by another mode or a combination of different modes of communication. It is important that the person with deafblindness receives the fullest possible information with a complete picture of what is happening in the environment.

- When implementing procedures, it is crucial to ensure that the individual actually understands the procedure and its content. This can be achieved by using comprehension checking methods that go beyond simple "yes" or "no" answers. It is advisable to ask questions that require brief explanations or repetition of key steps of the procedure. In this way, the actual understanding of the procedure is checked.
- Give the person with deafblindness enough time to answer.
- If a person uses an assistance dog, he or she shall be allowed access to the official premises with the dog.
- When signing documents, the signatory's index finger should be placed at the starting point of the signature (left or right index finger - depending on which hand the person is writing with; i.e. if the person is right-handed, the left thumb should be placed at the starting point of the signature). Before signing, explain clearly to the person exactly what he/she is signing, with the option of obtaining a copy of the document in a customised format of his/her choice.
- To lodge and receive letters in a format of your choice.

In Slovenia, contact DLAN, the Slovenian Deafblind Association, to get the right information on how to communicate with deafblind people in court.

8.4. Spoken easy language and easy reading

This chapter is predominantly dedicated to communication with persons with intellectual and psychosocial disabilities.

8.4.1. Spoken easy language

Easy spoken language is accessible language

Accessible language for effective communication

Accessible communication is an essential condition for ensuring fairness and equality in the judicial process. The use of accessible language helps to ensure that all persons, whatever their communication needs, are "treated" equally.

People with different intellectual and linguistic disabilities often need language adaptations to understand and participate in judicial and other proceedings. We use easy spoken language to help people understand and communicate effectively. The

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guidelines on the use of plain spoken language are designed to help professionals and other staff to communicate effectively with individuals in vulnerable circumstances.

It is important to realise that any of us can be in a vulnerable position in (official) proceedings. Trauma, shock and stress can have a profound effect on the ability to communicate, even though under normal circumstances a person may have no barriers to communication. Trauma can cause temporary cognitive and emotional barriers such as:

- reduced attention (the person finds it difficult to concentrate on the conversation or instructions);
- increased anxiety and fear (these feelings can make it difficult to process and understand information);
- memory problems (the person may forget information they have just received or have difficulty recalling previously stored information);
- emotional numbness (the person finds it harder to express his or her thoughts and feelings).

In such cases, the use of easy spoken language and checking for understanding is crucial, as it allows the person to navigate the stressful situation more easily and to participate more effectively in the communication.

Principles and guidelines for easy spoken language

For example, one-way messages include recorded instructions or other information, while two-way communication involves direct conversation in which both parties exchange information and questions.

Keep these key principles in mind when communicating with addressees and interlocutors who need extra support:

- **Respect.** Always address the addressee or interlocutor with dignity and respect. In a two-way communication, be patient and give the other person time to think and respond. Allow the interlocutor to ask questions.
- **Equal position of power.** Create an environment where the interlocutor feels safe and equal. Avoid using complicated language or a patronising tone. Make sure the interlocutor understands that their perspective is important and valued.

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- **Active listening.** Active listening involves listening attentively without interrupting. Use non-verbal cues such as nodding and maintaining eye contact. This shows the interlocutor that you are listening.
- **Check your understanding on an ongoing basis.** It is important to check on an ongoing basis that the interlocutor understands us. If you notice that the other person does not understand, you can check by asking questions. Be careful not to use questions such as "do you understand what I have said", but ask for specific information that we have given, for example "Who will talk to you at the police station?". Ask if the interlocutor needs further clarification. If you are the one who does not understand, it is important to say so and ask for the message to be repeated. Ask additional questions if necessary.
- **Language support.** Sometimes you might use alternative and supportive communication tools, such as thumbnails, snapshots or objects. Check that the person is using a communicator and allow them to use it. You can read more about alternative and augmentative communication [here](#).

Examples of use

- **In court.** It is very important that information is presented in an understandable way at court hearings. For example, a judge might say:

Standard language: 'Accused, how will you plead to the charges?'

Light language: 'Have you committed a crime? Tell the court whether you are guilty or not guilty.'

Witnesses and defendants generally understand questions and instructions better if they are given in plain language, without a lot of legal terms.

- **To the police.** Police officers can use light spoken language when explaining arrest or interrogation procedures, for example:

Standard language: 'Please follow the instructions and be prepared for further action.'

Light spoken language: 'Please listen to my instructions. I will explain what will happen next each time.'

- **At the doctor's**

Standard language: 'Can you describe the incident and its consequences?'

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Light spoken language: 'Tell me what happened. Were you hurt? Where did it hurt you?'

SELSI project

The European SELSI project (Spoken Easy Language for Social Inclusion, 2022-2024, co-funded by the European Commission) has written guidelines for spoken easy language. They have been tested in three of the partner countries - Latvia, Sweden and Slovenia. Testing in Latvia showed that the guidelines are effective in improving understanding between people with intellectual disabilities and dementia. The majority of test participants supported the recommendations, such as speaking slowly and clearly, using simple words and avoiding abstract concepts. Pausing between sections of text and emphasising key points proved particularly useful.

Slovenia has tested the complexity of the questions we ask. It was found that simple questions, asked one after the other, allowed participants to give immediate and relevant answers. In situations with complex questions, participants often remained silent or became confused. Examples of questions:

A simple question: 'Do you have a headache?' (Wait for the answer). "Do you have a problem with your eyesight?" (Wait for an answer). "Do you feel dizzy?"

A complex question: 'Do you have a headache, vision problems or dizziness?'

In Sweden, they tested one-way audio information, such as audio books with different speech modes. Participants agreed that speaking slowly and clearly is key. They found pauses between words and phrases useful, with the caveat that pausing for too long can impair concentration. Opinions were divided on the speed of speech. Some participants needed a slower pace of speech, others found a faster pace more appropriate. This again confirms the importance of adapting to and responding appropriately to an individual's communication.

Communication training

Professionals and staff involved in judicial and other processes often lack highly developed skills for personalised and accessible communication. These skills can be successfully acquired through communication training, which enables professionals to train and learn to use easy spoken language, improve their listening skills and learn how to create a safe and respectful communication environment.

Conclusion

Accessible communication and the use of easy spoken language are not only a necessity, but also a right. It is important to learn and use these skills in our daily and public lives. The guidelines produced by the SELSI project aim to improve

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communication in different contexts. A multimodal online tool with the guidelines, available on the project website (<https://selsi.eu/sl/>), will be available in autumn 2024 to further facilitate the use of accessible language in practice. Easy spoken language improves the understanding and participation of persons with different communication needs in judicial proceedings. The use of easy spoken language is a right that must be respected and nurtured. In doing so, we are making a fairer and more inclusive society a reality.⁸⁴

8.4.2. Easy read

Accessible language in written information is crucial because:

- It allows all people to have the same, proper understanding of important documents.
- They help people feel more confident and involved.
- It prevents misunderstandings and wrong reactions and decisions due to misunderstanding of the information written down.

Formal notices and documents are often written in complex language that most people find difficult to understand. Using accessible language can significantly improve understanding. Legislation, for example, is often complex and difficult to understand. Using accessible language makes it easier for people to understand the rights and obligations that a particular law or regulation brings.

An important concept and tool for improving the accessibility of information **can be reading**, prepared according to appropriate professional guidelines. In Slovenia, we have a four-step easy reading system, which was developed in the project "It's easy to read"⁸⁵, co-funded by Slovenia and the European Union from the European Social Fund (2018-2019).

Basically, the information provided in easy reading is aimed at people who have difficulty reading and understanding complex texts. In certain circumstances, this can be a problem for everyone, not just for example people with intellectual disabilities, language impairments, the elderly, children and groups with other reading and comprehension difficulties. In the chapter "Easy spoken language is accessible language", we stress the importance of recognising that everyone can be in a vulnerable position in (official) proceedings. Trauma, shock and stress can sometimes have a marked impact on the ability to communicate, even though under normal

⁸⁴ Further reading: SELSI website: <https://selsi.eu/sl/>, Lindholm, C. (ed), Vanhatalo, U. (ed) (2021): Handbook of Easy Languages in Europe. Easy - Plain - Accessible, Volume 8. Frank&Timme.

⁸⁵ Available at: <http://www.lahkojebrati.si/>

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circumstances a person may not have any barriers to communication. Temporary cognitive and emotional barriers are numerous, important, and must be taken into account.

Principles and guidelines for written information in easy reading

Some guidelines for preparing light reading:

- **Clear and simple language.** Use short and simple sentences. Avoid complicated words and technical terminology. Where the use of difficult words is unavoidable, these words are explained, possibly with examples.
- **Logical structure.** The text is clearly organised with a logical sequence of information. Use headings and sub-headings to separate different parts of the text.
- **Sufficiently large and legible font.** Use a larger font (e.g. at least size 14).
- **Design.** Avoid italics (*italics*) and predominantly CAPITAL LETTERS as these are harder to read. Line spacing is usually larger (e.g. 1.5 line spacing). Separate paragraphs appropriately. Use enough blank space, information, let the page breathe.
- **Use of illustrations.** Different illustrations can help explain the content. Visual elements should be simple and clear, without unnecessary details. Photographs can be easier to understand, but care should be taken to avoid distracting details. Caution is needed when using pictograms, which are often too abstract, not specific enough and can be misinterpreted. Some pictograms or icons mean different things in different cultures.
- **Consistency.** Use the same terms for the same concepts. Apply the formatting rules consistently throughout the text.

Examples of use

Scenario 1
A challenging record: "Under the provisions of the Criminal Procedure Act, the accused has the right to a lawyer and the right to defend himself or herself."

Easy reading:

The law says that the accused has the right to a lawyer.

A lawyer is an expert in the law,
who helps the accused understand the law.

A lawyer defends the defendant in court.

But the defendant can also be without a lawyer and
defend himself or herself in court.

Scenario 2

A challenging record:

"The police are obliged to inform the detained person of the reasons for his detention and to give him the opportunity to inform a family member or lawyer within a reasonable time."

Easy reading:

The police must tell the person why he or she is being detained.

To detain means that the police keep the person in a particular place
for a certain period of time.

The police detain a person because they suspect that he or she has
broken the law.

The person detained can call a family member or a lawyer.

Scenario 3

A challenging record:

"The Court will consider all the evidence and testimony presented and make a final decision on the guilt of the accused on the basis of this information."

Easy reading:

The judges will review all the evidence and hear from witnesses.

Witnesses are people

who have seen or heard something important about the case.

Then the judges will decide

whether the defendant is guilty or innocent.

→ Visual elements can make a significant contribution to the comprehensibility of information.

Conclusion

Accessible communication and the use of accessible language in written information is not only a necessity, but also a right for everyone. Using appropriate easy reading guidelines ensures that information is accessible and understandable to everyone, regardless of their education or ability.

Adapting the information written down is not only a professional duty, but also a human responsibility that contributes to a fairer and more inclusive society. By respecting the principles of easy reading, we will achieve better understanding and cooperation and reduce the risk of misunderstandings and errors.⁸⁶

⁸⁶ Recommended (resources): Easy to Read website: <http://www.lahkojebrati.si/>, Lindholm, C. (ed), Vanhatalo, U. (ed) (2021): Handbook of Easy Languages in Europe. Easy - Plain - Accessible, Volume 8. Frank&Timme.

8.5. Alternative and complementary communication

Users of Alternative and Complementary Communication (ACC)

Alternative and augmentative communication (AAC) includes modes of communication other than speech, i.e. sign language, facial expressions, gestures, communicators.⁸⁷ The NAC system is tailored to the individual, his/her needs and the environment in which he/she lives, and includes a range of communication gestures, gestures, symbols, etc. that are appropriate to him/her. The pictorial symbols can be arranged in a communication book or communication aid or individually.⁸⁸

The purpose of the NDK is to replace, supplement and support speech-language communication when this is impaired in the case of an individual.

Complementary communication is used when we add something to complement natural speech. E.g. show the first letter, show a picture, a small portable amplifier can increase the volume of speech and help those with limited voice capacity to communicate effectively. The message becomes clearer to the interlocutor.

Alternative communication is used when a person is unable to speak verbally and the speech is unintelligible to the other person, in which case we look for other ways to communicate. This could be, for example, by using a programme that converts written text into synthesised speech or a simple graphical communication aid. Users of alternative communication are not able to communicate in an effective, functional verbal manner.

The overriding aim of the NDC system is to provide the means for individuals to say what they want, how they want, when they want and to whom they want. The autonomy of the individual's communication must be central.⁸⁹

NDK is for children who have not developed speech-language communication or whose speech is not sufficiently intelligible to their surroundings.⁹⁰ Speech-language impairment can also occur in adulthood, the most common causes being brain injury, stroke, brain tumours, various neuromuscular diseases (multiple sclerosis, amyotrophic lateral sclerosis), Parkinson's disease, Huntington's disease, etc. We are talking about acquired speech (dysarthria, apraxia of speech, dysphonia) and language disorders (aphasia).⁹¹ Speech and language impairment can thus be

⁸⁷ The term "PINK" is also used, i.e. supportive and alternative communication.

⁸⁸ <https://www.dlib.si/stream/URN:NBN:SI:doc-XFMXVFEY/cd9a671a-7d12-4bb4-ac70-a30d24ddb49c/PDF>

⁸⁹ <https://isaac-online.org/english/about-aac/>

⁹⁰ <https://cirius.splet.arnes.si/zdravstvo/medicinska-rehabilitacija/logopedija/nadomestna-komunikacija/>

⁹¹ <https://www.dlib.si/stream/URN:NBN:SI:doc-XFMXVFEY/cd9a671a-7d12-4bb4-ac70-a30d24ddb49c/PDF>

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congenital or acquired in adulthood. The NDK system is designed for any individual who has not developed functional verbal speech.⁹²

NDC systems are divided into:

- **systems without aids** (gestures, facial expressions, gestures, sign language,...);
- **systems with communication aids.**

Communication aids can be:

- **Graphical**, including photographs, tactile and pictorial symbols, e.g. pictures, symbols, tactile symbols, communication folders and Picture Exchange Communication Systems (PECS);
- **Electronic**, i.e. computer-based communication devices,⁹³ , where we know about sophisticated (high-tech) communicators with computer-synthesised speech, which have various control options (touch, joystick, switches, gaze control, etc.).⁹⁴

Everyone uses several forms of communication, depending on the context and the interlocutor. Effective communication happens when the intention and content of one person's thoughts are understood by another. The form is less important than the successful understanding of the message.⁹⁵

Other, additional impairments (e.g. visual impairments, hearing impairments, apraxia,...) can also affect the effectiveness of communication.⁹⁶

The selection and introduction of an individual to the NDK depends on their cognitive, motor and communication abilities. For individuals with mobility problems, switches are often used which can be very different from each other. They come in different shapes, colours, sizes, different tactile sensations, and there are different ways of using them - pressure, squeeze, touch, sensor, etc. They can be placed in different places (e.g. head, leg) depending on the individual's ability.⁹⁷

⁹² <https://cirus.splet.arnes.si/zdravstvo/medicinska-rehabilitacija/logopedija/nadomestna-komunikacija/>

⁹³ Brownlee A. Augmentative Communication: An Overview of ALS and Assistive Technology. Washington: The ALS Association 2010. Available at <http://www.alsa.org/als-care/augmentative-communication/>.

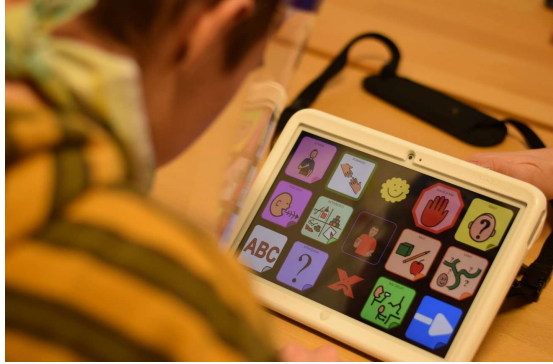
⁹⁴ <https://cirus.splet.arnes.si/zdravstvo/medicinska-rehabilitacija/logopedija/nadomestna-komunikacija/>

⁹⁵ <https://isaac-online.org/english/about-aac/>

⁹⁶ <https://www.dlib.si/stream/URN:NBN:SI:doc-XFMXVFEY/cd9a671a-7d12-4bb4-ac70-a30d24ddb49c/PDF>

⁹⁷ <https://drustvo-veselenogice.si/spoznajte-nas/nadomestna-in-dopolnilna-komunikacija/>

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Communicator - a high-tech communication aid with computer-synthesised speech.



Picture Exchange Communication System (PECS).

Guidelines for working with NDK users:

For the NDK system to work successfully and for the user to communicate, the interlocutors need to be properly trained. Below are some guidelines for communicating with NDK users.

Preparing for the interview⁹⁸

- Starting the conversation well increases everyone's confidence. Make eye contact and speak directly to the person using the NWC, not to their companion.
- Ask the individual how you can support them in their communication; for example, if they would like you to help them find their voice.
- If you are not sure how a person expresses agreement or disagreement ("yes" or "no"), ask them.
- If you have never listened to a person who uses the NDC to communicate, tell them. NDK users can help you communicate.
- If necessary, allow a support person to be present to help you use the communication aid.

⁹⁸ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

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Introduction to the conversation⁹⁹

- Before you start the conversation, be aware that no matter how short the interaction, you need to give more time to individuals who use the NCF than to a person who does not use the NCF. Be prepared to give yourself plenty of time to talk.
- Start with concrete topics, such as the situation you are currently in.
- When you ask a question, wait for an answer. Don't worry about long silences while waiting for an answer.
- Keeping your questions and statements short and simple helps NDC users by giving them the opportunity to speak. However, avoid asking only "yes" or "no" questions if the person is able to give longer explanations and substantive answers.
- In our desire to finish a hearing quickly because of time constraints, we may be tempted to speed up the communication by finishing the sentence instead of the person. Avoid this, as too often misunderstandings arise and it is inappropriate.

During the conversation¹⁰⁰

- Take one topic at a time. The pace of interaction is slower when using the NDK, so it helps to tackle one topic at a time.
- Ask only one question at a time. Also think about how you ask the question. Questions that start with "who", "what", "where", "when", "why", "how" and "if" will prompt a more detailed answer than "yes" or "no" questions. The latter are generally only used when information and data have already been obtained and there is a need to clearly understand a piece of information.
- Make it clear when you are changing the subject. The NDK user may lose subtle cues from your face because he is looking at his communication device.
- It is much harder for a person using NDK to "jump" into a conversation. Create a space where NDK users can also give a retort. Ask them if there is anything

⁹⁹ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

¹⁰⁰ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

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they would like to add, or agree on another way for NDK users to "jump" into the conversation.

- Observe the interlocutor's face and if you see confusion, check that they have understood you. Don't be afraid to ask: "What did you mean?" or "Can you repeat that, please?" Check understanding by summarising what the NDK user has said in short units.

Break¹⁰¹

- The conversation with NDK users can be slow and intermittent. This can lead to fatigue and lack of concentration on the part of the interlocutors. This can sometimes be more likely to happen to you than to a person who uses NDAs, because they are used to this way of communicating. It is perfectly acceptable to ask for a break yourself. At the same time, it is worth making it clear that you will return to the conversation. The break must be clearly defined. It should be no more than five minutes, unless the person needs more time.
- Using the NDK system can be tiring, so people need to take a break. If you feel they are tired, you can also suggest a break yourself.

Conclusion¹⁰²

- Before ending the conversation, politely check that the person has had the opportunity to express his or her views during the conversation.

¹⁰¹ <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

¹⁰² <https://www.communicationmatters.org.uk/wp-content/uploads/2019/02/Speaking-with-Someone.pdf>

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CONCLUSION

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The BENCH BOOK for ensuring accessibility and equal opportunities for all persons in judicial and other proceedings is a practical tool for ensuring access to justice and equal treatment before official bodies in Slovenia. It has been prepared with the aim of empowering employees in the judiciary and beyond to work and communicate with persons with disabilities in various procedures. Although the use of the bench book among employees in the judiciary and beyond is not mandatory or legally prescribed as such, the bench book provides a number of legal bases which impose obligations on officials, including judges, to exercise the right to justice by providing procedural accommodations. Examples of procedural adjustments relevant to ensuring access to justice for persons with disabilities in practice are collected in this bench book.

In addition to these key guidelines, the bench book includes other guidelines for working and communicating with people with disabilities. The guidelines are defined according to the stage of the treatment or conversation, i.e. guidelines for planning the conversation, during the conversation, guidelines relating to documentation, terminology and memory. In addition, the bench book contains guidelines for communication with different target groups such as the deaf and hard of hearing, the blind and partially sighted, people with deafblindness, and guidelines for communication in spoken language and light reading, and using alternative and augmentative communication.

The annexes of the bench book contain a checklist for working and communicating with people with disabilities and an algorithm that can help practitioners to assess needs and provide adaptations. The bench book also contains a more extensive annex explaining the different types of disability according to medical classifications (the medical approach) and a list of sectoral organisations working in the field of disability and advocacy.

Although the bench book was originally conceived as a practical tool for working and communicating with persons with intellectual and/or psychosocial disabilities in criminal proceedings, the members of the working group for the preparation of the bench book realised in the course of its preparation that the bench book would serve its purpose better if it also contained information on other persons with disabilities and was also relevant for workers in civil court proceedings and beyond. In this way, it would empower judicial staff who come into contact with defendants with disabilities in criminal proceedings, as well as more broadly. To this end, the bench book has been prepared in a more general way, with intermediate focus on the specific situations faced by defendants with disabilities in accessing justice. In this way, the bench book is more relevant for use in judicial circles and more widely, and thus its dissemination

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to relevant target audiences, even after the ENABLE - Inclusion and Access to Justice for Defendants with Intellectual and Psychosocial Disabilities project itself has ended.

ANNEXES

10. ANNEXES

10.1. Annex 1: Myths and misconceptions about people with disabilities

We often see people with disabilities in terms of our own experiences and previous contact with disability. However, some misconceptions and myths are firmly rooted in society - they shape our view of disability and attitudes towards people with disabilities, and are the basis for the prejudices that people with disabilities still face on a daily basis.¹⁰³

Here are 10 of the most common misconceptions that people sometimes attribute to people with disabilities.

Myth 1: Courage and bravery - the hero.

Myth 2: All people with hearing impairments can lip-read or use sign language.

Myth 3: Blind people have a "sixth sense".

Myth 4: The lives of people with disabilities are different from those without disabilities.

Myth 5: Most people with disabilities cannot have/do not need a sex life and partners.

Myth 6: People with disabilities always need help and are dependent on others.

Myth 7: Deaf people cannot speak.

Myth 8: People with cerebral palsy have cognitive impairment.

Myth 9: All blind people can read Braille.

Myth 10: People with intellectual and psychosocial disabilities cannot live independently.

All these claims can be refuted and dissected.

Myth 1: People with disabilities can be brave and bold, just like people without disabilities. Of course, living with a disability can require more flexibility and resilience, mainly because society is still not fully prepared to address the needs of people with disabilities.

Myth 2: Only 15-25% of what we say comes from our lips; a person with a hearing impairment has to rely on cues other than lipreading, such as facial expressions, body language and residual hearing. Lip-reading is a skill that not everyone has mastered,

¹⁰³ Support of victims with disabilities - Introductory training of trainers (TOT), Manual for trainees (Sandra Marques and dr. Sigal Haimov).

so individuals with a hearing impairment should not automatically be assumed to be able to lip-read.

Myth 3: Blind people can learn to develop their other senses, but they do not have a "sixth sense". Like everyone else, they have five senses.

Myth 4: **In general**, people with disabilities live very similar lives to those without disabilities. They go to school, work, get married, start a family, do laundry, shop for groceries, laugh, cry, pay taxes, get angry, have prejudices, vote, plan and dream like everyone else. Some of these activities may be done slightly differently because of their disability.

Myth 5: **We** are all sexual beings. Everyone can have sex if they adapt their sexual activity to their abilities. People with disabilities also need intimacy, love and meaningful and fulfilling relationships; they can have children naturally or through adoption.

Myth 6: **We** are all dependent on others at some point and in some areas of our lives. People with disabilities are no different; many of them live independently and help others. We should not assume that someone needs our help just because of their disability.

Myth 7: The ability to speak depends on the integrity of the vocal cords and the vocal expression system and is not related to hearing problems. However, if someone has a hearing impairment, they may have difficulty producing the sounds we learn to hear. However, speaking can be a conscious decision, and while some deaf people choose to use their voice and speak, others do not. Factors such as the type and degree of hearing loss and the age at which the person became deaf (i.e. before or after learning to speak) can also affect the ability to speak.

Myth 8: Cerebral palsy per se does not affect a person's intelligence. Multiple disorders, including developmental disorders, can occur that affect intellectual function. Misconceptions about cerebral palsy are strongly associated with communicating in "normal" ways, leading to the belief that a person cannot understand or interact with others. The very term "cerebral", which is derived from "cerebral" or "intellect" or "mind", can lead to misunderstandings as it seems to imply that the brain is paralysed and therefore unable to think.

Myth 9: Braille is a complex system that takes years to learn. Most blind people do not read Braille and prefer to use screen readers or other assistive devices.

Myth 10: People with disabilities live in all settings, from apartments or houses to group homes or other living environments, alone or with roommates, in community housing or with their families. Some people do live in institutions, but we are working to move them into community settings wherever and whenever possible.

When people believe these myths, their perception of people with disabilities is distorted by ignorance. As a result, they may view people with pity and paternalism, which undermines the independence and self-determination of people with disabilities. Stereotyping leads to lower expectations of people with disabilities and fewer opportunities for education, employment and other social activities available to them. Social isolation and loneliness can result from negative stereotypes held by others. Repeated exposure to such stereotypes can lead to the internalization of stigma and lead to feelings of low self-esteem and not fitting in.

10.2. Annex 2: Checklist for criminal justice professionals working with defendants with intellectual and psychosocial disabilities in criminal proceedings

The defendant's right to a fair trial on an equal basis with others must be respected from the first contact with police officers and in all proceedings, with access to procedural adjustments. Just as certain groups, such as minors under the age of 18, are already entitled to legal and factual procedural adjustments to ensure their equal participation in criminal proceedings, persons with disabilities need similar measures.

Assessing adaptation needs

- Does the defendant/person have any disabilities? If so, what accessibility measures and adaptations are needed? These support measures should be identified before the start of the proceedings and adapted to gender and age.
- Has the person with a disability been contacted as early as possible in the proceedings in order to identify his/her adaptations and to inform him/her of his/her right to proactively benefit from procedural adaptations throughout the proceedings?

Support for people

- Has the person with a disability been informed of his/her right to be assisted by a support/confidence person of his/her own free choice?
- Has the support person been informed of the ongoing proceedings against the defendant with a disability and has direct contact between them been facilitated?

Taking into account language and communication support

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- Is the language used to communicate with the defendant with a disability simple and easy to understand?
- Was a mediator/facilitator (including a third party) available free of charge to the defendant with a disability to assist with communication throughout the proceedings?
- Has the person with a disability been asked whether he or she can hear what is being asked or discussed, even in the courtroom?
- Is the pace of the speech appropriate to ensure that the accused fully understands what is being said? Has the accused been asked whether he/she needs breaks or shorter sessions?
- Were the defendant with disabilities and the support person asked about their communication methods and possible adaptations before the start of the proceedings?
- Were defendants with disabilities provided at all stages of the proceedings with the appropriate assistive technology, communication support (including third-party interpreters) and communication tools necessary for their full participation?

Reflections on access to information

- Was the information (e.g. documents and forms) made available in appropriate, accessible formats? This may include plain language, easy reading, Braille, large print and audio.
- Were documents provided in time (and in an accessible format) before the hearing to allow sufficient time to read and receive the material?

Taking physical access into account

- Was the space accessible for people with reduced mobility using a wheelchair or other mobility aid?
- Have adaptive measures to reduce intimidation, especially in courtrooms, been taken into account, such as removing formal clothing such as wigs or coats and offering comfort items to persons with disabilities?

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- Does the person use a service/support dog or other assistance/support animal?¹⁰⁴ If so, when will the court take a break for the dog (water and toilet)? Is there a water bowl available?

Legal aid

- Was the accused informed of his right to a lawyer and to free legal aid?
- Was the person given access to a lawyer or free legal aid from the first contact with the judicial authorities and throughout the proceedings?
- Has the lawyer been provided with procedural accommodations, such as interpreters, assistive technologies, intermediaries or others, to ensure effective communication between him/her and the defendant with a disability throughout the proceedings?

Attending a trial

- Were the defendant's wishes and preferences given priority when deciding whether to participate remotely or in person in the trial?
- In the case of a remote trial, has it been ensured that defendants with disabilities have the same access to all required procedural accommodations as in a live trial?

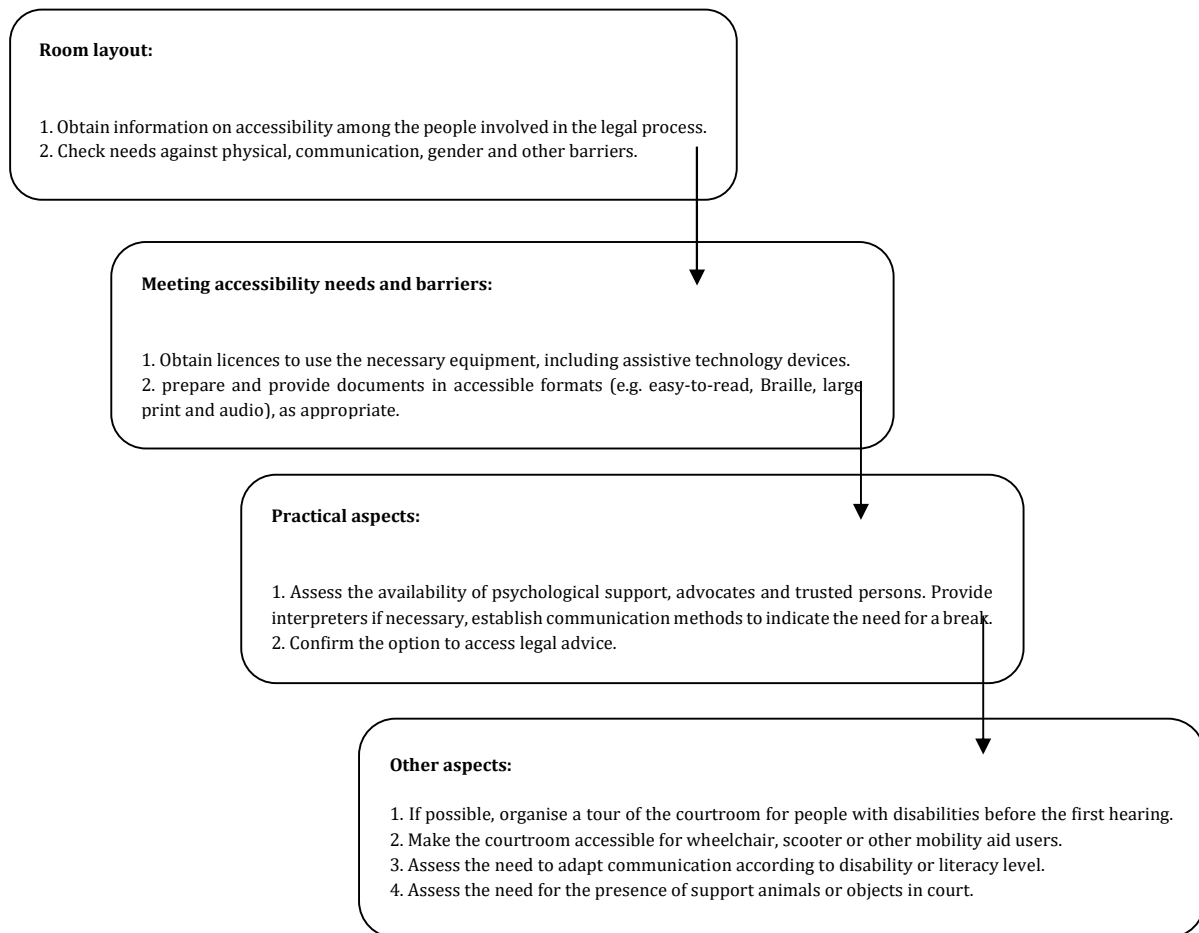
10.3. Annex 3: Schematic algorithm for assessing needs and providing adjustments during the criminal proceedings (step-by-step guide)

It is important to prepare in advance to ensure that people with disabilities are fairly included in court proceedings. The algorithm below outlines the essential points to consider and includes methodical consideration by experts, such as the specific needs of the accused and the obstacles they may face. By following these procedural steps, judicial officers and court staff make an important contribution to removing barriers,

¹⁰⁴ According to the [Disability Access Bench Book of the Judicial College of Victoria](#), Australia, a service animal is an animal that is trained to perform tasks or functions that help a person with a disability to mitigate the effects of the disability. This includes animals trained to lift items for people with mobility impairments, animals trained to assist people with seizures, or to provide comfort to vulnerable witnesses when waiting for court or when giving evidence from a remote witness facility. This practice is also currently used in the US and the UK.

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promoting inclusion and upholding the fundamental principle of fairness for all, whatever their circumstances.



10.4. ANNEX 4: DISABILITY THROUGH THE PRISM OF THE MEDICAL MODEL AND DIAGNOSIS

Disability can also be understood through categorisation, which is more typical of the medical model of understanding disability.¹⁰⁵

1. PHYSICAL DISABILITIES

- **Sensory impairments.** E.g. blindness, visual impairment, deafness, hard of hearing, deaf-blindness.
- **Disorders related to health problems.** E.g. arthritis, diabetes, HIV.
- **Balance disorders.** E.g. Meniere's disease and vertigo.
- **Others.** E.g. cerebral palsy, muscular dystrophy and spinal cord injuries.

¹⁰⁵ <https://www.judicialcollege.vic.edu.au/eManuals/DABB/index.htm#59213.htm>

2. MENTAL HEALTH DISABILITIES¹⁰⁶

- **Cognitive impairment**

Cognitive impairment covers a spectrum of impairments characterised by impaired cognitive functioning, including impairments in information recognition and processing, thinking, reasoning, memory, control of thought and behaviour (i.e. inhibition problems), attention disorders. Cognitive impairment is broader than deficits in the intellectual domain.

They can include intellectual deficits, acquired brain injury (ABI), neurological disorders, dementia, and cognitive impairment due to stroke or alcohol and drug use.

- **Intellectual disability**

Intellectual disability is a type of cognitive impairment characterised by significant limitations in intellectual functioning and adaptive abilities, including a range of everyday social and lifestyle deficits. Intellectual disability is neurodevelopmental, occurs before or at birth and is lifelong.

It is categorised according to the severity of the deficit: mild, moderate, severe and severe.

- **Neurological disorders**

These can be genetic or acquired disabilities (e.g. head injury, stroke, dementia). Examples include: multiple sclerosis, Parkinson's disease, epilepsy, head injury, stroke, dementia.

- **Autism spectrum disorders**

These are genetic, neurodevelopmental and lifelong disorders. The main problems are in the areas of social functioning and communication, with cognitive and sensory sensitivity.

Symptomatology and characteristics of the disorder vary in intensity between individuals. The term Asperger's syndrome is still widely used in this country and is characterised by at least average or above-average intellectual abilities, despite significant difficulties in social functioning. People with this type of disorder may also have intellectual deficits.

¹⁰⁶ *The official terminology for "mental health problems" is "mental disorder", according to the ICD, or "intellectual disability".

- **Other mental health disabilities**

Mental health disabilities are influenced by several factors: genetic, psychological and sociological, which can be intertwined.

Examples include: depression and anxiety, and psychotic disorders including schizophrenia and some forms of bipolar disorder, obsessive compulsive disorder; traumatic event-related disorders, personality disorders.

The biopsychosocial model is well established in explaining the origins of mental health problems.

→ It is important not to stigmatise mental health disabilities and to be aware that they can be episodic. ¹⁰⁷

Mental health disabilities can affect the way you think, feel and interact. The adjustments that can be made may vary depending on the specific problem and what triggers it. Examples of possible adjustments include allowing regular breaks, limiting the number of people in the courtroom, postponing the hearing for health reasons, allowing video links, setting more precise rules for cross-examination, allowing extra time for answers. ¹⁰⁸

The text draws from the [International Classification of Diseases and Related Health Problems for Statistical Purposes \(ICD 10\)](#) ¹⁰⁹, which is currently the most up-to-date form of the ICD available in the Slovene language. The information summarised from ICD-10 is complemented by information from other relevant sources and practical experience gathered from societies, institutions and individuals in the field.

PHYSICAL DISABILITIES

	Acquired brain injury
DESC RIPTIO N	Acquired brain injury refers to brain damage that occurs after birth. Acquired brain injury can cause changes in physical and sensory abilities or changes in thinking and learning abilities (e.g. memory loss, lack of concentration, difficulty with abstract thinking). It can also cause changes

¹⁰⁷ UK's Equal Treatment Bench Book, 434-435.

¹⁰⁸ UK's Equal Treatment Bench Book, 434-435.

¹⁰⁹ https://nijz.si/wp-content/uploads/2022/12/MKB-10-AM_v11_slo.pdf

	<p>in behaviour and personality (e.g. lack of motivation, mood swings, feelings of depression or depression, impulsive or uncontrolled behaviour). Acquired brain injury can cause changes in the brain's ability to think and learn (e.g. lack of motivation, mood swings, feelings of depression or depression, impulsive or uncontrolled behaviour). Acquired brain injury can cause changes in the brain's ability to function (e.g. memory loss, loss of concentration, problems with abstract thinking). Finally, it can cause communication problems (e.g. slow or slurred speech, difficulty following a conversation) and health problems (e.g. epilepsy, convulsions).¹¹⁰</p> <p>To help people with acquired brain injury who have difficulty communicating, it can be helpful to use technology, to express yourself clearly and concisely, to repeat what you have said or what you have asked, and to allow extra time to respond.¹¹¹ Regular breaks during the conversation, later appointments to talk and shortened days, and a quiet environment are helpful.¹¹²</p>
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Blindness and visual impairment

See [Communication with blind and partially sighted people.](#)

Cancer

There are several different types of cancer, which have different consequences for the individual and require different treatments.

Treatment (e.g. surgery, radiotherapy or chemotherapy, stem cell or bone marrow transplant, hormone treatment) has various side effects such as nausea, anaemia, vomiting, pain, insomnia and mood changes. Taking medication for a long time can have both physical and psychological challenges. In addition, people may experience fatigue and inability to function due to lack of energy. Fatigue can be a consequence of the disease itself or of the treatment and can be acute or chronic. People with cancer may also have problems due to a weakened immune system and numerous visits to the doctor for treatment.¹¹³

¹¹⁰ Australian Disability Access Book, Section 7.2.

¹¹¹ Australian Disability Access Book, Section 7.2.

¹¹² UK's Equal Bench Book, 388.

¹¹³ UK's Equal Treatment Bench Book, 401-402

Guidelines:¹¹⁴

- Check whether the person prefers to talk at a distance; this way you also avoid exposing the person to infections.
- Allow the person to attend medical interventions and adjust the meeting time accordingly.
- Ask the person if they need water, another drink, a pillow, a chair, a change of position, or to leave the room because of nausea.

Cerebral palsy

Cerebral palsy is a group of disorders that affect a person's ability to move, including muscle control, coordination, tone, posture and balance. It is usually the result of one or more non-progressive abnormalities in the brain that occur before growth and development are complete. It can be caused by a lack of oxygen to the brain at birth, toxins or genetic factors. Speech and language therapists or someone who knows the individual's speech patterns can help with communication. Some people also use communication aids such as speech synthesisers or word boards.¹¹⁵

Guidelines:¹¹⁶

- Ensure physical access to the courtroom, toilets and all areas of the court.
- Allow the use of communication aids and devices if cerebral palsy affects communication skills.
- Allow frequent breaks.
- Allow support persons to be present.
- Discuss their individual needs.

Deaf and hard of hearing

See [Communication with the deaf and hard of hearing..](#)

¹¹⁴ UK's Equal Treatment Bench Book, 402-403

¹¹⁵ UK's Equal Treatment Bench Book, 403.

¹¹⁶ Australian Disability Access Book, Section 7.5.

Deafblindness

See [Communication with people with deafblindness](#).

Down's syndrome

Down's syndrome is a genetic condition that results in an extra chromosome. Down's syndrome is characterised by a variety of physical, medical, character and developmental effects. A common feature of Down syndrome is a degree of intellectual disability.¹¹⁷

Some people with Down's syndrome may need adaptations to communicate, such as the use of communication aids, or help from a support person.¹¹⁸

Dyslexia

Dyslexia is manifested by difficulties with reading, writing and spelling. The main challenges of dyslexia are the processing of linguistic information and weak short-term and working memory. In adulthood, people with dyslexia often develop strategies to cope with situations in which they have difficulties. Some people may also rely on technology for many aspects of their daily lives.

- Oral instructions may be followed by written statements and reminders before the hearing.
- Instructions shall be given in plain language, by electronic means, and in the case of written indications, the style of design shall be clear (e.g. minimum font size 12, large spacing, coloured paper).
- During the hearing, people with dyslexia may need regular breaks, clear explanations, one-off questions, time to think about the information and the opportunity to ask questions and clarify.
- In general, they should not be expected to give very precise details or remember everything, and any misunderstandings should not be seen as evasive or inconsistent.

¹¹⁷ Australian Disability Access Book, Section 7.9.

¹¹⁸ Australian Disability Access Book, Section 7.9.

Epilepsy

Epilepsy is a neurological disorder characterised by epileptic episodes. There are several types of episodes, which can be experienced in different ways depending on which part of the brain is affected. Some episodes may last for a few seconds and may cause the person to stop, stare, blink or look unclear. Some seizures may last for several minutes and may cause loss of consciousness, body rigidity and twitching. After these episodes, individuals are usually drowsy, confused or have headaches. In some individuals, stress and specific lighting may trigger seizures.¹¹⁹

Guidelines:¹²⁰

- Reduce stress factors in the courtroom.
- Provide a safe environment (e.g. a secure chair) and take appropriate action in the event of an episode: harmful objects near the person should be removed and a pillow placed under the head. Do not restrain or move the person during an episode unless there is imminent danger and do not put anything in the person's mouth. When the convulsions have stopped, the person should be placed in the recovery position (i.e. on his/her side).
- In case of photosensitivity, avoid flashing lights or fluorescent lighting.

Hallucinations or perceptual disturbances

Hallucinations are experiences of seeing, hearing, smelling or feeling things that do not exist outside the mind.

Hallucinations can occur in people with e.g. schizophrenia, bipolar disorder, dementia, Alzheimer's and Parkinson's disease, as a result of drug use, alcohol withdrawal or severe fatigue. Hearing voices is a recognised symptom of schizophrenia, bipolar disorder and dementia. Visual hallucinations are also common in schizophrenia, epilepsy and Parkinson's disease.

If the person experiences hallucinations during the conversation, it should be considered whether it is possible to continue the conversation.¹²¹

¹¹⁹ UK's Equal Treatment Bench Book, Ibid. 415-416.

¹²⁰ UK's Equal Treatment Bench Book, Ibid. 415-416.

¹²¹ UK's Equal Treatment Bench Book, 419

If the conversation continues, reasonable adjustments can be made, but it is important to keep calm, focus on one question at a time and repeat questions or rephrase them if no answer is forthcoming. Other solutions are to communicate with a mediated person or to have the conversation in writing. ¹²²

SCHIZOPHRENIA, SCHIZOTYPAL AND OTHER

Schizophrenia or other types

Schizophrenia

Schizophrenia is characterised by fundamental and characteristic distortions of thinking and perception and emotion that are inappropriate or blunted. Clear consciousness and intellectual abilities are usually preserved, although certain cognitive deficits may develop over time. The most important psychopathological phenomena also include the phenomenon of thought echo, thought imprinting - thought insertion or thought withdrawal, thought broadcasting, delusional perception and delusions of being controlled, influenced or obstructed, hallucinatory voices carrying the patient in the third person, thought disorders and negative symptoms. Schizophrenic disorders may be continuous or episodic with progressive or stable personality deficits, or they may be a single episode or a few episodes with complete or partial remission.

Depression

F32 Depressive episode

In typical mild, moderate or severe depressive episodes, the patient suffers from low mood, reduced energy and reduced activity. The ability to enjoy oneself, interest and concentration are reduced, and extreme fatigue after even the slightest exertion is a common feature. Sleep is disturbed and appetite is impaired. Self-esteem and self-confidence are almost always diminished and, even in the mild form, guilty ideas and thoughts of worthlessness are often present. Low mood varies little from day to day, is unresponsive to circumstances, and may be accompanied by 'somatic' symptoms such as loss of interests and pleasant feelings, waking up several hours before normal time in the morning, depression, which is worst in the morning, marked psychomotor slowness, restlessness, loss of appetite and weight gain, and loss of

¹²² UK's Equal Treatment Bench Book, 419

libido. Depending on the number and severity of symptoms, a depressive episode can be classified as mild, moderate or severe.

For more information on depression, see [DEPRESSION AND BIPOLAR DISORDER: A guide for everyone who wants to know more about mental disorders and take better care of their mental health](#)

Bipolar disorder and manic episodes

For more information on bipolar mood disorder, see [DEPRESSION AND BIPOLAR MENTAL DISORDER: A guide for everyone who wants to know more about mental disorders and take better care of their mental health](#)

Agoraphobia

Translated directly, it means fear of markets - in the sense of open space. Today, we have broadened the term to mean fear of places or situations from which you would be unable to escape or escape in the event of a panic attack.¹²³

A fairly well-defined set of phobias, including fear of leaving the home, entering shops, crowds and public places, or fear of travelling alone on trains, buses and airplanes. Panic states are a common feature of current or past episodes. Depressive and obsessive symptoms and social phobias are also often present as side-effects. Avoidance of phobogenic circumstances is common and some agoraphobics experience few of them precisely because they know how to avoid them.

Agoraphobia is a phobia that usually involves a fear of leaving a safe place - such as home - or of being trapped somewhere. This phobia can manifest itself in different ways and with varying degrees of severity. A person with agoraphobia may be afraid of being away from home, but also of unfamiliar routes and places, open spaces, crowds, enclosed spaces - e.g. trains or lifts. Sometimes people are afraid of standing in long queues or being alone. When people with agoraphobia find

¹²³ <https://www.omra.si/o-motnjah/slovar-pojmov/>

themselves in places they are afraid of, they may have a panic attack. They may feel anxious at the very thought of these places and avoid them.¹²⁴

Possible adjustments to the procedure include choosing a venue close to the person's home and on the ground floor, exchanging evidence in writing or by electronic means, limiting the number of persons in the courtroom, and allowing the individual to sit next to the door, be accompanied by a companion and take a break if necessary.¹²⁵

Social phobias

F40 Phobic anxiety disorders
F40.1 Social phobias

6B04 Social anxiety disorder

A severe form of shyness that causes problems in people's everyday lives.¹²⁶

Fear of being judged by others, which causes the patient to avoid social situations. More pervasive social phobias are usually associated with low self-esteem and fear of criticism. They may manifest as mental distress with flushing, trembling of the hands, nausea or urge to micturate, and the patient is sometimes convinced that one of these secondary manifestations of anxiety is the primary problem. Symptoms may escalate to panic attacks.

Anthropophobia
Social neurosis

Specific isolated phobias

F40 Phobic anxiety disorders
F40.2 Specific (isolated) phobias

6B04 Social anxiety disorder

¹²⁴ UK's Equal Bench Book, 389.

¹²⁵ UK's Equal Bench Book, 389.

¹²⁶ <https://www.omra.si/o-motnjah/slovar-pojmov/>

Phobias that are restricted to very specific circumstances, such as proximity to certain animals, heights, thunder, darkness, flying, confined spaces, urinating or defecating in public toilets, eating certain foods, dentistry, the sight of blood or accidents. Although the triggering circumstances are subtle, they can trigger panic, as in agoraphobia or social phobia.

Acrophobia

Animal phobias

Claustrophobia

A common phobia

Obsessive-compulsive disorder

F42 Obsessive-compulsive disorder

Obsessive-compulsive or related disorders (BlockL1-6B2)

An anxiety disorder characterised by obsessive thoughts, compulsive actions and avoidance. Obsessive thoughts are intrusive, persistent, meaningless and repetitive thoughts that a person experiences as his or her own. An example of obsessive thoughts is constantly thinking that one is dirty and needs to wash. If the thoughts (compulsive actions) are resisted, the discomfort increases to anxiety, which can be increasingly severe. Because the thoughts are so persistent and intrusive, he is further frightened by them and at the same time learns that washing reduces the unbearable anxiety. In this case, washing is a compulsion.¹²⁷

The essential trait is repetitive compulsive (obsessive) thoughts or compulsive (compulsive) actions. Obsessive thoughts are ideas, images and impulses that repeatedly appear in a person's consciousness in a stereotyped form. They are almost always distressing in content and the person often - but unsuccessfully - tries to resist them. But he recognises them as his own thoughts, even though they are involuntary and often repulsive. Compulsive acts or rituals are stereotyped procedures that are repeated over and over again. They are not intrinsically pleasurable, nor does their fulfilment constitute any useful work. Their function is to prevent an objectively undesirable event, albeit one that would harm the patient or cause harm to others, which the patient fears. Usually the patient recognises this

¹²⁷ <https://www.omra.si/o-motnjah/slovar-pojmov/>

behaviour as pointless or ineffective and tries to resist it. A feeling of anxiety is almost always present.

Post-traumatic stress disorder (PTSD)

F43 Reaction to severe stress and adjustment disorders

F43.1 Post-traumatic stress disorder

6B40 Post traumatic stress disorder (PTSD)

A disorder that occurs as a delayed or prolonged response to extremely severe stressful events.¹²⁸

It occurs as a delayed and protracted response to a stressful event or stressful circumstance (of short or long duration) of an extremely dangerous or catastrophic nature, which puts almost everyone in severe distress. Predisposing factors such as personality traits (e.g. compulsive or asthenic) or a previous history of neurotic disorder may lower the threshold for the onset of the syndrome or worsen its course, but are neither necessary nor sufficient for the development of the phenomenon. Typical features include episodes of reliving the trauma in the form of intrusive flashbacks, dreams and nightmares, occurring against a persistent background of feelings of 'deafness' and emotional numbness, alienation from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and circumstances reminiscent of the trauma. A state of autonomic hyperarousal and hypervigilance, increased agitation and insomnia are also commonly observed. Anxiety and depression are also commonly associated with these symptoms and signs, and suicidal ideation is common. Symptomatology occurs after the trauma with a latency of a few weeks to months. The course is fluctuating, but in most cases a cure is to be expected. In a small number of cases, the disorder may become chronic - over a period of years, with a possible transition to permanent personality change (F62.0).

For more information on stress and anxiety, see [STRESS AND ANXIETY: A guide for anyone who wants to know more about mental disorders and take better care of their mental health](#).

¹²⁸ <https://www.omra.si/o-motnjah/slovar-pojmov/>

Adaptive disorder
F43 Reaction to severe stress and adjustment disorders F43.2 Adjustment disorder
6B43 Adjustment disorder
<p>States of subjective distress and emotional disturbance, which usually interfere with social functioning and performance, occur during a period of adjustment to a major life change or a stressful life experience. The stressor may have affected the integrity of a person's social network (bereavement, separation experiences) or broader social support and value systems (migration, refugee status), or it may have manifested itself during a major developmental transition or crisis (entering school, parenthood, failure to achieve an enticing personal goal, retirement). Individual predisposition or vulnerability play an important role in the risk of developing and shaping the onset of adjustment disorder, but it is only assumed that the condition would not have occurred in the absence of the stressor. The symptom picture varies and includes depressed mood, anxiety and worry (or a mixture of both), feeling unable to carry out everyday tasks. Behavioural disturbances may be an associated trait, especially in adolescents. The predominant feature may be a brief or prolonged depressive reaction or disturbance of other emotions and behaviour.</p> <p>For more information on stress and anxiety, see STRESS AND ANXIETY: A guide for anyone who wants to know more about mental disorders and take better care of their mental health.</p>

Intellectual disability
F70 Mild intellectual disability F71 Moderate intellectual disability F72 Severe intellectual disability F73 Profound intellectual disability F78 Other types of intellectual disability F79 Intellectual disability, unspecified
<p>A state of arrested or incomplete intellectual development, evident in particular as a lack of skills that become apparent during the developmental period; knowledge or skills that contribute to the general level of intelligence, i.e. cognitive, speech, motor and social skills. A disability may occur with or without other mental or physical disabilities. Levels of intellectual disability are conventionally assessed by standardised intelligence tests.</p>

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People with intellectual disabilities may take longer to understand spoken and written information and may have difficulty understanding instructions or abstract concepts. They may also have attention and memory problems and get tired easily.¹²⁹

People with severe intellectual disabilities often have difficulty with information such as years, months, seasons, days of the week, time, understanding what the past, present and future are. Communication with the person is done with short sentences or questions, without complicated words, phrases or technical terms. A variety of pictorial materials can also be helpful in the interview.

3.13 Hearing persons with intellectual disabilities¹³⁰

The specificities regarding the ability to testify¹³¹ are reflected in the way the (credible) statement is obtained. The nature and extent of the interviewee's impairment must be established before the hearing begins. Introductory questions about schooling, employment and general life circumstances can provide this type of information. We need to pay attention to the ability to speak, write and read (orientation is an indication of mental age). An important indicator is information on non-/dependence in everyday life.¹³²

They are also more affected by the environment, and are unnerved by the unusual course of events, so it is important to provide an appropriate environment and to explain in advance the course of the hearing.¹³³ The atmosphere of the hearing is also important for a successful hearing.¹³⁴ A person with a mental deficit is in a situation of double asymmetry, which makes it all the more important to build a rapport.¹³⁵

- The key is to use simple but age-appropriate and respectful language. Infantilisation using baby talk is inappropriate and unprofessional for adults. The same applies to the use of tics.
- The legal lessons¹³⁶ need to be "translated" into plain language, as it is crucial that the person being questioned understands them. If it is not actually

¹²⁹ UK's Equal Treatment Bench Book, 427.

¹³⁰ Janko Marinko, Under Which Tree Did You See Them? (2023) GV Založba

¹³¹ Janko Marinko, Under Which Tree Did You See Them? (2023) GV Založba, see 5.1.1.4

¹³² Janko Marinko, Under Which Tree Did You See Them? (2023) GV Založba, see 2.4

¹³³ Janko Marinko, Under Which Tree Did You See Them? (2023) GV Založba, see 2.4

¹³⁴ Janko Marinko, Under Which Tree Did You See Them? (2023) GV Založba, see 2.2

¹³⁵ Janko Marinko, Under Which Tree Did You See Them? (2023) GV Založba, see 2.4

¹³⁶ Janko Marinko, Under Which Tree Did You See Them? (2023) GV Založba, see 3.1.1

understood, a violation of due process may occur. It is not enough to ask whether the instruction has been understood, as no one usually wants to answer in the negative. Ask the person being questioned to say what he or she has understood.

- Sentences and questions should always be short and simply structured. A complex question is likely to be answered at some length - to avoid the interviewee feeling that he or she has not understood something.
- Only one question should ever be asked
- Avoid abstractions (for example, the use of superlatives such as "clothing" or "behaviour").
- Also, avoid being stubborn and denying (e.g. "Did Janko say something?" rather than "Was anything said?" and "Did Janko show you this?" rather than "Janko didn't show it to you?").
- If a statement is incomprehensible, the person concerned should repeat or clarify it, but should not guess at what was meant or offer his or her own wording.
- Do not use personal pronouns, but personal names, and metaphors are also out of the question.
- If you change the subject, say so explicitly. Less ability to abstract and less ability to understand can lead to overload and misunderstandings.
- The tendency to use narrowed words (e.g. "trousers", "cardigan", but not "clothes"), as in the case of children, can lead to apparent contradictions or quick answers just like that. Such contradictions can be resolved by asking additional questions and slowing down.
- People with ASD have a low attention span and short-term verbal memory.
- You should pay attention to taking adequate breaks.
- Formulate short, understandable questions without lengthy instructions or lengthy pre-statements.

People with mental health deficits may have increased suggestibility, as they are more likely to be able to adapt to the demands of others. Therefore, even in these cases, a good interrogation result depends on the way the interrogation is conducted. More than otherwise, it is important to carry out the interrogation as soon as possible after the event, as the possibility of forgetting increases with time.

Notwithstanding the general characteristics of people with intellectual disabilities, we should be aware that there may be other individual characteristics that may affect

the way they express themselves. Williams-Beuren syndrome gives the impression of a person's abilities being greater than they actually are, due to disproportionately good verbal expression, but at the same time it can also make them panic-stricken due to misunderstood legal instruction.

Autism spectrum disorders (ASD)

F84.0 Autism in childhood

A type of Pervasive Developmental Disorder defined by: a) the presence of abnormal or disordered development manifesting before the age of 3 years and b) a characteristic type of abnormal functioning in all three domains of psychopathology: reciprocal social interaction, communication and restricted, stereotyped, repetitive behaviour. In addition to these specific diagnostic features, a range of other non-specific problems such as phobias, sleep and eating disorders, rigid outbursts and self-directed aggression are common.

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F84.1 Atypical autism

A type of pervasive developmental disorder that differs from childhood autism in the age at which it occurs or in that it does not meet all three diagnostic criteria. This sub-category should be used when abnormal and disordered development occurs after the age of three years and when there is a lack of sufficiently obvious abnormalities in one or two of the three areas of psychopathology required for a diagnosis of autism (i.e. reciprocal social interactions, communication and restricted, stereotyped, repetitive behaviour), despite characteristic abnormalities in the other areas. Atypical autism occurs most frequently in profoundly intellectually

handicapped persons and in persons with severe specific developmental disorder of speech understanding.

F84.5 Asperger syndrome

A disorder of indeterminate nosological significance, characterised by the same qualitative abnormalities of social interaction that characterise autism, plus a restricted, stereotyped, repetitive range of interests and activities. It differs from autism mainly in the absence of a generalised delay in speech or cognitive development. The disorder is often associated with marked clumsiness. These abnormalities tend to continue into adolescence and adulthood. Psychotic episodes sometimes occur in early adulthood.

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In social interaction and communication, the disorder manifests itself in the absence or lack of development of spontaneous social interaction, speech-language communication (expressive and receptive language, echolalia, unusual development in terms of the pace, rhythm or melody of spoken language) and non-verbal communication (understanding and use of non-linguistic elements of language), in the development, establishment and understanding of interpersonal relationships (not understanding behaviour and body language, difficulty in anticipating intent). Unwanted behavioural patterns (stereotyping, aggression) often occur as an expression of the inability to communicate with the environment.¹³⁷

Tips for communicating with people with MAS:¹³⁸

- The conversation should take place in a familiar place and in the presence of a familiar person, perhaps using a video link to put the person more at ease. It is also important that the person with autism has enough time to get used to the space. With visual sensitivities, it is important not to have too many colours, patterns and objects in the room.
- Make sure there is no background noise that could distract or interrupt the conversation. People with MAS are often very sensitive (hypersensitive) to certain sensory stimuli. Too much external stimuli can disturb them, which can cause them to react violently (crying, screaming, ear-piercing,

¹³⁷ Summarised from Kolenc, Kajfež (ed.) (2014), p. 4, in Janko Marinko, Under Which Tree Did You See Them? (2023) GV Založba

¹³⁸ Based on Janko Marinko, Under Which Tree Did You See Them? (2023) GV Publishing and CSD Guidelines for People with Disabilities (unpublished material)

restlessness, etc.). A person's hypersensitivity may relate to only one sense, such as hearing, or to several senses. For example, they may be disturbed by certain voices that most people do not even perceive, or they may be disturbed by normal loudness.

- People with MAS are often attached to a particular object (e.g. a string) and will want to hold it, play with it (including during conversation). This sometimes helps them to concentrate, but removing the object can cause unnecessary distress.
- The person being questioned may make repetitive movements (e.g. clapping, clapping, swaying, tapping) which should be tolerated as they often have a calming effect. By intensifying repetitive movements, the person with MAS is signaling that the subject matter is very upsetting or that a break is needed.
- Some people with MAS do not express themselves verbally and use communication aids to communicate, or only speak to certain people.
- It is not advisable to interview too many people at the same time.
- Speak calmly and clearly during the hearing. Use plain language.
- Tell the person how long the conversation should last and what will happen after the conversation.
- People with MAS have a very literal understanding of language, so avoid using metaphors, irony or sarcasm. If a person on the autistic spectrum does not answer the content of a question, this is most often related to their literal understanding. Ambiguities should be clarified by asking additional, shorter questions.
- You need to be careful not to exaggerate your facial expressions or tone of voice, as this can be misinterpreted. Also, keep jokes to a minimum. If you already use them, explain their meaning.
- At the beginning of each question, use the name of the person being questioned so that he or she knows it is about him or her and give him or her a cue as to what will follow (instruction, question, etc.). For example, "John, I'm going to ask you a question."

- People with autism find it more difficult to narratively describe events or happenings and to answer open-ended questions. It is recommended to use simple and targeted questions or questions that offer a choice between one or the other.
- People with MAS often need more time to process information, so give them extra thinking time to answer each question. Silence does not mean there is no answer.
- People with MAS may have better expressive language skills than receptive language skills, so they may not always understand what is being said to them or what you are asking. A person with a MAS will not always say that they do not understand the question. If there is no answer at all, rephrase the question.
- Avoid open questions, as closed questions are more likely to be understood. Say, "Tell me, what did you see yesterday?" may be too vague and the interviewee may not be able to assess exactly what you want to know. A better answer would be: "Tell me what you saw that happened in the shopping centre at around 8 pm?".
- People with MAS often understand visual information better than words, so you can reinforce questions with visual aids or ask them to draw or write down what happened.
- In some situations, people with MAS may appear stubborn or combative or too compliant and simply go along with the interrogator's suggestions or statements that are untrue, without necessarily understanding the consequences of going along.
- Some people with MAS have echolalia: they can repeat other people's words without understanding their meaning.
- It is not necessary that the person will make eye contact with the MAS.
- The speech of a person with MAS may seem monotone or stiff.

Attention deficit hyperactivity disorder (ADHD)

A group of disorders characterised by early onset (usually in the first five years of life), lack of persistence in activities requiring cognitive involvement, a tendency to move from one activity to another without completing any, together with disorganised, poorly directed and excessive activity. Other abnormalities may be associated. Hyperkinetic children are often reckless and impulsive, prone to accidents, and often get into disciplinary trouble because of reckless rule-breaking rather than deliberate defiance. Their relationships with adults are often without social inhibitions, lacking the usual vigilance and restraint. They are not popular with other children and can become isolated. Cognitive impairment is common, and specific motor and speech delays are disproportionately common. Secondary complications include dissocial behaviour and low self-esteem.

F90.0 Activity and attention disorder

Attention deficit:

- hyperactivity disorder
- hyperactivity disorder
- Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) is a disorder characterised by inattention, impulsivity and hyperactivity, which starts at the age of seven and can continue into adulthood. This disorder can affect a trial as the person finds it difficult to concentrate and listen to the judge.¹³⁹

This is why it is preferable to give one instruction after another, without asking for overly complicated details or schedules, and to write down the actions to be taken. In addition, taking breaks, summarising the current stage of the process or using short sentences can be useful. Finally, these persons should be given the opportunity to respond in writing to written questions and the hearing should take place in a room with minimal outside noise and fewer distractions.¹⁴⁰

It is important to find out whether the person is on medication and when it works best for their functioning, what helps them to calm down, focus, how long they can focus, how long it is reasonable to take breaks during the interview, what the interview space should look like.¹⁴¹

¹³⁹ UK's Equal Bench Book, 392.

¹⁴⁰ UK's Equal Bench Book, 392.

¹⁴¹ CSD_Guidelines for people with disabilities (unpublished material)

10.5. Forms of violence against people with disabilities¹⁴²

People with disabilities can be victims of all forms of violence, both within and beyond the family. Because of their disability and their dependence on the help of others, there are specific ways in which the perpetrator of violence against a person with a disability perpetrates a particular form of violence.

PHYSICAL ASSAULT against a person with a disability:

- preventing movement;
- captivity;
- closing the house;
- rough or violent treatment that causes injury or pain;
- slapping;
- burping;
- towing;
- Kicking;
- damage from objects;
- deliberate exposure to adverse weather;
- tying;
- destruction of orthopaedic appliances;
- being forced to do physical work;
- moving the wheelchair away from the mattress into an out of reach part of the living space;
- restricting physical movement by taking away mobility aids;
- taking away a communication aid (violence in the field of communication).

PSYCHIC VIOLENCE against a person with a disability:

- rejection;
- Threats;
- accusations;
- imposing feelings of guilt;
- humiliation;
- making offensive comments about disability;
- denial of handicaps or special needs;
- denying that a person with a disability can't do something;

¹⁴² Taken from CSD_Guidelines for people with disabilities (unpublished material)

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- belittling her character, suggesting that she is a burden and an embarrassment to the family;
- criticism that they have problems because of it (e.g. someone can't find a partner, etc.);
- withholding information;
- giving up privacy;
- denial of visits, social isolation.

PERSON WITH DISABILITY:

- refusing to help with basic living tasks (hygiene, dressing, feeding, etc.);
- taking away or not providing orthopaedic devices, medicines;
- failing to provide adequate, suitable and clean facilities, and failing to provide adequate and clean clothing;
- not providing the necessary protection and supervision;
- inappropriate administration of medication (e.g. over-sedation) or other remedies, forcing different alternative approaches (e.g. enemas);
- preventing appropriate therapies, treatments;
- disposing of medicines for your own use or for sale;
- not providing the required diet;
- preventing a person with disabilities from having help with daily functioning, so that they can be more independent within or beyond the family;
- Failure to ensure that aids to assist, replace and supplement communication are working (e.g. dead battery);
- Preventing and/or preventing the person with a communication disability from becoming more independent through the use of a communication aid within the family, school, other institutions and public facilities and spaces.

In the case of a person with a disability, particular attention should be paid to neglect from the point of view of health care, and to preventing appropriate forms of assistance that enable the person with a disability to be more independent.

ECONOMIC VIOLENCE against a person with a disability:

Economic violence against people with disabilities is any abuse of their financial resources or assets that results in:

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- people with disabilities are not enabled to manage their income within the limits of their abilities and capacities;
- not being able to dispose of your property, alienating property, renting out property without the disabled person's knowledge;
- using property or resources in a way that does not benefit the person with a disability;
- the expectation or sense of entitlement of family carers that the assets and property of people with disabilities belong to them because they care for them;
- signing contracts on behalf of people with disabilities, forcing them to sign contracts and making various purchases.

SEXUAL ASSAULT against a person with a disability:

- forcing people to have sex;
- demanding or expecting sexual intercourse in return for care and help;
- empowerment;
- forcing a person to touch you unwanted;
- touching a person's private parts;
- kissing;
- taking advantage of a person with a disability's lack of understanding of the situation to carry out sexual violence;
- comments with sexual connotations;
- forcing a person with a disability to view pornographic content, photographing private parts.

It is more difficult for a person with a disability to recognise sexual violence, as well as for others around them, because the perpetrator, who is also caring for the person, can mask it by the need to help the person with the personal care they need.

10.6. Annex 5: Sectoral organisations and institutions

Društvo Altra

Društvo Altra is a non-governmental, non-profit and humanitarian organisation that has been providing mental health services and programmes in the community for 30 years. It works in the field of social and health care and implements programmes of a preventive nature; activities of housing groups, day centres, counselling and advocacy

centres, clubs and other forms of care and protection for people with mental health problems. They are involved in partnership projects in the field of protection of rights and awareness-raising of the general public on mental disorders.

<https://altra.si/>
info@altra.si

Združenje Gluhoslepih Slovenije DLAN

Združenje Gluhoslepih Slovenije DLAN is an autonomous and independent professional disability organisation with a representative status for people with deafblindness. It operates throughout Slovenia. It was established to identify, advocate and meet the special needs and represent the interests of people with deafblindness.

<https://www.gluhoslepi.si/sl/>
info@gluhoslepi.si / zdruzenje.dlan@gmail.com

Društvo za pomoč osebam z motnjami v razvoju "Vesele Nogice"

Društvo za pomoč osebam z motnjami v razvoju "Vesele Nogice" is an association to help children with developmental disabilities in various areas. The founders of the association are parents of children with cerebral palsy or other developmental disabilities. The main objectives of the association are to provide children with the necessary therapies close to their place of residence and the possibility of concentrated therapies several times a year, to provide children with the necessary aids to enable their development, to help parents of children to accept their child's difference and to give him/her the best possible childhood, to help the families of the members to overcome social difficulties and to network with institutions, associations and organizations working in this field.

<https://drustvo-veselenogice.si/>
drustvo.veselenogice@gmail.com

Društvo za kulturo inkluzije

The purpose and goal of *Društvo za kulturo inkluzije* is humanitarian activity, education and active development of an inclusive culture. Their aim is to promote the rights of children, adolescents and adults with disabilities and children and adolescents with specific developmental needs. In this context, they primarily support their development and successful integration into organized forms of education and wider society.

<https://www.drustvozakulturoinkluzije.eu/>
info@drustvozakulturoinkluzije.eu / +386 51 762 999

Društvo YHD - Društvo za teorijo in kulturo hendikepa

Društvo YHD - Društvo za teorijo in kulturo hendikepa was founded as a realisation of the vision of independent living for people with disabilities. They are committed to equal opportunities for disabled people and to changing the situation of disabled people (and at the same time of other marginalised groups, as emancipation can only be universal), to promoting the culture of disabled people and other marginalised groups. They fight discrimination, prejudice and stereotypes in all areas of social life.

<https://yhd-drustvo.si/>
yhd-drustvo@yhd-drustvo.si / 01 521 22 77

Inštitut Karakter

Inštitut Karakter is an educational and scientific research institution working mainly in the fields of public health, psychology, psychiatry, psychotherapy and social work. Their work aims to fill a gap in education and research, the promotion of positive mental health, and the prevention of mental disorders, with a focus on the most pressing and completely ignored ones.

<https://www.karakter.si/>
info@karakter.si / 041 344 192

PIC - Pravni center za varstvo človekovih pravic in okolja

The mission of *PIC - Pravni center za varstvo človekovih pravic in okolja* is to assist individuals and vulnerable groups in the protection of their fundamental rights and to strengthen the influence of NGOs in the field of environmental protection and spatial planning through legal assistance, advocacy and legal analysis. They work for the effective protection of rights, to promote the development of legal thought and the search for more progressive, democratic and humane solutions, to strengthen civil dialogue and the position of NGOs, to involve the public in decision-making processes and to make legislation simpler and easier to understand.

<https://pic.si/>
pic@pic.si / 01 521 18 88 / 051 681 181

Program MIRA - Nacionalni program duševnega zdravja

Program MIRA is a National Mental Health Programme, which aims to strengthen mental health, prevent mental distress and address mental health problems in a holistic way, integrating existing and establishing new services and structures to create a good supportive environment in all areas of mental health in Slovenia. The knowledge and skills gathered are useful and applicable in the field of public health, as the MIRA Programme does not have the competence to deal with specific cases.

<https://www.zadusevnozdravje.si/>

mira@nijz.si / +386 1 24 41 400

Zavod RISA - Center za splošno, funkcionalno in kulturno opismenjevanje

Zavod RISA is working towards access to information in the form of easy reading.

<http://www.risa.si/>

info@risa.si / 040 337 444

Hiša SZJ - slovenskega znakovnega jezika

The mission of *Hiša SZJ - slovenskega znakovnega jezika*, the Institute of Modern Accessibility for the Deaf, Hard of Hearing and Persons with Cochlear Implants, is to identify the special needs of the deaf, hard of hearing and persons with cochlear implants, to raise public awareness about these persons and to represent their interests in public debates and deliberations at both national and international level.

<https://www.tipk.si/hisa-szj>

info@hisaszj.si / +386 31 318 728 (SMS)

Zveza društev gluhih in naglušnih Slovenije

Zveza društev gluhih in naglušnih Slovenije (ZDGNS) is a non-governmental, professional disability organisation which, since its foundation in 1931, has been working for an equal social position and rights for people with hearing impairments: the deaf, the hard of hearing, the deafblind and people with cochlear implants. It cooperates with the relevant government bodies and authorities through expert proposals, warnings and opinions.

<https://zveza-gns.si/>

info@zveza-gns.si / (01) 500 15 00

Zveza društev slepih in slabovidnih Slovenije

Zveza društev slepih in slabovidnih Slovenije (ZDSSS) is a disability organisation working in the public interest in the Republic of Slovenia and has the status of representing the blind and partially sighted. It was established to meet the common needs of blind and partially sighted people for the implementation of special social and other programmes and services specially adapted to them. It represents the interests of the blind and partially sighted at national level.

<https://www.zveza-slepih.si/>

info@zveza-slepih.si / 01 47 00 211

Zveza Sožitje - Zveza društev za pomoč osebam z motnjami v duševnem razvoju Slovenije

Zveza Sožitje is an independent, non-partisan, non-profit and voluntary organisation with social and philanthropic aims and an organisation for the advancement of collective and individual care for people with intellectual disabilities, their parents and family members. The Association is composed of associations for the support of persons with intellectual disabilities operating in the territory of the Republic of Slovenia.

<https://www.zveza-sozitie.si/>

info@zveza-sozitie.si / 01 43 69 750

10.7. Annex 6: Additional reading

Miklič, N. (2019). The complexity of forensic collection of personal evidence on frail persons. *Kriminalistička teorija i praksa*, 6(11), (1 PDF file (37-55)).
<https://hrcak.srce.hr/file/345451>.

Psychosocial support for victims of domestic and gender-based violence : manual. [authors Mateja Štirn ... et al.] ; Mateja Štirn and Maja Minič, editors. Ljubljana: ISA institute, 2017 <http://www.firstaction.eu/wp-content/uploads/2017/04/Psihosocialna-podpora.pdf>

Gerenčer, S. (2011). *People with deafblindness and ways of communicating*. Ljubljana.

Gerenčer, S. (2017). *People with deafblindness in Slovenia*. Ljubljana.

Nordic Welfare Centre (n.d.). *Nordic definition of deafblindness*. Retrieved 5 May 2024 from

<https://nordicwelfare.org/wp-content/uploads/2018/03/nordic-definition-of-deafblindness.pdf>

Act on Equalisation of Opportunities for Persons with Disabilities (ZIMI) Official Journal of the Republic of Slovenia, No 94/10, 50/14 and 32/17

Program OMRA - OMRA is the acronym for the programme 'Increasing Mental Health Literacy to Manage Mood Disorders'. The main objective of the innovative OMRA programme is to inform the population about what mental health is and how to cope with and manage mood disorders. The programme is aimed at everyone in general, but especially at more vulnerable groups, such as children, adolescents, the elderly, people with mental health problems and their relatives, Roma, school drop-outs, and people from diverse rural backgrounds, who may be less well informed and motivated to take action in the event of mental distress. <https://www.omra.si/>

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Validity Foundation, [Fair Trial Denied: Defendants with Disabilities Face Inaccessible Justice in the EU](#), 2024

International Commission of Jurists, [Model Disability Benchbook on the Rights of Persons with Disabilities in Criminal Proceedings](#), 2024