Speak up! Giving a voice to Europe’s most vulnerable children

About the rights of young girls - a control group

ALL CHILDREN HAVE EQUAL VALUE
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Speak up! Giving a voice to Europe’s most vulnerable children

About the rights of young girls in a control group

Speak up! Giving a voice to Europe’s most vulnerable children will focus on children aged 12–15 years belonging to particularly vulnerable groups in eight European countries: Bulgaria, Greece, Hungary, Ireland, the Netherlands, Poland, Sweden, and the UK.

The study is coordinated by researchers from Eurochild’s thematic working group “child participation” and the Education Foundation.

THE AIM OF THE STUDY

The project aims to empower children and improve the knowledge and understanding of children’s own views about their rights and the protection conferred by these rights, and their perceptions of what needs to be improved in national and European policies. One group of participants from each country consists of children in an especially vulnerable situation and one group is considered to be a control group. The children in the Swedish vulnerable group are deaf and hard of hearing students at a special school. They all have a severe disability that influences their ability to communicate with the majority population. The control group comprises girls of the same age attending regular school. The results from this consultation focus group are presented in this report. We also have a control group of young students of the same age and older from the same city who has answered a questionnaire focusing on the UN CRC, Article 12 (see UN CRC 2012; UN CRDP, 2012).

The project has four main objectives:
• to empower children whose circumstances or characteristics make them particularly vulnerable, by demonstrating how these children can be heard and their voices be taken seriously.
• to ensure that the views of children are heard by policymakers, by passing on children’s messages to EU leaders, and in particular by providing input to the development of the EU Strategy on the Rights of the Child and to the EU’s efforts to reduce child poverty and promote social inclusion, as well as to national policymakers
• to support the development of a culture of children’s participation and improve its practice by developing tools for children’s participation methodologies, in particular for vulnerable groups of children.
• to strengthen mutual learning across EU Member States and the exchange between children and organizations, by providing an opportunity to exchange views on children’s experiences and how children’s voices are heard elsewhere in Europe.
**SWEDEN**

**Participants in Sweden**
The Swedish part of the study included a group (n9) of hard-of-hearing (HH) and deaf children aged 14–15 from the regional special school and a control group 1 (n8) of girls aged 13–15 and another control group 2 of boys (n39) and girls (n61) aged 15-19 answering a youth survey about participation made by other young people as research partners in a research circle (Åkerström et al., 2011).

The deaf and HH children all attend a special school and the children in the control group 1 attend a regular school in the city of Eskilstuna and in control group 2 regular schools in the city of Örebro. The group of deaf and HH children includes both girls and boys, but the control group presented in this report consists only of girls.

**Methodology**
Focus groups are used as a method to obtain the views of the children about their awareness of their rights, experiences of the protection of rights, and their opinions on policies relevant to them at the national and European level. The work within the project will educate the students about children's rights and attempt to empower the children included in the study.

The term focus group refers to several individuals being interviewed about a subject at the same time, usually by two interviewers. In this focus group, or consultation process as we also call it, there were four interviewers so that the language competence would be high. In focus groups, discussion is organized to explore individuals’ perceptions and experiences of a particular theme (Kitzinger, 1994; Tinnfält, 2007). Focus groups have been used since the 1920s in studies of attitudes and perceptions with adults as well as children (McLafferty, 2004; Brunnberg, 2012a).

In the focus groups within the study, the game of children’s rights, face-to-face PI-interviews, panel discussions, and creative activities will be used. In the control group, consisting of girls from Eskilstuna we just played the children's rights game. We had previously played this game with the deaf and HH children too.

We worked with the group of deaf and HH children (n=9) for two days and with the control group with girls from Eskilstuna (n8) in half a day. Focus group methodology will be used as a method to obtain the views of the children about their awareness of their rights, their experiences of the protection conferred by these rights, and their opinions on policies relevant to them at the national and the European level. In both groups we played the children’s right game.

**The children’s rights game**
The children’s rights game is tool for learning about the most important rights in the UN CRC. In the game, rights take the form of traffic signs printed on a total of 25 cards. Fourteen cards represent real children’s rights, and the remaining 11 represent fake rights.

First of all, there are basic rights, such as the right not to be discriminated against, the right to your name/own identity and registration at birth and the right to practice your own culture. Then there are rights about the protection of
children, such as protection against sexual exploitation, abuse and protection of children deprived of their liberty. These are the round traffic signs with red rims. Then there are square traffic signs about things needed by children: school, play and health care. The rights of children in order to participate in society are laid down in yellow traffic signs: the right to information and freedom of expression. Finally, orange traffic signs as for special attention for children in difficult circumstances: orphans, refugee children, children with disabilities and children in conflict with the law (Eurochild, 2011, p.8).

The fake rights deal with special treats for children, such as the right to breakfast in bed and to have a fun neighbour, etc.

We started the consultation focus group by informing the participating girls about the ethical guidelines and what the project was about. We then talked about children’s rights and asked everyone what they knew about the subject. We asked if they knew what rights they had and if they had ever talked about them. All said they had heard about children’s rights in school but they did not know exactly what their rights were. We showed them the game we were going to play with them.

The young people were divided into four groups of two each, and were asked to list the cards according to whether or not they thought they were consistent with the UN CRC. First they had to pick out the cards that they thought were real or fake rights. Then we discussed both the fake rights and the real rights. We will present this discussion in the coming text.

RESULTS
Most groups had a fairly clear picture of which cards they believed were not compatible with the CRC and which were. In all groups, they first put the cards into two piles, one for the statements that accorded with the CRC’s rights and one for the cards with false claims.

The right to decide over one’s own body
When it came to the false statements, the girls thought that one of the fake rights should be a real right, “Every child has the right to colour his/her hair.” All the girls thought that young people should have the right to decide over their own bodies, such as dyeing their own hair without having to ask their parents for permission. One of the young people said: “I would have liked us to have the right to dye our hair.” Another added: “It’s your own body, so you should be allowed to.” A third adds: “It’s not for parents to decide because it’s your own hair and you can change your mind if you regret it. So it’s not your parents’ business”.

The discussion then moved on to the appropriate age for being allowed to make decisions about one’s own body. The opinions differed somewhat, but everyone agreed that when people are somewhere between 13 and 15 years old they should be allowed decide for themselves about their own body.
Age and maturity
The discussion then turned to the question of maturity. When one becomes mature was an issue that caused a lot of arguments. Some thought it depended on what a person has been through, and others thought it was when you were no longer a minor.

What cards they considered to be most important
The next step was to take all 14 “real” rights and let the young people themselves select those they considered most important. They discussed back and forth and finally chose three rights: “All children have equal value”, “All children are entitled to protection from sexual exploitation”, and “all children are entitled to health care”. These three cards were held to be important by all the groups, but the order of importance varied slightly.

All children have the right to health care (Article 24 UN CRC, the right of children to health and health services)

Their next task was to rank the cards as follows; 1 – This right is the most important to me; 2 – this one is a little less important; and 3 – this is the least important of the three. Two of the four groups felt that “all children are entitled to health care” was the most important right. In the discussion about that right, it emerged that a number of young people had had very bad experiences of health care. One girl told us:

If you go to the emergency room and feel ill you have to wait a very long time. But something serious may have happened that has to be dealt with quickly. And they don’t know it and so they just sit and wait. It’s very bad.

When we asked them what they would do to improve the health care system they thought it would be a good idea to create more examination rooms so you would not have to lie among the other patients in the corridor and be forgotten. The girls also suggested that the hospital should employ more staff so that they could accommodate more patients, since they thought this would reduce patients’ waiting times.

Regarding health care, some of the young people raised the issue that they feel that adults took decisions above their heads and was talking over their heads. Adults decide whether they should see a counsellor or psychologist. One of the girls was very frustrated with this and said:

But there’s something else that I think, having to do with BUP [the child and youth mental health service], whether you should talk with them. I don’t think one should feel forced to do so. Some people are forced to go there, are forced to go to BUP, and in other countries they don’t even have anything like that, if someone wants to talk or so. If someone’s having a hard time.

Several of the young people agreed with this way of thinking and thought that while many adults believed they were helping and meant well, it was not right for adults to decide too much. One girl put it this way:

Mm… one of my friends, I won’t name names. She used to have problems at home and stuff like that. And then she
told the school nurse. After that, the school nurse and the teacher scheduled an appointment with the counsellor without my friend’s knowledge. She found out afterwards, and then she was forced to go there and talk about it. But I don’t think you should do that. I’m the kind of person who doesn’t like to talk about things I feel bad about.

There was a discussion about this because some felt that you can be helped by being “forced” to seek help. Several said that not everyone might seek help from a psychologist if they needed to talk to someone, and in that case it could be good if someone else took contact on your behalf. It can be difficult to know if you need help, and who decides? As an adult, what should you do if you see someone who needs help but may not realize it? These were some of the questions that came up in the discussion. Several interesting suggestions were brought up, such as taking contact with the school nurse and/or counsellor. The most important thing for all the young people was still participation, that they were not forgotten about in the discussion. It did not matter how upset you were as a parent or a friend, you must not forget that they want to participate. As one of the girls expressed it:

/ ... / my friend, she had problems at home, but that was in sixth grade. And now we’re in seventh grade. But she’s left that behind now. And then she had said to a school nurse that she wasn’t happy with her body, with how it was. And they had started talking about her body in her family and about her body when she went to the counsellor. And she didn’t think that was any fun at all. / ... / It felt as if they went over her head, somehow. That she wasn’t part of the decision.

Children have the right to express their own opinion (Article 12, the right to participation)

Participation and being believed in were recurring topics throughout the interview, and the girls showed how important these were to them, both with body language and various verbal expressions. That both teachers and other adults did not go above their heads or distrust them was a very sensitive and serious issue.

Children have the right to protection from sexual exploitation

In particular they discussed an incident in which police had not taken an alarm call from them seriously. This event had affected them strongly. Three girls were out walking back home one evening after having gone down to the city-centre in the afternoon. Suddenly, they heard a young girl screaming. They described it as shrieking. It sounded like someone really screaming for her life. They saw a young girl lying on the ground. They thought she was younger than them, about 12 years old, they guessed. Over her stood three boys who were all older, about 16–18 years old. The impression they got was that the boys were doing something to her, something violent, perhaps even molesting her sexually. The girls were terrified and began to run. The boys whistled at them, which frightened them even more. They called the police and reported the terrifying experience and the police asked them to leave a name and phone number for further contact. They did not dare to do so because they were afraid of the boys. They waited at a distance to see if the police would come, but no car showed up. They wondered what was wrong and could not understand what was the problem was. They hurried home to one of the girls and told an older sister who immediately called the police. The police told the older sister that they had not taken the girls seriously. They never sent out a patrol car because the girls never stated a name and
phone number. The girls felt that they had not been taken seriously and they told us they thought it was awful that this could happen. They could not understand why the police did not come even though it is their job. A girl put it this way:

It doesn’t matter what it is. If you call the police and want them to come then they should come.

Another of the young people filled in:

It doesn’t matter if it’s a false alarm because they can’t decide... no, that’s a false alarm. They cannot say that.

This incident was very traumatic for the girls. They took contact with a counsellor and all three of them went to talk about what happened. They all said that it felt good to get it off their chests. They still think about the event today, but not with as much fear and pain. What they still can’t get over is that they do not know what happened to the young girl that afternoon. They do not know how she feels today, or even who she is. As for the boys who stood over the girl, they think they know who at least one of them is. They are boys who have caused problems before, and whom you had best avoid if you want to stay away from trouble.

**Being listened to**

As regards relations with their parents, it seems that most of these eight young people have pretty good contact with one of their parents. Most of them have close and relaxed relationships where they can talk about most things with at least one of their parents. For most of them, their mother is their closest friend and the person they share most things with. One of the girls has much closer contact with her father than her mother:

Well, I think it’s easier to talk with my dad. He understands me better and stuff like that. He was never a girl, but still it feels like he understands me better. It feels like he supports me more. But there’s one person I talk to about everything, and that’s my little brother. He’s the only one who just sits there and listens.

One of the young people felt closest to her sister. No one else was closer to her than her sister:

I can’t talk to my mom about anything. I don’t feel like it. I’m closer to my sister. My sister might not talk very much but she understands me, like, if I tell her something. She has been the same age as me. She’s eighteen, so she’s young. So she understands me. But I still cannot talk about everything... I can’t talk to my family about it, I talk to her.

Another of the young people thought that her contact with her mother was very close and nice, just as the majority of these young people thought. She felt that she shared everything with her mother, and because of her openness they were very close. But like many others she felt that it was sometimes difficult to get attention, and that her parents were too busy to provide the time that the young people wanted. They thought they were often interrupted in conversations. One of the girls said,

It would be nicer if my mother only listened to me instead of just... if you’re talking and then she doesn’t let you finish. / ... / and then she forgets what we were talking about. Really annoying!

One of the young people reported that it was her little brother who listened best to her:
He’s two. But he listens. I swear... I usually put him beside me in bed and we often stay inside and talk. I tell him everything. He knows all about my life. / ... / my little brother. Yeah. But he’s the only one who listens without talking, without jumping in in the middle of a sentence.

Two of the girls were best friends and told each other everything. The same applied to another pair who was cousins. They were brought up together and also shared each other’s secrets: “Yeah we’re really close, she’s my cousin. I can tell her everything. She knows, we will tell each other everything.” She continues, explaining: “And she also knows that we are very close friends. Though we’re not best friends like that. We treat each other like siblings. That is, really really close.”

One of the young people, a 15-year-old girl, said she did not tell anyone anything. She has friends and family, but she has chosen not to open up to anyone. When we talk about it, several people in the group speak out and say, “I swear, she’s always happy.” She goes on to say that she does not write, paint, or talk about her feelings or secrets with anyone. She just shrugs hers shoulders and says “I don’t” when asked how she gets her feelings out, “No I don’t talk about anything with anybody.”

**A Better Future?**

A final reflection and question concerned what would need to be changed in society to make it better. All agreed that both the police and the health services needed improvement. One of the young people expressed frustration about what things are like, but did not have any concrete ideas for how to bring about change: “I think things will change. But I don’t know how.”

Another of the girls was reminded of what we talked about earlier when the police did not come and expressed her feelings thus:

> The police should come when you call. No matter what! If you call the police and want them to come, they should come, it’s actually their job.

**Discussion**

Both for the group of deaf and HH children and the girls in the control group the right to health and health services is very important. Both groups were also dissatisfied with how they as young people were treated. They did not feel respected. For the deaf and hard-of-hearing, health care means receiving hearing aids or ear examinations, but that does not feel like health care. The students argued that disability and illness are two different conditions. It was illness that was the most problematic situation. This was something they shared with the girls in the control group. With regard to the emergency clinic, they had to wait too long for care. Maybe they had a longer waiting time than adults, or maybe everyone had to wait for too long. At other clinics as well, both groups of young people felt that the adults went above their heads in making decisions.

The deaf and HH children experienced that they received less priority in health care because of their communicative disability (see Brunnberg, 2012b). This is a violation of CRC Article 2 which states that
no child should be discriminated by being treated less favourably than others. But there also seems be a generational problem, as both groups had the same feeling of not being listened to.

This can be interpreted as indicating that young people might be discriminated in health care, and that deaf and hard-of-hearing adolescents may therefore face double discrimination related to both age and disability. This might be due to a lack of confidence among the adult professionals about how to communicate with children and with people with another language. There is a need for more education about how to communicate with children in general and with children with special communicative needs.

The right to information was another right that the deaf and HH children focused on in particular. In Sweden and many other countries, extensive efforts have been made to increase accessibility for persons with physical disabilities and enable them to travel and take part in various activities. Accessibility also applies to communication. Access to information is crucial to one’s ability to participate in activities as well as to get around by means of public transport. It is especially important that information reach everyone in emergencies and disasters. At present, according to the young people, this is not the case at all for them, which is stressful and limits their mobility. This right to information was emphasized more strongly by the deaf and HH children than the hearing control group. To provide both spoken and written up-to-date information at railway stations and other places is now technically possible but it is not done. This would benefit hearing people and the hearing impaired alike, and both children and adults. Efforts to improve accessibility need to be extended to include the communicative domain, not just the physical domain.

The various rights not to be maltreated were important for both groups, and in particular the right to protection from sexual exploitation was very important in the opinion of all the young people in the consultation groups. They knew of peers, even boys, who have been victims of abuse. They also knew that the victims had been helped. A week before, three of the girls in the control group had witnessed a sexual assault on another young girl and called the police to help her. But the police did not bother to respond to their call as they had not dared to provide their names. The school social worker had given support to the girls. The experience of witnessing the sexual abuse and having the police not care may have affected their health. This was a violation of the right of all children not to be maltreated (Articles 19, 34, protection from abuse and neglect; protection from sexual exploitation). This was also a situation in which the police, through their way of acting, violated the health of children, both the victim of the abuse and the witnesses.

Research in the same county in Sweden shows that girls and boys with disabilities, 15–16 years of age, report a significantly higher rate of sexual debut than adolescents with no disabilities (Brunnberg, Lindén Boström & Berglund, 2009). The sexual debut can be desired by the adolescent and be with a partner of choice, or it may be involuntary and occur in an abusive situation. Another study in the same county with girls and boys, 17–18 years of age, shows that force at first intercourse is more common among girls with one or multiple disabilities, than those without a disability (Brunnberg, Lindén Boström & Berglund, 2012).

The results from the consultation focus groups with the young people are very important and give policymakers important input about the views and experiences of children, views that need to be
listened to. In addition to what is taken up in the discussion above, further important experiences are
described in the reports that take up questions discussed in the consultations with both the deaf and HH
group and the control group.

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