

Communicating Sensitively with Children



Developing a healthy and effective communication pattern between caregivers and children residing in child care institutions is essential to ensure that the child care institution functions smoothly while keeping in mind the best interest of the child. Effective communication includes active listening, understanding and sensitively responding to the concerns brought forward. Since many children residing in child care institutions are victims of traumatic incidents, effective communication becomes essential to prevent re-victimization and to encourage their rehabilitation.

Prerana regularly conducts workshops and trainings with stakeholders. During these interactions, we have observed that many stakeholders are aware of the need for sensitive communication as well as its theoretical underpinnings. However, many stakeholders also raise concerns about its practical implementation. Some also share the challenges that they experience while working in child care institutions, such as difficulties in calmly interacting with children behaving aggressively. This document serves as a successor to our previous document on [working with children sensitively](#) and attempts to curate the above mentioned observations and our field-based experiences of working in child care institutions. Through this document, we aim to provide assistance to stakeholders and caregivers on how to sensitively interact with children residing in child care institutions. This document is in no way an exhaustive list but a work in progress.

The pointers mentioned below discuss some of the key situations where communicating sensitively is difficult but nevertheless essential. Through examples, we have also suggested how sensitive communication can be implemented in such situations.

1. Confidentiality

Children often feel comfortable sharing information privately. This sense of privacy comes from the physical room in which the interaction takes place. Thus, it is recommended to interact with children in safe spaces with minimal interruptions. In addition to the physical environment, the sense of privacy in our interactions can be developed through the clause of confidentiality. The clause of confidentiality allows for us to establish safety in our relationship with the children as well encourages the child to approach us to share information.



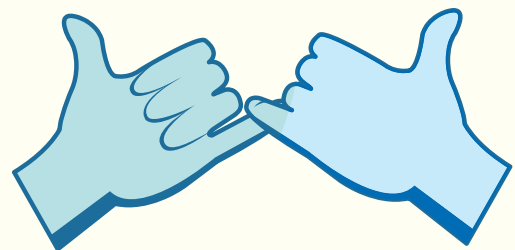
Most of the time children tend to share information with the staff in confidence. In such situations, it is essential to not disclose it to anyone else without the prior consent of the child. When the situation is not detrimental to the well-being of the child, maintaining confidentiality is relatively easier. For example, if a child shares that she is preparing a gift for her mother and asks the caseworker to not disclose it to her family. the caseworker would find it relatively easier to maintain confidentiality. However, maintaining confidentiality can be tricky where either the rules of the child care institution (hereafter referred to as CCI) have been violated or harm has been done to the child or another resident.

For example, a child shares that she was extremely angry after a recent fight with a resident. During the same night, the child cut off the resident's hair. The caregiver is obligated to report the incident to the Child Welfare Committee (CWC) (Through/in the Individual Care plan). The caregiver instead of directly reporting the incident, could first listen to the child's perspective and appreciate their willingness to share the information. Subsequently, the caregiver can explain their responsibility to report the incident to the CWC as another resident's well-being has been harmed. Most likely, the child might be against reporting to the CWC. Reiterating CWC's role as a governing body responsible for working in the best interest of the child might quell some of the child's anxiety. A discussion about how the child would like to proceed with the information can take place. Alternatives of amending the situation with the fellow resident can be suggested but not imposed.

Furthermore, the child should be kept in the loop of which stakeholders are aware of the incident. Additionally, confidentiality prevents the reusing of the confidential information against the child. For instance, a child reported an incident of bullying to a staff member in a child care institution. The child shared this information in confidence and did not want her name associated with the report as she was fearful of retribution. The staff member took appropriate action against bullying. A few days later, the child who reported the incident had a fight with the same staff member. During the argument, the staff member not only scolded the child but also reminded her of keeping her secret (bullying incident). Thus, reminding the child to not infuriate the staff member. Under no circumstances, should the confidential information should be used against the child or be repeated unless it is in their best interest.

2. Promises and Assurances

Do not make any promises to children that you do not intend to or cannot complete. For example, unless you are absolutely certain that an aftercare facility can accommodate the child, do not promise them that they would be transferred there. If for some reason, the facility fails to take the child, the child would feel betrayed and misled. Promises offer a sense of hope and comfort to children, however when they remain unfulfilled, a sense of great mistrust, despair and hopelessness tends to develop in a child.



These feelings often hinder the child's rehabilitation process. While we should be wary of breaking promises, we should also be mindful of fulfilling them. For example, if you had assured the residents that they would have two hours of TV time provided that they cleaned their rooms. If the residents fulfill their end of the bargain, it is imperative that you fulfill your promise towards them as well. Some caregivers might engage with children who find loopholes in the deal. For example, a child may have only made their bed instead of sweeping the room as well. In such a situation, the caregiver should provide detailed descriptions to the conditions prior to offering any assurance.

For example, the caregiver can describe that cleaning the rooms include making the bed, sweeping as well as doing laundry. If all the conditions are met, the children must be rewarded by 2 hours of TV time as promised. .

3. Listening

Children in child care institutions often feel that their perspective is not being heard. Therefore, whenever a disciplinary issue is brought to the staff's notice, they should refrain from reprimanding or shaming the child, and rather allow the child to have an opportunity to explain their perspective. Measures of active listening such as maintaining eye contact, occasional head nodding and verbal cues and fillers such *'What happened next?', 'Hmm', 'That sounds difficult'*, will make the child feel heard as well as assist you in determining your next course of action.



Many caregivers often do try to prioritize the needs of children and try to promptly listen to their grievances. However, in some situations, immediately listening to the child's concerns may not be possible. In such situations, maintaining honest communication with children is a must. Statements such as *'I know what you want to talk about 'is very urgent but there are a few important tasks that I need to finish before I give you 100% of my attention. Would it be alright for you to wait for 10 minutes?'* can be helpful.

4. Questions

Both open and close ended questions serve their purpose. Open ended questions allow the respondents to give detailed descriptions of the incident including their perception and understanding of the situation along with how they felt during the event. Whereas, close ended questions allow the respondents to offer specific details of the incidents as well as provide clarifications wherever needed. A balance of these questions can elicit a rich and detailed narrative of an event.

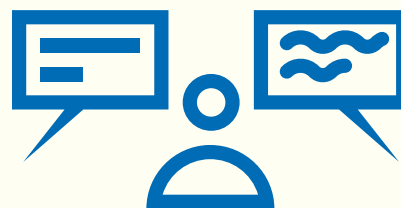


A rule of thumb while asking questions is to begin with open ended questions such as *'What happened?', 'What do you think should be done now?'* among others. In case of clarifications or identifying specifics, close ended questions can be beneficial. For instance, an incident of fighting has been brought to the staff's notice. While interacting with children involved in the incident, instead of beginning with close ended questions such *'What did you do?', 'You got in another fight, right?'* that assumes that the child has performed the said action and discourages them from sharing anything further.

Open ended questions such as *'What happened?'*, *'Can you talk about what led to this?'* can allow the child to express themselves freely. As the interaction proceeds, close ended questions such as *'Did she hit you first?'*, *'She called you names?'* among others can be used to identify specific details to build a richer understanding of the event and can assist in taking appropriate action.

5. Compatible language

Compatible language - It is important to talk to the child in a language that they understand. Conversing with a child in Hindi when they are not fluent in the language can be counterproductive. Furthermore, children tend to have their relationship with language, for example a child may understand a concept faster if it is explained through visual aid. Realizing and utilizing the language of the child in a conversation may lead to richer conversations and easier rapport building.



6. Breaking down difficult concepts

Children with a history of traumatic incidents may not be able to grasp information quickly. Hence, one has to be patient and reiterate the information in simpler terminology. For example, instead of telling a child to write a letter about how she would like to resolve a situation, we could break the components of the letter into smaller parts. Ask the child to describe the issue, what troubles him/her and what steps would she/he like to take. This could be broken down further as per the requirement of the child.



7. Labeling

The staff at the child care institutions sometimes find it difficult to remember the names of all the children under their care. Subsequently the staff refers to the child through their case categories for example *"Call the POCSO girl"* to refer to a victim of child sexual abuse, under the Protection of Children from Sexual Offences Act 2012 (POSCO). Children tend to internalize these statements and it adversely affects the process of psychological rehabilitation. Thus, as far as possible one should refer to the child by their name.



8. Child is not the problem

Our behaviour is a result of the social systems within which we exist. Children who have experienced trauma tend to show specific behaviour patterns that helped them survive the traumatic incident. For instance, a child experiencing sexual abuse may regress to bed wetting as an unconscious attempt to stop the violence.



Thus, the behaviour of bed wetting is a response to the traumatic incident. It should be understood and treated within this context. Hence, the behaviour of the child may be inappropriate and cause a problem but the child itself is not the problem. Statements such as "You are a liar" "Tu Chor hai (You are a thief)" not only label the child but also generalize their behavior to be their identity. Thus, efforts should be undertaken to separate the behavior from the person. For example, a child follows all the rules of the child care institution except she uses expletive or swear words while talking to the caregivers. One specific behaviour of the child does not equate to the child being a nuisance. Efforts to rectify the specific behaviour should be undertaken. Either a behavioural contract or techniques of verbal disciplining can be used.

Behavioural contract

A written document stating goals, which are realistic and observable, and the outcome for meeting the above mentioned goals. For example – goal is not using expletives such 'kutti' while talking to caregivers. If the child fulfills the goal for one whole week, she gets 30 minutes of extra TV time. If the child uses expletives in two conversations in a week she would lose 15 minutes of TV time.

9. Verbal Discipline

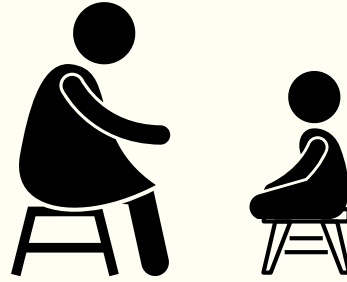
While verbally disciplining children, ensure that the following 3 components are present to make the information comprehensive. Tell the child what they did wrong, why it was wrong and how it can be rectified/amended or improved. For example, a child falls asleep only after 5 am in the morning and sleeps in till 11 am or 12 pm.



The caregiver can explain to the child that staying awake till 5 am is wrong because it would make the child fall sick, and that they are breaking the rules of the CCI. Instead, they could try to sleep by 3 am and wake up at 9am. A drastic change in timings may not yield any results, whereas a graded decrease in timings can be more beneficial. This technique can be used with other strategies mentioned in the document such as active listening, behavioural contracting among others.

10. Disciplining children

Reinforcements have proven to be much more helpful than punishments in disciplining children. Positive reinforcement means positive outcomes post a behaviour such as saying 'good job', high fives among others. Whereas punishments means negative outcomes after exhibiting a certain behaviour such as not letting them talk to their family. While disciplining children, it is important to appreciate the positive behaviors instead of criticizing negative ones.



For example, if the child in a tailoring course makes a wrong stitch, instead of commenting 'you leave it, you can't do it' and asking the child to leave the station, you could appreciate the effort with a statement such as 'you made a lot of effort here, good job. But the other stitch would work better, do you want to try it?'. However, providing positive reinforcement may not always be possible. In such situations, negative reinforcements can be used instead of punishments. A negative reinforcement requires the removal of an unpleasant stimulus. For instance, in a CCI, children do not like eating bitter gourd. In the same institution there are regular fights between the residents. The staff informs the children that if they do not fight for a week, no bitter gourd would be cooked for that week. Thus, the removal of the unpleasant object reinforces children to not fight. Additionally, if the caregivers notice that there are regular fights taking place among the residents. They could try to understand the reason(s) behind the same and attempt to address these issues as much as possible.

11. Verbal De-escalation

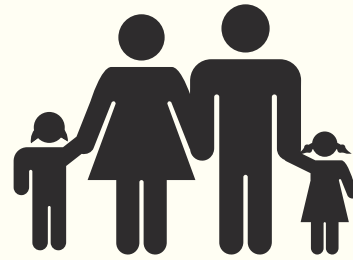
Verbal de-escalation - the staff of CCI's face the challenge of managing children with heightened and fluctuating emotional states. For instance, if a distressed child is screaming at the caregivers, the latter is likely to be affected and may respond to the child angrily. They may scream at the child asking him/her to calm down. However, the caregiver's tone and request do not match.



Instead of responding to a child aggressively, statements such as 'You sound upset, do you want to talk about it?' or 'You are clearly hurt' using a calm consistent tone can assist in stabilizing the child. Nevertheless, in some situations the staff themselves can be emotionally overwhelmed and may find it difficult to engage with the children calmly. This is a normal and natural response to emotional states of the children and the staff should take measures to de-escalate themselves. Strategies such as deep breathing, taking 5 minute time outs, counting back from 10 can be helpful.

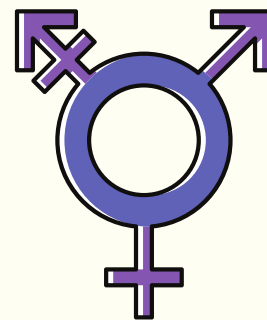
12. Involvement of family

While expressing displeasure with a specific behavior of a child, refrain from making personal comments about their family history or traumatic past. For example, when the child is angry and screaming, do not make statements such as 'Your parents did not teach you any better', 'you deserve what is happening to you'. Rather engage the child in verbal de-escalation through statements such as 'I know you are angry; would you like to share what made you so angry?'



13. Sexual Orientation and Gender identity

Do not assume the child's sexual orientation based on rumours among the residents of the CCI. Children often seek solace by spending time with their peers and sharing their space. For many victims, night time can cause severe anxiety as it may invoke memories of trauma and therefore they may seek comfort of their friends by either joining their beds or by holding hands. These are normal responses of victims seeking social support.



Referring to a child as 'lesbian' or 'gay' can adversely affect their sense of identity leaving them confused as well as hinder the process of forming close platonic relationships. The caregivers should aim to equip themselves with adequate resources about gender and sexuality in case any such concerns do arise. Please note, maintaining confidentiality becomes imperative if any child does present such concerns. Furthermore, the staff should regularly interact with children and discuss how to maintain healthy physical and emotional boundaries in stressful situations.

14. Emotional expression

Expressing emotions can assist in the process of psychological rehabilitation. Sadness, irritability, anger, fear are normal responses to extraordinary circumstances of living in an institution. Emotions may be expressed in varied forms such as crying, shouting, speaking rudely or even by sitting quietly in a corner.



Caregivers should refrain from passing comments such 'This is not a matter to cry about', 'Stop crying', 'Don't be dramatic', 'Keep quiet', 'Calm down' or threats such 'If you don't stop, I won't let you meet your parents'. Instead caregivers can assist in the process of emotional regulation by reflecting on the children's emotional needs, labelling them appropriately and

allowing space to respond. Statements such as *'You seem upset'*, *'Something has made you angry'*, *'Something is clearly bothering you'*, *'Its okay to cry'*, can be of assistance. Active listening and asking open ended questions can help facilitate the process of emotional expression

15. Responding to self-harm

Self harm and non-suicidal self-injury are coping mechanisms for managing overwhelming emotional distress among many children. Statements such as *'You are doing it for attention'*, *'You enjoy it'* tend to have a counterproductive effect as they lead to further distressing emotions. Thus, the caregivers should focus on understanding the conditions behind the behavior. For instance, open ended questions such as *'What happened?'*, *'How did you feel?'*, along with active listening and emotional reflection such as *'you felt angry/hurt'*, *'you felt some relief afterwards'* among others can be of great assistance here.



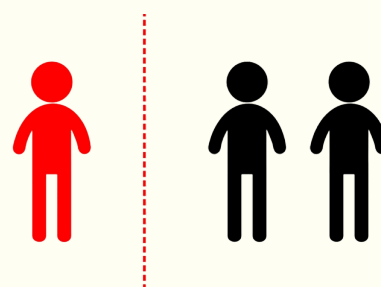
16. Psychiatric Assistance

Individuals are referred for psychiatric care only in cases of severe mental health issues. Normal emotional fluctuations such as irritability, anger, crying or behavioural issues such as fighting, abusing do not require psychiatric medication. These concerns can be worked on through positive stakeholder interventions and regular counseling.



17. Discrimination

Caregivers often differentiate between the children in the child care institutions(CCI) as *'good'* children and *'bad'* children. This sense of discrimination adversely affects the group dynamics in the CCI. It also has adverse effects on preferred or *'good'* children as well as children who are being discriminated against.



For example, a preferred child may be overburdened with responsibilities and have few friends since other residents may harbor feelings of contempt towards them. Discriminated children may feel rejected and act aggressively towards caregivers and other residents. Therefore, when interacting with children, the caregivers could be conscious of the tasks being allotted. If one child is being repeatedly allocated a specific task , efforts should be made to prevent the same. Perhaps, rotation of tasks could be helpful.

Interacting with children sensitively all the time can be a difficult and challenging process. We, at Prerana truly appreciate the constant endeavour of the stakeholders to engage in this process. In spite of all our efforts and intentions, we are bound to make mistakes.. We recommend acknowledging our shortcomings and our errors, even in front of children. Thus, setting a good example for children to acknowledge their mistakes and make efforts to repair them instead of being bogged down by feelings of shame and guilt.

Furthermore, communicating sensitively has the capacity to enrich all interactions. It enables us to communicate even negative or difficult messages without creating conflict or destroying trust. By engaging with our children sensitively, we are establishing good role models and positive patterns of interactions. These patterns of interactions are often internalized by children and can be used in their future interactions. Thus, by remaining calm in stressful situations, focusing on emotions and actively listening to children's stories we are encouraging children to freely express themselves and assisting them in building a positive self structure as they start to see value in their voices. While disciplining them verbally through reinforcements rather than punishments encourages them to continue to share. Thus, through the above mentioned points, we hope to have provided the users with practical solutions on how to manage difficult situations while sensitively interacting with children.



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