Contact: The Value & Necessity of Human Touch

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Conference Handout 2018

Goal: Provide guidance on the healthy use of touch to promote caring connections & relational safety

In this session we will:

- Consider how fear of abuse & allegation may hinder effective care
- Reflect on youth perspectives & our own responses to touch
- Review some lessons from history & the science of human touch
- Discuss practitioner & organizational strategies for a healthy touch environment

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Presuppositions

- Touch is a basic human need
- Touch may be even more necessary (and complex) for children under stress
- Moving beyond fear-driven practice will help us more thoughtfully support the development of a child

Discussion question: What message does a child receive when they are told to avoid physical contact? When the only touch they encounter is in a restraint?

Noticing Activity

What word or phrase comes to mind in response to viewing the images? What captions might you add to some of them?

Lessons from History

- "Contact comfort": Harry Harlow (1905-1981)
- "Anaclitic depression": René Spitz (1887-1974)
- "Children of the decree": Romanian orphans (1970-80s)

The Science of Touch

- Categories of haptic communication (Heslin, 1974)
- Health benefits of touch
- Characteristics & functions of human skin
- Sensory receptors

- Classification of types of touch (Warwick, 2017)

  - Group/family life
  - Task-oriented
  - Greeting
  - Encourage, reassure, console
  - Play
  - Nurture
  - Protect
  - De-escalate

Foundational Knowledge & Skills to Guide the Use of Touch

Individuals	Organizational & Supervisor Strategies
• Adjust for power differentials • Notice & respond to feedback • Use active self-awareness • Nurture relational safety • Engage in the life space • Acknowledge contact boundaries • Promote personal agency	• Select & retain trustworthy adults • Provide training & supervision on the use of healthy, appropriate touch • Nurture an organizational culture where people speak up • Establish policy & procedures that provide clear expectations & guidance

What other knowledge and skills are important in navigating healthy, appropriate touch?

Scenarios & Group Discussion

1. What type of touch was observed? Who initiated? Responded?

2. What did the touch communicate?

3. What alternatives were available? What might those have communicated?

A Sample Policy for the Use of Physical Touch
James Freeman
Revised June 2018

The following five elements are suggested for inclusion in organizational policy regarding the use of healthy and nurturing touch in a caring environment. Such a policy can be helpful in providing guidance to adults who are providing care, protect children and support their developmental needs, and inform family members and other professional about the approach of a given organization. These suggestions should be individualized by the program, school, or organization to reflect their own beliefs and practice. Portions of this document were adapted from the Student Welfare Committee of St. Edward's Church of England (January 2016).

SECTION A: POLICY PURPOSE AND SCOPE

> This policy explains our position on the use of healthy touch and provides basic guidance to meet developmental needs and protect adults and children.

SECTION B: VALUES STATEMENT

> Healthy touch is a basic human need. There are numerous physical and emotional benefits of healthy touch within the context of safe and caring relationships. Withholding positive touch can also have negative consequences for children and our community. We want to ensure that the needs of children are met and that they develop caring, positive relationships with others. For example, if a child initiates contact or needs reassurance, we want adults to feel confident that they can respond naturally without fear of unfounded accusations. We also want others (including family members and other professionals) to feel confident that we will respond appropriately to their children's needs, and to understand that positive touch may be a part of that response.

SECTION C: EXAMPLES OF ACCEPTABLE TOUCH

Healthy touch includes physical contact in everyday tasks, greetings, encouragement and reassurance, nurturing, and protecting children. The following examples are not exhaustive and highlight situations where healthy touch is appropriate and encouraged:

- Greetings such as handshakes, fist bumps, and handshakes
- Assisting with hygiene and dressing
- First aid such as cleaning an injury or applying a bandage
- Support with tasks such as showing how to cook, perform a chore, or sports activity
- Responding to their initiated contact to return a hug or hold hands
- Providing a hand hold or hug to reassure a worried or upset child
- Offering praise through a pat on the shoulder or high five
- Ensuring safety by preventing the child from injury

SECTION D: TYPES OF TRAINING PROVIDED TO STAFF

Adults in our program receive training on the developmental needs of children related to touch, the content of this policy, strategies to respond to feedback from children, and types of touch that are unacceptable (e.g. controlling, violent, or sexual contact).

SECTION E: PROCEDURES FOR REPORTING CONCERNS

The protection and safety of children through ethical practice is our priority. Anyone who has concerns about inappropriate touch from an adult or child should report their concern immediately to the program director who will deal with the report according to organizational ethics and policy.

SECTION F: CONNECTION TO OTHER POLICIES, DISTRIBUTION, AND PLANS FOR REVIEW

Related polices include (1) emergency physical intervention, (2) reporting of abuse and neglect, and (3) supervision and training. Please see respective policies for further information.

A copy of this policy is included in the organizational handbook and provided to family members and other professionals as part of the admissions process.

This policy will be reviewed annually and may be updated at any time as needed.

References

Brentro, L. (2017). Touch: The foundation of belonging. *Thriving, 1*(8), 2-9. Retrieved from
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Steckley, L. (2012). Touch, physical restraint and therapeutic containment in residential child care.
British Journal of Social Work, 42(3), 537-555. https://doi.org/10.1093/bjsw/bcr069

Warwick, L. (2017). *Touching matters: An ethnographic study of adult-child relationships and the use of
touch in residential child care.* (Doctoral thesis). University of Nottingham. Retrieved from
http://eprints.nottingham.ac.uk/41495

About the Presenter

James Freeman, MA, CYC-P lives in southern California (USA) and is the Director of Training at Casa
Pacifica Centers for Children and Families. He has over 25 years of direct practice experience in
education, residential, afterschool, and family camp settings. He has served at the executive level on
international boards and volunteers as the Editor for the International Child and Youth Care Network
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CONTACT
The value & necessity of human touch

James Freeman, MA, CYC-P

What's in it for me?

You will have opportunity to:

- Reflect on how touch affects the whole child – including perspectives of young people
- Review the science & types of touch
- Discuss individual & organizational strategies for a healthy touch environment

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Healthy human touch is a basic developmental need that affects the whole child – physical, cognitive, social, emotional, and spiritual.

Sex
Violence
Control

4

ABUSE OF POWER

Control

Violence

Sexualized

AVOIDANCE

Respect boundaries

Prevent abuse

Protect adults

Craft distance

6

"While it may seem safest to avoid all touch, **physical contact can be an important part of relational care** when used with great sensitivity."

Brendtro, L. (2017). Touch: The foundation of belonging. Thriving, 1(8), 2-9.

"Children…have a strong need for physical contact and, for some, this is their primary mode of learning. **Children under stress require more physical contact than usual.**"

Burns, M. (1993). Time In: A handbook for child and youth care professionals. Burns-Johnston Publishing.

A wider culture of fear has arisen related to touching children, resulting in **confusion and inconsistencies in guidance, policy and practice** as well as an erosion of trust…

Steckley, L. (2012). Touch, physical restraint and therapeutic containment in residential child care. British Journal of Social Work, 42(3), 537-555.

"One of the reasons no-touch injunctions are so disturbing is that, **by avoiding abuse, they are themselves abusive.** Children need touch to grow physically and emotionally."

Smith, M. (2009). Rethinking residential care: Positive perspectives. Bristol, UK: The Policy Press.

"Why are we…behaving in a manner that we know is **contrary to the growth and development of the youth in our care**? Because we are afraid…unable…unwilling? Because we don't know what else to do?

Garfat, T. (1998). On the fear of contact, the need for touch, and creating youth care contexts where touching is okay. Journal of Child and Youth Care, 12(3).
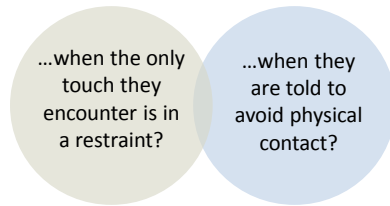
"If a treatment setting has an injunction against appropriate touch between caretakers and child or child to child, it is at the cost of accessing **one of the most healing aspects of human behavior.**"

Stewart, J. (2017). *Attachment-based treatment milieus for children and adolescents: Healing trauma through caring, consistency and connection.* Philadelphia, PA: Jessica Kingsley Publishers.

Fear-Driven Practice

Bad actions of few affect broader practice

Abuse furthered by poorly addressing a basic human need

Fear of abuse places 'protection' above nurture

Adults left unsure & without guidance

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What message does an individual receive…

…when the only touch they encounter is in a restraint?

…when they are told to avoid physical contact?

5

14

16

18

Contact comfort
Harry Harlow (1905-1981)
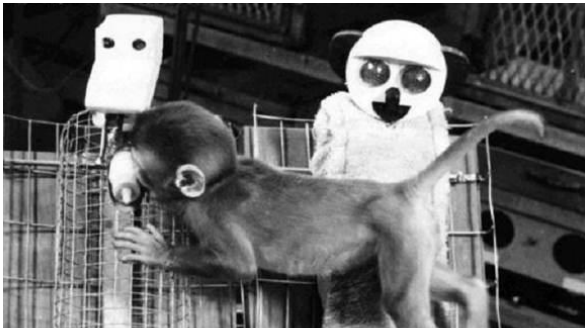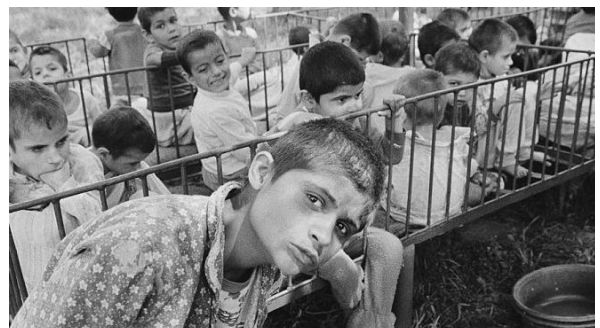Image http://denstoredanske.dk/Krop,_psyke_og_sundhed/Psykologi/Psykologer/Harry_Frederick_Harlow

Contact comfort
Harry Harlow (1905-1981)
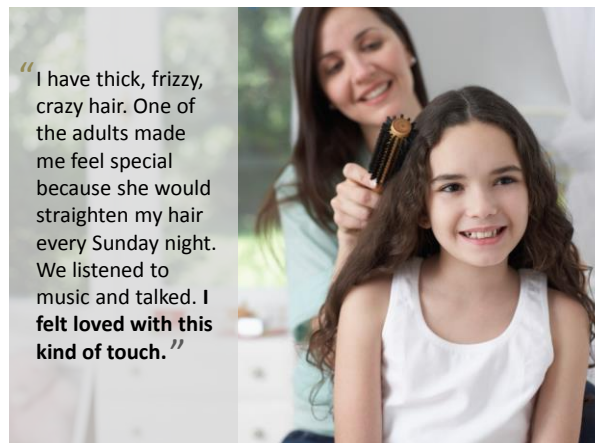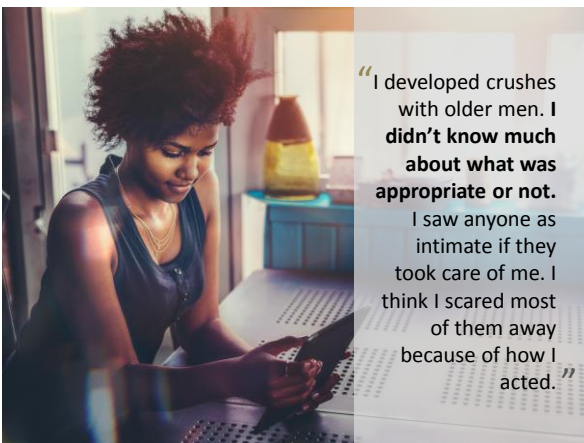Image http://denstoredanske.dk/Krop,_psyke_og_sundhed/Psykologi/Psykologer/Harry_Frederick_Harlow

Anaclitic depression
René Spitz (1887-1974)
Image source: http://phenomena.nationalgeographic.com/2013/07/31/the-orphanage-problem


Children of the Decree
Romanian Orphans (1970-80s)
Image source: http://www.dailymail.co.uk/news/article-3306879/The-underground-orphans-Romania-survived-country-s-notorious-children-s-homes-Eighties-live-SEWERS-drug-addiction-norm.html

physical
cognitive
social
emotional
spiritual

"I don't remember any physical contact with my birth mother. **My first experiences were negative.** There was physical and sexual abuse in the home that made being touched confusing."

"I didn't have any role models to learn from. **I looked for affection with boys and became pregnant at 16.** I would have valued a touch of a mother figure."

"I developed crushes with older men. **I didn't know much about what was appropriate or not.** I saw anyone as intimate if they took care of me. I think I scared most of them away because of how I acted."

"I have thick, frizzy, crazy hair. One of the adults made me feel special because she would straighten my hair every Sunday night. We listened to music and talked. **I felt loved with this kind of touch.**"

Non-Verbal Communication

Non-Verbal Communication

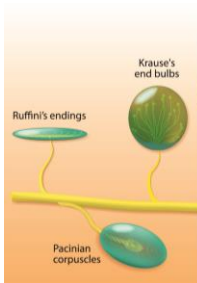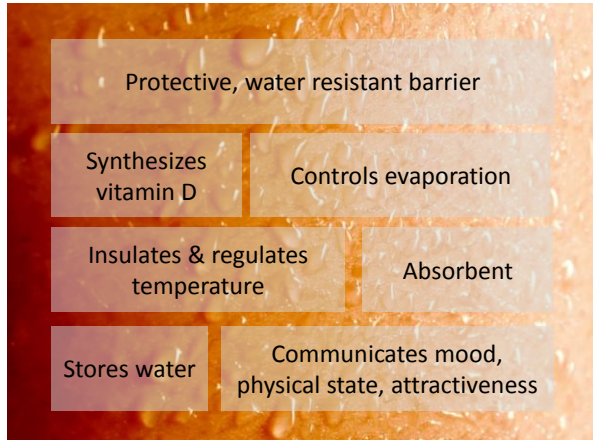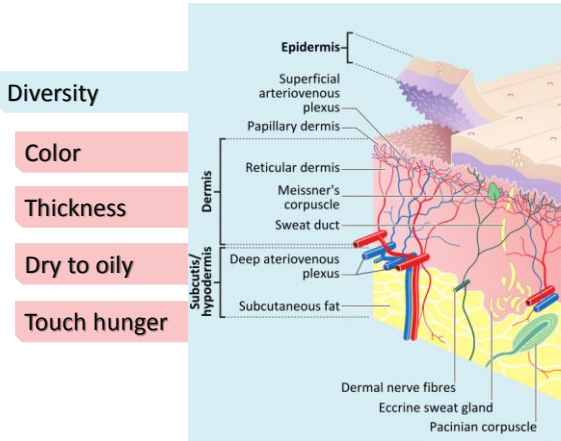| FORM	EXAMPLES
Vocalics	Volume, tone, stress, silence
Kinesics	Facial expressions, gestures, posture
Proxemics	Closeness, horizontal/vertical distance
Oculesics	Glancing, gazing, dilation, blinking
Chronemics	Taking turns, rhythm, tempo, pauses
Haptics	Touching, hugging, handshake
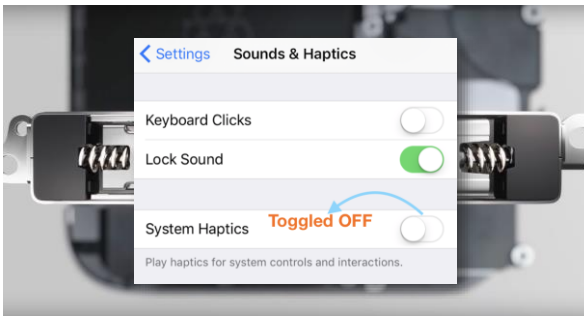
Categories of Haptic Communication

HAPTIC CATEGORY	EXPRESSION
Functional/professional	Task orientation
Social/polite	Ritual interaction
Friendship/warmth	Idiosyncratic relationship
Love/intimacy	Emotional attachment
Sexual/arousal	Sexual intent

Heslin, R. (1974). *Steps toward a taxonomy of touching.* (Conference paper). Chicago, IL: Midwestern Psychological Association.
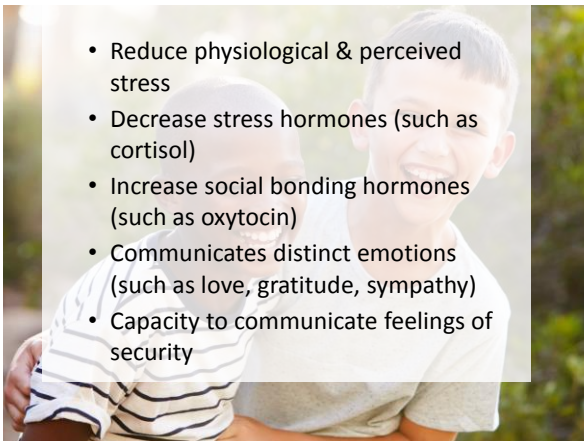
- Reduce physiological & perceived stress
- Decrease stress hormones (such as cortisol)
- Increase social bonding hormones (such as oxytocin)
- Communicates distinct emotions (such as love, gratitude, sympathy)
- Capacity to communicate feelings of security

| MUSCLE

Diversity

Color

Thickness

Dry to oily

Touch hunger

Protective, water resistant barrier

Synthesizes vitamin D

Controls evaporation

Insulates & regulates temperature

Absorbent

Stores water

Communicates mood, physical state, attractiveness

ABUSE OF POWER
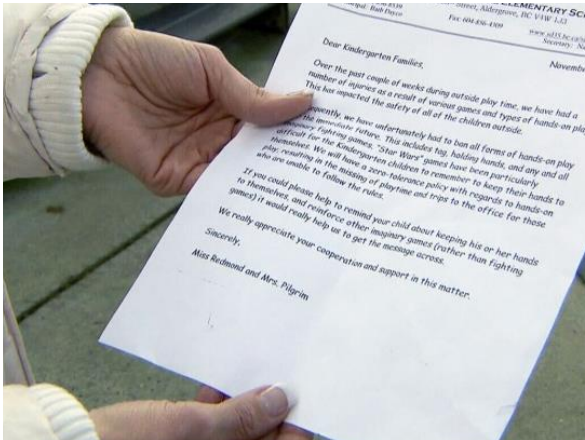
AVOIDANCE

DAILY LIFE

PURPOSEFUL

Warwick, L. (2017). *Touching matters: An ethnographic study of adult-child relationships and the use of touch in residential child care.* (Doctoral thesis). University of Nottingham.

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DAILY LIFE

- Group/family life
- Task oriented
- Greeting
- Encourage, reassure, console
- Play

PURPOSEFUL

- Nurture
- Protect
- De-escalate

7 CRITICAL CONCEPTS FOR ADULTS

1. Life space
2. Relational safety
3. Noticing & reflection
4. Contact boundaries
5. Active self-awareness
6. Personal agency
7. Power differentials

5 ORGANIZATIONAL STRATEGIES

1. Hiring & retention
2. Zero tolerance for disrespect
3. Training on healthy touch
4. Quality supervision
5. Organizational culture

GROUP DISCUSSION

1. What type of touch was observed? Who initiated? Responded?
2. What did the touch communicate?
3. What alternatives were available? What might those have communicated?

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5

"I put you on hold, you put me on hold.
Everyone is holding, but nobody really
feels like they're being held!"

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reflect
comment
share

What's one thing
you plan to look into
or do differently in
the near future?

"There are times in care you can benefit from feeling cared about like a hug, positive talks, and being consistently in my life. **It doesn't always have to be touch but nurturing and caring about me will show based on your actions.** "