SCHOOL GOING CHILDREN: INSIGHTS AND OBSERVATIONS ON TOUCH

Neha Sharma

Research Scholar, Prof. Vandana Goswami Department of Education

Dr. Meena Sirola

Department of Education, Banasthali Vidyapith, Banasthali (Rajasthan)

Abstract-

Introduction: This research article overviews knowledge on touch and explores its relevance on school going children. It evaluates the literature from social work and related practice-based disciplines which suggests how potentially harmful and risk-averse many current 'professional' touch practices are. Alternatively the importance of regular positive touch for good physical and mental health, the adverse consequences of abusive touch or touch deficit and the corresponding potential for restorative touch practices. Social-psychological, clinical and consumer research is also drawn on, demonstrating links between touch, persuasion and aversion, and registering clear gender, age, sexuality, power and cross-national differences.

Objective- The objective of this study was to examine the level of good touch and bad touch among school going children.

Methods- Children going to private schools in Jaipur city were purposely selected for the study. Survey method was found appropriate for this study. The data was quantitative in nature. Researcher used self-constructed tool for this study.

Results- Results were analysed through inferential statistics. Children awareness in concept of good and bad touch were analysed in different levels.

Conclusion- They were found positive mind and awareness towards good and bad touch.

Keywords: Good touch and Bad touch

Introduction

Touch is a pertinent life-course issue for the vulnerable groups with whom social work (SW) engages: a profession concerned with both care, in which touch might feature supportively, and control, where touch might be used for restraint and removal. Social workers, however, may be inhibited from utilising supportive touch because of concerns about crossing professional boundaries or fictitious abuse allegations. Three broad touch categories exist: good touch, bad touch and absent touch, although SW has concerned itself predominantly with bad touch. Sexual or physical violence, whether perpetrated by workers, family members or others, constitutes touch violation (bad touch). Child sexual abusers, furthermore, target vulnerable children, deliberately blurring the boundaries between sexual and platonic touch. Sexually abused children may consequently avoid or misconstrue touch, or manifest it inappropriately, placing themselves in greater danger of potentially being re-abused or of abusing others, if not adequately supported. Adults and children in residential settings, or receiving domiciliary care, may only receive instrumental touch (e.g. dressing or feeding someone), restraint touch (bad touch) or no touch (absent touch). The media also frequently expose touch violations, including the physical abuse of elderly and learning disabled people in care homes and hospitals and the historic and contemporary physical and sexual abuse of children by media celebrities, residential workers and others in private and public settings. Vilifying media portrayals of social workers apparently illegitimately 'snatching' children away from parents during dawn raids are another media dimension.

Touch in this article refers to both intentional and unintentional person-to-person bodily contact, mediated either via the skin or more indirectly. Touch is a complex sense and an ambiguous form of communication, potentially difficult to interpret even in conjunction with visual, auditory and other cues. Touch may be used indirectly in threatening ways to demonstrate control or dominance or be mobilised as a direct form of sexual or physical violence. Alternatively, touch may inadvertently or deliberately express affection, reassurance, solidarity, empathy or support or even signal sexual desire. Touch has received little attention within SW or in other disciplines, with the visual being culturally emphasised and taking precedence over other senses, touch and taste often being perceived as base and bestial. Touch's importance is, nevertheless, evident even in language. 'Out of touch' and 'tactless' suggest an inability to consider someone's feelings or a misapprehension of a situation, whereas being 'touched' by something implies deep emotional significance.

Interpersonal and written communications are key SW skills. Gestures, facial expressions and eye contact are considered as part of this, reinforcing the superior status of vision over other senses. By contrast, touch is only fleetingly referred to in relation to cultural differences in SW literature. Furthermore, SW's increasing focus on positivist, evidence-based practice, despite its critique of the medical model and association with disenfranchised bodies, means understandings of the body from social theory have largely been neglected. Touch is, however, an ever-present but typically overlooked topic in SW. This article therefore integrates SW literature on touch with literature from other disciplines in order to carve out an argument for why touch is a critical SW issue.

Touch, early relationships and attachment

Touch is the first sense acquired and the last lost and our skin is our largest sensory organ. Touch is highly significant in our everyday encounters, relationships and emotional, social and even physical development. Someone deprived of early nurturant touch is likely to experience significant ongoing psychological and physical health issues, whereas children with significant sensory impairments can, with appropriate nurturant touch, grow up with good physical and mental health. Positive attachment behaviours bond individuals and involve affectionate touch between siblings, parents and people outside the nuclear. Children in deprived orphanage situations often experience multiple physical, psychological, social and neurological difficulties, although separating out the effects of touch deficit or abusive touch from other factors is complex. Touch associated with reduced stress in early childhood may, however, elicit positive responses in later life, its absence often leading to children failing to thrive. Touch hunger therefore can occur, manifesting itself in different responses ranging from avoiding intimate touch completely to searching for it in inappropriate or dangerous situations or misinterpreting others' intentions.

Touch can inadvertently communicate a care-giver's mood or feelings towards a child, although an unintentional abrupt touch may also be received negatively. Touch actions vary in their nature, such as stroking, holding, grasping, rubbing and so forth, and in their speed, location, duration, frequency and the surface area touched. Gentle rhythmic stroking supports positive infant development, with abrupt, harsh or limited touch impeding it, linked also with later aggression and mental health problems. Judith Butler asserts, nevertheless, that, no matter how gently a young infant is treated, 'their handling is always to some extent unwilled, since what we might call a "will" has not been formed ... the infant is delivered over to a touch that he/she could never have chosen'. Therefore, the touch relationship between most adults and infants is a complex ambivalent one from the start. However, found physically violent adolescents often reported significant physical abuse and neglect during early childhood and minimal positive physical caregiver contact. They were more likely to ingest illicit drugs, be depressed and have poorer academic performance than their counterparts, but those receiving massage therapy often became less aggressive.

Children, social work and touch

The limited SW literature shows that, although social workers demonstrate some 'common sense' awareness that professional touch can be used positively, their concerns about misinterpretation act as major barriers to them deploying anything other than pragmatic or restraint-orientated touch with children.

In a small qualitative interview study with eight Irish child-care social workers, touch initiated by the children or necessary to ensure the children's physical safety was perceived as acceptable but workers avoided using touch to positively express empathy, reassurance and build relationships, principally because of their fear of false allegations research involving ten foster families conversely found that, despite a few foster-carers never touching their foster children because of earlier accusations of inappropriate restraint, sexualised touch or previous abuse of the child, most either spontaneously or more strategically successfully deployed touch to communicate symbolic care, affection and support.

Research, involving seventy-eight in-depth interviews with residential workers and children in Scotland, found fear of false allegations often led staff to avoid affectionate physical contact with children, with physical restraint being legitimised over all other forms of staff/child touch. Although Steckley argues that restraint can be used to therapeutically contain children who are unable to articulate difficult emotions, this rarely occurred. Although the children experienced some staff being gentle during restraint, they claimed others intentionally inflicted pain. Residential care workers also expressed disquiet that some children seemed to deliberately engineer a restraint to elicit touch, suggesting their touch needs were not being met elsewhere. Other research on residential childcare also found that male staff, fearing false allegations, desperately avoided being alone with or touching female residents; sexually abusive staff groomed children through initially meeting their touch and affection needs via apparently platonic touch, and restraint techniques were often enacted as a first rather than last resort; teenage boys sometimes touched female workers in sexualised ways; and both teenaged boys and girls were often unable to differentiate between platonic and sexual touch or traded in sexual touch to procure affectionate touch. Furthermore, some teenaged males deliberately covertly brushed against others or used play fighting to meet their touch needs in ways they thought would not invalidate their fragile masculine identities.

Touch has assumed the mantel of a moral panic in children's institutional settings in the West.

The fear of accusations of abuse has been disproportionate to actual occurrences, resulting in professionals developing defensive and distorted thinking. In primary schools in New Zealand, for example, 'common sense' good practice with small children has shifted from seeing children as vulnerable and benefiting from 'natural' affectionate physical contact to depicting them as threatening potential accusers, with teachers perceiving 'safe' practice as avoiding ever being alone with or even close to a child. This has in turn influenced children's understandings. One residential care worker who put his arm around a distressed thirteen-year-old boy to comfort him was accused of sexual assault. The boy later retracted the allegation but stressed that he had been confused, as he had believed social workers should never touch children.

Early-twentieth-century child protection officers frequently avoided touching children for fear of physical/moral contamination due to the families' squalid properties and appearances. Although overt repulsion is unacceptable in contemporary professional SW covert negative feelings may still affect practice. Ferguson subsequently asserts that had the social workers in high-profile child protection tragedies personally physically engaged with the children, they might have discovered their injuries and averted their deaths. However, in the context of modern child protection, affected also by our risk society, physical contact may be difficult, particularly if social workers are overloaded with cases, working to strict timescales and procedures, and the families are profoundly suspicious and defensive.

Touch is therefore a complex sense with many communicative, protective and other life-course functions and is important in children's SW, although most research has been conducted on infants in experimental laboratory situations. The next section therefore focuses largely on adults in real-world situations and deals with aversion and persuasion, the impact of past experiences, power dynamics and the effects of culture, gender, social class, sexuality and age.

Objectives-

- To find out awareness about good bad touch among primary level students.
- To find out difference in the awareness of primary level boys and girls towards good and bad touch.

Hypothesis-

- Awareness about good bad touch among primary level students
- Difference is found in the awareness of primary level boys and girls towards good and bad touch

RESEARCH DESIGN

- **Research method-** The objective of this research is to study awareness about good and bad touch in primary level students. On the basis of the objectives of the study the researcher selected survey method.
- **Source of Data-** The sample was taken from 80 children, studying at primary level in private schools located in Jaipur city. Students were purposely selected on the basis of convenience.

Nature of the data- The data is quantitative in nature.

Tool- Self constructed was used.

Analysis- Data is analysed through inferential statistics i.e. percentage.

Research Procedure- The tool for measuring awareness in primary level school going students was prepared by the researcher. For the development of the scale, firstly items were constructed and send to the experts for the investigation and modified according to the suggestions of the experts. After the final draft of the tool was formed, children were selected accordingly. The study was conducted with the permission of the principals and staff of the particular school. An appropriate statistical technique was used for the analysis and interpretation of the data.

RESULTS AND DISSUSSION

- Principals and staff member of few schools showed interest and gave their valuable contribution in impregning of the tool, which was constructed by the researcher. This research paper contains presentation and discussion of the data analysis and the results of the study. The findings are analysed by keeping the objectives and variables in the mind of the study were carried out under the following major headings:
- To find out awareness about good bad touch among primary level students.
- To find out difference in the awareness of primary level boys and girls towards good and bad touch.

1- To find out awareness about good bad touch among primary level students. Analysis and Presentation of data related to level of awareness about good bad touch among primary level students.

Sample of 80 children of primary level were selected as a sample. In this table the level of awareness is analysed by using tool. Scores of students are categorised into three levels with the range of 20-40 for low, 40-60 for medium and 60-80 for high.

Level of Awareness		No. of Students	Percentage	
Level	Range			
Low	20-40	Nil	0	
Medium	40-60	58	72.5	
High	60-80	21	27.5	

The above table describes the level of awareness which was measured according to the scores obtained from the students. The score levels of awareness are divided into three levels with their range. The levels are low (20-40), Medium (40-60) and high (60-80). Above table conclude that highest students fall under medium range which is 58 in numbers with 72.5 percentage. After

medium range, 21 students fall under high range with 27.5 percentage and no one was found in the low level respectively.

2- To find out difference in the awareness of primary level boys and girls towards good and bad touch.

Analysis and Presentation of data related to find out difference in the awareness of primary level boys and girls towards good and bad touch.

Sample of 80 children of primary level were selected as a sample. In this table the level of awareness is analysed with respect to gender by using tool. Scores of students are categorised into three levels with the range of 20-40 for low, 40-60 for medium and 60-80 for high.

Gender	No. of Students	Low (20-40)	Medium (40-60)	High (60-80)	Percentage (%)
Female	42	00	30	12	52.5
Male	38	00	24	14	47.5

The above table describes the level of awareness with respect to gender which was measured according to the scores obtained from the students. The score levels of awareness are divided into three levels with their range. The levels are low (20-40), Medium (40-60) and high (60-80). Above table conclude the scores of females which were highest fall in the medium range which is 30, then 12 in high level and no one in low level with 52.5 % accordingly. On the other side Male scores where the highest fall in the medium range which is 24, then 14 in high level and no one in low level with 47.5% accordingly.

CONCLUSION

This research has analysed various disciplines in order to draw together important observations about touch and extend underpinning knowledge and related practice competence. Consequently, everyone in our society needs to attend carefully not only to bad touch, but equally to good touch and absent touch. Students should also be informed enough to assess when their touching service users may be appropriate, reflexively considering power dynamics, cultural issues and their knowledge of and relationship with the service user. They must understand the touch practices of different cultures and judge their acceptability in the context of safeguarding concerns. They also need to reflect on how their value judgements about passivity, mental capacity, worthiness, hierarchies of bad touch and feared moral and physical contamination in respect of certain groups may negatively impinge upon their professional practice.

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