Communication Challenges with Children and Young People

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ABSTRACT

Although human communication can be described by a number of general characteristics, it is influenced by a several changing circumstances, such as the external social environment, the prevailing culture, and norms and rules. Their effects exist through human actors, who are the most important actors in the communication process. But the people who play a major role in the interaction also have characteristics that directly or indirectly influence the way they communicate and the concrete forms of reactions. Age is such a determining element. Communication skills can also differ significantly depending on mental and psychological abilities that change with age. Thus, we face different characteristics and problems when communicating with children or even the elderly, due to changes in biological characteristics (such as hearing) or cognitive abilities. In addition to presenting the main communication attitudes of the new generation of children living in the 21st century, the chapter pays special attention to the overview of the communication skills of young people who come into conflict with the law. This is particularly important because in the case of young people in the moral danger zone, these problems (such as language developmental disabilities) can be a significant obstacle to exercising their rights as children.

KEYWORDS

iGeneration, communication skills, DLD (development language disorder), children communication, good practice, communication problems and psychological, mental, or psychiatric characteristics, language or communication difficulties, youth offenders

If we accept the fact that communication is the transmission and exchange of information, knowledge and emotions, using a mediating device or a signalling system, it is essential to understand the psychological characteristics of minors and the virtual world that becomes their "natural" habitat in order to understand their communicative characteristics.

1. Supporting the Children's Communication

UNICEF recommends 9 important ways to help children communicate[1]. Although this document focuses on the parents, some recommendations are also useful for the experts:

1. *Active listening (*Listening actively helps children to feel heard and understood. By using gestures such as encouraging smiles and affirming nods you can show that you are engaged with what the child is saying and really care. Getting down to the same eye level as the child as they speak to you can help them feel safer and more connected to you. Show that you are listening intently to what they have to say by asking them questions like "what?" "why?" and "how?". This also helps the children to improve their own communication skills by teaching them how to tell a story and what details to include)

2. *Reflective listening* (A great way to show the children that the experts are paying attention and care about what they have to say is by acting like a mirror. Repeat back what they say to you using different words. For example, if the child says, "I'm not playing with Marco anymore," the expert could respond with, "You are not playing with your friend?". This leaves room for the child to express their emotions without judgement. You might be surprised at how much they have to say!)

3. *Speaking clearly* (Use language that is understandable for the child and appropriate to their age. Be clear, specific and do not use derogatory words. Using kind language helps set a positive example for the children. Remember, the conversation should make the little one feel respected and loved.)

4. *Avoiding bribes (*Trying to set clear and realistic expectations about what the expert would like the child to do, praising good behaviour when the expert sees it, and using calm consequences to encourage better behaviour when needed.)

5. *Explaining feelings* (the emotional intelligence is very important but needs a longer developmental time; the experts can help this process; when the child is expressing their feelings verbally, listen to what they have to say with empathy and without judgement. If the children are expressing their feelings in a non-verbal way – for example through a temper tantrum or laughing and having fun doing an activity they enjoy – help them put words to how they feel, such as happy, sad, relaxed, hurt, scared, hungry, proud, sleepy, angry, helpless, irritated, embarrassed or joyful.)

6. *Using "noticing' statements"* (When the expert praises the child for specific actions, let them know what behaviours you like. Instead of saying "good job!" try being more specific with a "noticing statement": "I noticed that you put all of your toys away after playtime. Nice work!")

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1 UNICEF, n.d.

7. *Having fun together* (If the expert has the possibility to coordinate common programmes with the children, these experiences are able to support the cooperation and to build the safe interaction between the actors.)

8. *Focusing on behaviour* (If the expert is upset with the child about something, make sure that his/her criticism and comments are directed at the child's behaviour and not at the child as a person. For example, instead of "I do not like that you are messy" try "I do not like it when you leave your clothes all over the floor.")

9. *Leading by example* (it is extremely important in connection with the different childrens' rights during the formal and informal proceeding.)

These communication techniques and methods are able to support the efficiency of interaction between experts and children, and to build connection between the actors and the children in different roles and situations.

However, communication skills develop at different levels depending on age. In addition, different age groups may experience different communication barriers.

2. Positive Communication and Attentive Listening, as Minimum Expectation

In general, however, positive communication and attentive listening should be the norm.

Positive communication with children means paying attention, respecting the child's feelings and watching your tone of voice. Using the words of encouragement and praise is a minimum criteria. A child's ability to manage stress, feel confident and motivate themselves in later life has a lot to do with their early childhood experiences. A person's "self-concept" is their sense of who they are and how they feel about their place in their family and community. This begins to develop between the ages of two and six years. A child who feels constantly blamed, judged and criticised may grow up to become an adult with a negative self-concept.

The concept of understanding and attentive listening associated with Carl Rogers includes several important elements. These are: paying attention to what the child is saying whenever possible; making sure to listen to the child without any other activity (eyes-contact, body language, etc.); resisting the urge to correct the child' grammatical errors or finish their sentences – concentrate instead on what they are trying to say; allowing important or difficult issues to be discussed without the fear of over-reaction, criticism or blame.

It is important to note that we cannot focus solely on the child when addressing these issues. Where possible, it is important to help with family communication problems. (Positive relationships between parents and children are an important part of building a child's positive self-concept.)

Professional guidelines[2] contain specific communication recommendations for the desired methods (baby, toddler, older child, young children). Although the importance of early problem recognition cannot be overemphasised, the incidence of delinquency, deviant behaviour, or problem behaviour increases significantly from prepuberty onwards. In order to prevent this, understand adolescents, and communicate effectively with them, professional recommendations make specific suggestions, highlighting the following messages: "Build up positive self-esteem in young children," "Body language communication with young children," and "Positive phrases for young children".

3. 'Existence along Boundaries' – The Challenges of the Adolescence

Adolescence and young adulthood is a particularly sensitive period of life from a psychological point of view. So much so that it is assumed in the literature to *be a period of* constant change, transition and *existence along boundaries*[3]. This is true even for adolescents who are going through adolescence without the crisis that typically accompanies it.

Difficulties in formulating and interpreting information, a lack of knowledge, or even the low development of the ability to identify and express emotions, have a significant impact on the communicative attitudes of this age group. Self-awareness, self-regulation, social skills and the ability to manage relationships are an important part of the emotional development. While self-awareness and self-regulation are the personal competences that determine how we deal with ourselves, social competences such as motivation, empathy or social skills play a role in how we deal with others, in terms of the quality of social relationships.

Even for young people with a mature personality structure, two factors that are particularly vulnerable in terms of age are *self-awareness* and empathy.

The former, in addition to emotional awareness, includes accurate self-assessment, self-confidence, and an accurate knowledge of weaknesses and strengths. However, this is often inadequate at this stage of life. *Empathy* refers to our willingness to understand others. A frequent criticism of this age group is the low level of empathy skills. This, because of the process of emotional development, also indirectly affects the quality of communication. However, even with an epidemiological basis, experimental neuroscientific research suggests that the lack of empathic skills is due to certain age-specific characteristics related to *brain development and genetic determination.*

It is important to note that it is not uncommon for young people to have *mental health problems that* directly or indirectly affect their ability to communicate. The generic term refers to phenomena that make a person's daily life difficult, in whole or in part. This condition can be temporary or lifelong (which, in the case of a child or

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2 Viktoria State Government, n.d.
3 See in more detail: Bernáth and Solymosi, 1997.

young person, means that it can last throughout adulthood). Because of their severity, they can include a wide range of mental and psychological disorders.

4. Communication Difficulties and the Early Problem-Recognition

These mental and psychological characteristics partly trigger young people's communication difficulties and partly amplify the impact of the lack or limited communicative competence, which may be organic or due to other causes.

The interaction between communication problems and psychological, mental, or psychiatric characteristics has been confirmed by numerous studies since the 1990s. For example, Prizant and colleagues[4] made two important findings in their study analysing the results of several studies: first, children referred to psychiatric and mental health institutions due to emotional and behavioural problems have a high prevalence of speech, language, and communication disorders; on the other hand, the proportion of diagnosable psychiatric disorders is high among children referred to speech and language clinics for communication disorders.

These problems are therefore interrelated, and communication problems can not only be triggered by direct or indirect causes, but are also indicators of behavioural, mental, or other disorders and illnesses.

The importance of early problem recognition should definitely be emphasised.

These deficiencies and barriers are even more pronounced in the case of young people in conflict than in the age group, and their importance is even greater because of the specific nature of the criminal justice system.

The likelihood of becoming a repeat offender is therefore significantly elevated by young people's low or impaired personal communication skills. It is thought-provoking that although this fact has been convincingly proven by the cited studies, it has nevertheless escaped the attention of professionals and decision-makers – or at least this assumption is supported by the fact that the situation has not changed significantly to date, and few meaningful measures have been taken to support this age group. The results of a longitudinal study[5] of minors placed in juvenile justice institutions, published in 2024, continued to show a strong correlation with the impact of communication skills on decline. The four-phase study made it possible to identify and track different patterns of communication skill development among young people living in institutional care. Children's aggressive behaviour, norm-breaking, or unlawful behaviour, along with their communication limitations, emerged as a key predictor of decline.

The psychological problems behind suicidal tendencies or auto-aggressive, self-harming behaviours are also linked strongly to children's communication skills[6].

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4 Prizant et al., 1990, pp. 179–192.
5 Lin, 2025a, pp. 92–111.
6 Lin, 2025b, pp. 79–98.

At the same time, supporting the development of communication skills – and early recognition of problems – plays a real preventive role. A study[7] of incarcerated youth found that better communication skills were associated with a lower likelihood of recidivism. Communication barriers or the concrete communication development disorders can also be predictors of a number of social integration difficulties and other behavioural or psychological problems.

5. The Risk Factors and the Consequences of Communication Difficulties

In itself, a low level of communication or communication barriers can have serious negative consequences in general. They prevent social bonds from functioning effectively, which play an important role in both socialisation and reintegration[8]. It is important that parents and children, teachers and students, or professionals working in child protection and the justice system and minors – whether they are persons in care, persons receiving protection, perpetrators, or victims – are able to understand each other. But it is also extremely important for young people to be able to communicate effectively, to make themselves understood, and understand others when integrating into a peer group.

Strengthening communication skills can have significant results[9] even for young people who have been deprived of their liberty. When this is ensured, the "crime-preventing" effect of institutional placement is demonstrably strengthened, which is clearly mediated by the prosocial bonds formed by young people during their deprivation of liberty. Strengthening the ability to build social bonds is an important protective factor. A key tool for this is improving communication skills.

However, it is also important to note that lower levels of communication skills may also stem from subcultural, ethnic, educational, and other characteristics. One of the aims of an American (US) study[10] conducted among women who committed crimes as juveniles and were serving prison sentences was to examine the impact of culture on communication attitudes. Despite the extremely diverse ethnic composition of the study group, for example, different cultural approaches to female roles, a number of common elements were found in the girls' life stories. These included previous delinquent behaviour, learning difficulties (36%), and victimisation resulting from domestic violence or peer abuse (63–69% emotional, physical, sexual abuse, physical neglect). More than 34% of them had suffered multiple forms of abuse during their childhood or adolescence.

Although only a few of them reported language or communication difficulties, the test conducted by professionals (Clinical Evaluation of Language Fundamentals

7 Lin, 2024.
8 Ibid.
9 Ibid.
10 Sanger et al., 2000, pp. 31–57.

/ CELF-3) showed much worse results. It turned out that 22% of female prisoners had undetected language and communication problems.

In this regard, the study made two important findings: language-based problems may represent one explanation and factor that contributes to the inappropriate communication patterns of some participants[11]; according to researchers, "the harmful effects of maltreatment on communication development can contribute to lack of success adjusting to school, feeling of low self-esteem, and heightened risk for behavioural problems."[12]

It is important to emphasise that experienced (and unprocessed) victimisation traumas have lifelong effects and can in themselves increase the risk of becoming a repeat victim or perpetrator in countless ways[13].

It is important to note that low communication skills were closely linked to other behavioural problems – more precisely, they were identified as such; thus, the responses were also aligned with the girls' "bad" behaviour.

Research[14] available in the mid-2010s also recorded some other important conclusions. On the one hand, factors such as low socioeconomic status (SES), disturbed attachment to caregivers, parents, or partners, or difficulties integrating into school, academic failure, underachievement, or alienation from school are important factors, but primarily play a moderating role. Communication barriers or established language development disorders can be identified as particularly significant risk factors with a high correlation.

Although the connection is indirect, it is still worth mentioning: a higher level of communication skills can even influence the success of criminal justice. Research[15] conducted among men sentenced to imprisonment has confirmed that, contrary to preliminary assumptions, the organising principle of the informal social structure of prison inmates is not racial or ethnic affiliation, nor is it determined by different gangs, or the "wars" they wage. The relationship system and personal and social networks of juvenile and young adult men are similar to those of their peers in school communities. This also means that even young people living in the closed and distorted society of prison are able to build successful relationships with their peers. This is not only important in terms of mitigating the negative effects of prison. Such a self-organising prisoner society is clearly capable of supporting the strengthening of skills and abilities that will serve more effective social (re)integration. During the enforcement of imprisonment, these informal structures are also suitable for increasing young people's sense of security and mutual psychological and emotional support, reducing resistance to staff and rules, and ensuring a kind of human and psychological stability.

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11 Ibid., p. 48.
12 Referred to are the studies of Cicchetti, Toth and Hennessy, 1989; Coster and Cicchetti, 1993, Culp et al., 1991 by Sanger et al., 2000, p. 49.
13 See e.g.: Hurren, Stewart and Dennison, 2017, pp. 24–36.
14 Andrenson, Hawes and Snow, 2016, p. 201.
15 Schaefer et al., 2017, pp. 88–103.

Prison staff have great responsibility in creating a prosocial environment. If they can identify inmates, even those who have committed serious crimes, who are capable of forming and maintaining multiple social relationships, this plays a decisive role in the formation of informal social structures (situational model[16]). The research indicated that the driving forces behind the formation of these networks were mostly slightly older individuals with good social skills.

Of course, in the prison world – precisely because of its specific characteristics – many conditions differ from those in a school environment (for example, the distorting effect of relatively high turnover), but the good communication skills of these group-forming individuals were extremely important.

A similar close correlation can be seen in another approach to the problem. If we are focusing on the children in the conflict with the law: internationally – regardless of the country[17] – research shows poorer communication skills among offenders.

The re-offending rate in the DLD group within one year of the first court order is 62%(!), compared to 25% for minors without this disorder. In fact, compared to other risk factors (e.g. cognitive ability, age at first offence, criminal activity (number of offences), degree of deprivation), the prevalence of DLD was the *most significant predictor* (adjusted hazard ratio of 2.61). This is partly due to the specific nature of the language disorder, which occurs in different domains of language acquisition and use, and is persistent, and has an underlying language impairment.

This is no exception for young people who are considered successful in their social advancement[18]: almost 30% of first-year university students had a the prevalence of various psychiatric disorders, in particular ADHD and depression and generalised anxiety disorder (GAP), in the year preceding the survey. The latter two, as well as other mental disorders, were more common in girls. 27.8% reported self-harming thoughts/actions, typically related to taking their own life (e.g.: planning suicide); 3.5% had even attempted it.

The higher incidence of various mental illnesses, neurological or psychiatric disorders among young people who commit antisocial or illegal acts has long been known from numerous studies[19]. These are partly congenital and partly acquired disorders that can cause a variety of symptoms. At the same time, neurodevelopmental disorders (NDDs), for example, can manifest themselves in the form of neuropsychiatric problems, motor, cognitive, social, or even communication impairments. The early recognition of symptoms by specialists and the development and application of appropriate forms of intervention therefore remain a priority goal and task for professionals. One successful solution could be the foundation of court mental health liaison and diversion services. This is a specialised service with extensive expertise in NDD issues that can successfully recognise and identify the health needs of defendants

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16 Ibid., p. 101.
17 Winstanley, Webb and Conti-Ramsden, 2021, p. 397.
18 Benjet et al., 2019, p. 20.
19 See e.g.: Chaplin et al., 2021.

and support decision-making that affects them, even in the early stages of criminal proceedings (e.g. pretrial detention)[20].

6. The Specific Characteristics of the Communication Competences of Children in Conflict with the Law

Young people's communication skills, as already mentioned, can be problematic from several aspects. This is partly an age-specific characteristic and partly linked to the existence of the information society.

At the same time, in the case of young people in conflict with the law, these short-comings and obstacles are even more are more pronounced than in the age group, while their importance is even greater because of the specificities of the criminal procedure. International research has confirmed that 73.3%(!) of juvenile offenders in England and 90%(!) in the Netherlands were characterised by a lack of language skills – including, in addition to speech, reading and reading comprehension difficulties, a limited vocabulary and limited self-expression and conversation skills.

This has led to a literature that has even described an "invisible disability"[21], which questions whether criminal justice that ignores these facts complies with fundamental principles such as the principle of a fair trial, or whether it violates the rights of children as enshrined in the New York Convention.

The links between mental health, related communication problems and risk factors for crime are illustrated in another study. In this Italian study[22], the focus was on juveniles who had entered the juvenile justice system in 2005-2006 and had been deprived of their liberty or had received other sanctions. The average age of the 214 persons concerned was 16.3 years and, in line with other statistics, the vast majority (88.5%) were boys. Although the research was conducted before the great wave of migration, 65% of the victims were not Italian citizens. The mental state was more than shocking: 38.2% of the young people were in the "totally problematic" category on the clinical scale and 20.5% on the borderline scale!

For the 103 young people[23] who were prosecuted as repeat offenders, the Re-Offending Risk Scale (RRS) scores were also taken into account, including the number and type of offences committed, age at first offence, and the existence of a supportive environment and indicators of this. 54% of young people had a high risk of re-offending, 25% a medium risk and 21% a low risk.

A survey conducted a year later confirmed the predictions: only 12 months later, 31% of the high-risk group had already been prosecuted again! And psychological

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20 Ibid.
21 Csemáné Váradi, 2019, p. 115.
22 Maggiolini, 2007.
23 Csemáné Váradi, 2013, p. 42.

surveys in this group indicated that 91.2% of the young people in this group had a psychological problem on the clinical scale!

This indicates that young people's mental health problems play an influential role in both entering and leaving the justice system. The input stage influenced the effectiveness of crime prevention and post-offending responses by the authorities, while the output stage influenced the effectiveness of the sanctions imposed. Even the identification of treatment and intervention options is difficult for a number of reasons: the process of assessing mental health problems according to the DSM-IV-R categorical criteria in use at the time of the research cannot provide an adequate answer on treatment guidelines for adolescents because it fails to take into account some important factors. Such as: the developmental aspects of mental health problems; the nature and evolution of the relationship between the adolescent's problems and his/her environment, and adolescents' changing perspectives on "their" problems[24].

In relation to both in- and output and possible forms of treatment, an important fundamental question is: to what extent do the communication characteristics of young people (also) influence these results? But beyond that: what proportion of them have (or have at all) health problems that are diagnosed as going beyond the general picture of a 'poorly communicating young person'?

Internationally – regardless of country[25] – research shows poorer communication skills among offenders. For example, in Australia, significantly lower scores have been measured among male offenders on all language measures, including figurative language skills, narrative skills and sentence repetition tasks. Similar results were found by New Zealand experts among 14-17 year old boys in the juvenile justice system.

Other surveys have also come close to the English figures, with 87% of young offenders failing to achieve the standard 100 points on the language assessment.

It seems that one of the relevant health problems is DLD (developmental language disorder). Young offenders with this disorder are more than twice as likely to re-offend as their unaffected offending peers.

There is a strong correlation between children's emotional difficulties, the challenges of integration into the school community, problems with peers and language developmental disorders. „The association between language difficulties at age 5 and parent reported emotional problems at age 7 was partially mediated by teacher reported peer problems at age 7." – according to extensive research conducted by Forrest et al.[26] This means that the emotional difficulties of adolescents at the age of 14 can be predicted with great accuracy by the language developmental disorder that appears at the age of 5 - and indirectly through integration problems at the start of school (at age 7).

While the prevalence of DLD in the general childhood population is 7%, it is several times higher in delinquent minors (depending on the target group). Research

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24 Maggiolini, 2007, p. 4.
25 Winstanley, Webb and Conti-Ramsden, 2021, p. 397; Forrest et al., 2018, p. 2.
26 Forrest et al., 2018, p. 8.

has also shown that even when DLD is present, children and adolescents not receiving clinical treatment are at higher risk of emotional difficulties, including depressive symptoms or anxiety and/or production disorders. On the other hand, it is generally associated with attention deficit hyperactivity disorder (ADHD) or dyslexia.

The emotional side is of high importance. In a typology based on a set of criteria that includes communication skills, the so-called callous-unemotional (CU) group is made up of young people who are "characterised by a lack of remorse and empathy, a lack of caring behaviour and an inability to express emotions"[27], and who are more likely to become offenders.

Young children with language difficulties showed increased behavioural problems, partly related to their emotional characteristics[28]. A serious problem is that recognition of these by professionals is often delayed or not it happens. The main reason for this is that for preschool teachers and educators, the symptoms are confused with inappropriate (irregular, disruptive) behaviour, with a presumed school maladjustment[29]. (By the way, in the case of DLD, even from a medical point of view, it is difficult to predict/confirm the presence of DLD, because there is currently no known "biomarker" that can be used to clearly detect its presence.)

The results are also significant in other respects. Almost half (42%) of the 15 minors of average age placed in children's homes who were in conflict with social norms scored below average in receptive language.

In the case of marginalised young people in conflict with the law, factors and circumstances interact in a direct and complex way, accelerating the process of becoming an offender. Thus, dynamic risk factors, such as growing up with psychosocial difficulties, substance abuse, low employment status or attention deficit hyperactivity disorder (ADHD), can be identified as a predictor[30] of subsequent offending. Other studies have also identified oppositional defiant disorder (ODD) and conduct disorder (CD), which, even when controlled, can predict serious adverse consequences.

It is important to point out that the presence of psychopathological backgrounds such as borderline personality disorder, bipolar disorder (BD[31]), attention deficit/hyperactivity disorder (ADHD) or anxiety disorders (such as PTSD[32]) is clearly a risk factor (or a symptom of the disorder) for some self-harm behaviours. This is no exception for young people who are considered successful in their social advancement[33]: almost 30% of first-year university students had the prevalence of various psychiatric disorders, in particular ADHD and depression and generalized anxiety disorder (GAP), in the year preceding the survey. The latter two, as well as other mental disorders,

27 See in more detail: Howard et al., 2012, p. 1237.
28 Forrest et al., 2018, p. 10.
29 Winstanley, Webb and Conti-Ramsden, 2021, pp. 396–403.
30 Winstanley, Webb and Conti-Ramsden, 2021, p. 396.
31 Bipolar disorder (BD), also known as manic depression (MD).
32 PTDS (Post-Traumatic Stress Disorder): post-traumatic stress disorder, an anxiety disorder resulting from a psychologically traumatic event (e.g. being a victim).
33 Benjet et al., 2019, p. 20.

were more common in girls. 27.8% reported self-harming thoughts/actions, typically related to taking their own life (e.g.: planning suicide); 3.5% had even attempted it.

Untreated childhood traumatic experiences[34] can lead to a loss of the ability to adapt positively. Often these young people are characterized by self-doubt, insecurity and, partly related to this, repressed aggression or the need to conform. All of these, if the young person is placed in an inappropriate peer group, increase the chances of offending.

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34 Yates, 2004, p. 35.

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